

LOUISIANA'S CHILD AND FAMILY SERVICES REVIEW STATEWIDE ASSESSMENT



ROUND 2

January
2010

<http://www.dss.Louisiana.gov>

TABLE OF CONTENTS

Overview

Section I: General Information

Section II: Safety and Permanency Data

Section III: Narrative Assessment of Child and Family Outcomes

SAFETY

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

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

PERMANENCY

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

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

CHILD AND FAMILY WELL-BEING

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

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

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Section IV: Systemic Factors

A. STATEWIDE INFORMATION SYSTEM

B. CASE REVIEW SYSTEM

C. QUALITY ASSURANCE SYSTEM

D. STAFF AND PROVIDER TRAINING

E. SERVICE ARRAY AND RESOURCE DEVELOPMENT

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

G. FOSTER AND ADOPTIVE HOME LICENSING, APPROVAL, AND RECRUITMENT

Section V: State Assessment of Strengths and Needs

Louisiana Statewide Assessment Process and Participants

Appendix:

Louisiana/National Child Welfare Resource Centers (NRC) Technical Assistance Plan

2008 Louisiana District Court Map

Louisiana Court System

Acronym List

Geographical Information Survey Maps

Family Services Clients

Foster Care Clients

Foster Homes

Louisiana Family Resource Centers

SFY 20082009 Turnover Charts

State and Regional Snapshots of Children Entering Care

Children's Trust Fund Services

Medicaid Services

Statewide Assessment Instrument

Section I - General Information

Name of State Agency	
DEPARTMENT OF SOCIAL SERVICES OFFICE OF COMMUNITY SERVICES LOUISIANA	
Period Under Review	
<p>Onsite Review Sample Period: <u>October 1, 2008 --March 31, 2009 Out of Home Population</u> <u>October 1, 2008 – May 31, 2009 In Home Population</u></p> <p>Period of AFCARS Data: <u>FFY 2008</u></p> <p>Period of NCANDS Data (or other approved source; please specify alternative data source) <u>FFY 2008</u></p>	
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CHILD SAFETY PROFILE	Fiscal Year 2006ab						Fiscal Year 2007ab						Fiscal Year 2008ab					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
I. Total CA/N Reports Disposed¹	25,536		41,795		36,638		19,293		30,801		28,133 ^A		21,405		34,420		30,730	
II. Disposition of CA/N Reports³																		
Substantiated & Indicated	7,543	29.5	12,472	29.8	11,636	31.8	5,792	30	9,468	30.7	9,085	32.3	6,198	29.0	10,173	29.6	9,533	31.0
Unsubstantiated	16,264	63.7	26,359	63.1	22,454	61.3	12,603	65.3	19,871	64.5	17,779	63.2	13,495	63.0	21,211	61.6	18,544	60.3
Other	1,729	6.8	2,964	7.1	2,548	7.0	898	4.7	1,462	4.7	1,269	4.5	1,712	8.0	3,036	8.8	2,653	8.6
III. Child Victim Cases Opened for Post-Investigation Services⁴			6,665	53.4	6,112	52.5			4,852	51.2	4,587	50.5			5,238	51.5	4,751	49.8
IV. Child Victims Entering Care Based on CA/N Report⁵			3,306	26.5	2,995	25.7			2,339	24.7	2,204	24.3			2,703	26.6	2,438	25.6
V. Child Fatalities Resulting from Maltreatment⁶					37	0.3					26 ^{B, C}	0.3					28 ^C	0.3
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence⁷ [Standard: 94.6% or more; national median = 93.3%, 25 th percentile = 91.50%]					5,227 of 5,554	94.1					4,538 of 4,730	95.9					4,360 of 4,665	93.5
VII. Absence of Child Abuse and/or Neglect in Foster Care⁸ (12 months) [standard 99.68% or more; national median = 99.5, 25 th percentile = 99.30]					8,608 of 8,659	99.41 ^D					8,634 of 8,652	99.79 ^D					8,528 of 8,568	99.53 ^{D, F}

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2006ab			Fiscal Year 2007ab			Fiscal Year 2008ab		
	Hours	Unique Childn. ²	%	Hours	Unique Childn. ²	%	Hours	Unique Childn. ²	%
VIII. Median Time to Investigation in Hours (Child File) ⁹	>48 but <72			>72 but <96			>48 but <72		
IX. Mean Time to Investigation in Hours (Child File) ¹⁰	141			139			170.9		
X. Mean Time to Investigation in Hours (Agency File) ¹¹	E			E			179.1 ^E		
XI. Children Maltreated by Parents While in Foster Care. ¹²		D			D			D	

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2006ab						Fiscal Year 2007ab						Fiscal Year 2008ab					
	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%	Reports	%	Duplic. Childn. ²	%	Unique Childn. ²	%
XII. Recurrence of Maltreatment ¹³ [Standard: 6.1% or less]					327 of 5,554	5.9					192 of 4,730	4.1					305 of 4,665	6.5
XIII. Incidence of Child Abuse and/or Neglect in Foster Care ¹⁴ (9 months) [standard 0.57% or less]					34 of 7,900	0.43 D					14 of 7,862	0.18 D					28 of 7,645	0.37 D, F

Description of Data Tests	NCANDS data completeness information for the CFSR		
	Fiscal Year 2006ab	Fiscal Year 2007ab	Fiscal Year 2008ab
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	6.60	4	6.2
Percent of victims with perpetrator reported [File must have at least 95% to reasonably calculate maltreatment in foster care]*	86.20	83.70	83.6
Percent of perpetrators with relationship to victim reported [File must have at least 95%]*	D	D	D
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	78	74.20	86.5
Average time to investigation in the Agency file [PART measure]	Not reported	Not Reported	Reported
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child does not have to be in foster care to have this ID]	100	100	100

*States should strive to reach 100% in order to have maximum confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	“Substantiated,” “Indicated,” and “Alternative Response Disposition Victim”
B	Unsubstantiated	“Unsubstantiated” and “Unsubstantiated Due to Intentionally False Reporting”
C	Other	“Closed-No Finding,” “Alternative Response Disposition – Not a Victim,” “Other,” “No Alleged Maltreatment,” and “Unknown or Missing”

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of “No alleged maltreatment” was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded “substantiated,” “indicated,” or “alternative response victim.” A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded “unsubstantiated” or “unsubstantiated due to intentionally false reporting.” A child classified as “other” has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to “other” disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an “other” disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, “Total CA/N Reports Disposed,” is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on “reports,” “duplicated counts of children,” and “unique counts of children” are provided.
2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.
3. For the column labeled “Reports,” the data element, “Disposition of CA/N Reports,” is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under “substantiated” (Group A) and the other is not a victim and is counted under “unsubstantiated” (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of “other” (Group C) includes children whose report may have been “closed without a finding,” children for whom the allegation disposition is “unknown,” and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.
4. The data element, “Child Cases Opened for Services,” is based on the number of victims (Group A) during the reporting period under review. “Opened for Services” refers to post-investigative services. The duplicated number counts each time a victim’s report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, “Children Entering Care Based on CA/N Report,” is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim’s report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.
6. The data element “Child Fatalities” counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.
7. The data element “Absence of Recurrence of Maltreatment” is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”).
8. The data element “Absence of Child Abuse/or Neglect in Foster Care” is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent or facility staff member. This data element is used to determine the State’s substantial conformity with CFSR Safety Outcome #1 (“Children are, first and foremost, protected from abuse and neglect”). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.
9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.
10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as “under 24 hours”, one day difference (investigation date is the next day after report date) is reported as “at least 24 hours, but less than 48 hours”, two days difference is reported as “at least 48 hours, but less than 72 hours”, etc.
11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, “Children Maltreated by Parents while in Foster Care” is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship “Parent” are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.
13. The data element, “Recurrence of Maltreatment,” is defined as follows: Of all children associated with a “substantiated” or “indicated” finding of maltreatment during the first six months of the reporting period, what percentage had another “substantiated” or “indicated” finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #1 for CFSR Round One.
14. The data element, “Incidence of Child Abuse and/or Neglect in Foster Care,” is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of “substantiated” or “indicated” maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State’s substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

- A. 2007 was the first full year of data from the Louisiana’s new information system. Because of the change to the new system there will be some differences in data from prior years. The new system uses case open date and the previous system used the transaction date.
- B. The spike in fatalities in FFY2007 due to a cleanup in the legacy information system.
- C. In FFY2007 LA reported 1 additional fatality in the Agency File. In FFY 2008, LA reported 2 additional fatalities in the Agency File.
- D. LA reports perpetrator relationship only for victims abused by foster care providers and codes the rest of perpetrator relationship to Unknown.
- E. LA was not capable of producing data on the average response time for the Agency File in previous years; FFY2008 marks their first year of reporting on this item.
- F. LA has confirmed that, in FFY2008, there was a substantial increase in the number of victims maltreated by foster care providers over the previous year (FFY2007).

POINT-IN-TIME PERMANENCY PROFILE		Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow							
Children in foster care on first day of year ¹		4,697		5,034		5,184	
Admissions during year		3,962		3,618		3,384	
Discharges during year		3,389		3,308		3,466	
Children discharging from FC in fewer than 8 days (These cases are excluded from length of stay calculations in the composite measures)		388	11.4% of the discharges	323	9.8% of the discharges	280	8.1% of the discharges
Children in care on last day of year		5,270		5,344		5,102	
Net change during year		573		310		-82	
II. Placement Types for Children in Care							
Pre-Adoptive Homes		131	2.5	222	4.2	204	4.0
Foster Family Homes (Relative)		1,147	21.8	1,215	22.7	1,100	21.6
Foster Family Homes (Non-Relative)		2,815	53.4	2,772	51.9	2,784	54.6
Group Homes		295	5.6	271	5.1	270	5.3
Institutions		589	11.2	535	10.0	418	8.2
Supervised Independent Living		12	0.2	13	0.2	20	0.4
Runaway		84	1.6	73	1.4	66	1.3
Trial Home Visit		197	3.7	234	4.4	226	4.4
Missing Placement Information		0	0.0	9	0.2	14	0.3
Not Applicable (Placement in subsequent year)		0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care							
Reunification		3,864	73.3	3,984	74.6	3,830	75.1
Live with Other Relatives		85	1.6	64	1.2	47	0.9
Adoption		808	15.3	849	15.9	832	16.3
Long Term Foster Care		478	9.1	407	7.6	366	7.2
Emancipation		31	0.6	26	0.5	22	0.4
Guardianship		4	0.1	14	0.3	5	0.1
Case Plan Goal Not Established		0	0.0	0	0.0	0	0.0
Missing Goal Information		0	0.0	0	0.0	0	0.0

POINT-IN-TIME PERMANENCY PROFILE		Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
		# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode							
One		1,750	33.2	1,690	31.6	1,506	29.5
Two		1,379	26.2	1,409	26.4	1,435	28.1
Three		705	13.4	813	15.2	786	15.4
Four		422	8.0	431	8.1	416	8.2
Five		243	4.6	264	4.9	233	4.6
Six or more		731	13.9	716	13.4	711	13.9
Missing placement settings		40	0.8	21	0.4	15	0.3
V. Number of Removal Episodes							
One		4,329	82.1	4,456	83.4	4,290	84.1
Two		782	14.8	726	13.6	671	13.2
Three		135	2.6	137	2.6	120	2.4
Four		14	0.3	17	0.3	12	0.2
Five		8	0.2	6	0.1	7	0.1
Six or more		2	0.0	2	0.0	2	0.0
Missing removal episodes		0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months ² (percent based on cases with sufficient information for computation)		1,105	34.5	1,137	36.1	1,091	35.4
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)		12.0		12.7		13.1	
VIII. Length of Time to Achieve Perm. Goal		# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
	Reunification	2,477	5.8	2,460	7.9	2,476	9.0
Adoption		469	32.8	429	29.8	591	32.4
Guardianship		38	6.4	49	11.2	37	10.9
Other		398	28.8	360	36.2	354	34.2
Missing Discharge Reason (footnote 3, page 16)		0	--	0	--	0	--
Total discharges (excluding those w/ problematic dates)		3,382	8.7	3,298	11.3	3,458	12.0
Dates are problematic (footnote 4, page 16)		7	N/A	10	N/A	8	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 127.8	State Score = 124.9	State Score = 123.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	10 of 47	10 of 47	10 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 69.9%, 75 th percentile = 75.2%]	74.8%	67.1%	65.3%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [national median = 6.5 months, 25 th Percentile = 5.4 months (lower score is preferable in this measure ^B)]	Median = 6.7 months	Median = 9.2 months	Median = 9.6 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [national median = 39.4%, 75 th Percentile = 48.4%]	47.0%	45.3%	45.7%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [national median = 15.0%, 25 th Percentile = 9.9% (lower score is preferable in this measure)]	11.0%	7.9%	6.7%

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 95.4	State Score = 113.1	State Score = 108.1
National Ranking of State Composite Scores (see footnote A on page 12 for details)	24 of 47	11 of 47	14 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [national median = 26.8%, 75 th Percentile = 36.6%]	19.4%	30.1%	23.7%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [national median = 32.4 months, 25 th Percentile = 27.3 months(lower score is preferable in this measure)]	Median = 32.8 months	Median = 29.8 months	Median = 32.4 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [national median = 20.2%, 75 th Percentile = 22.7%]	21.6%	18.4%	25.5%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [national median = 8.8%, 75 th Percentile = 10.9%]	7.4%	9.2%	11.3%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [national median = 45.8%, 75 th Percentile = 53.7%]	50.5%	59.4%	53.1%

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 83.9	State Score = 76.9	State Score = 97.1
National Ranking of State Composite Scores (see footnote A on page 12 for details)	47 of 51	49 of 51	42 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). [national median 25.0%, 75th Percentile = 29.1%]	26.3%	21.1%	30.4%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) [national median 96.8%, 75th Percentile = 98.0%]	88.7%	85.0%	92.0%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18 th birthday while in foster care, what percent were in foster care for 3 years or longer? [national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]	56.9%	60.5%	54.8%

	Federal FY 2006ab	Federal FY 2007ab	Federal FY 2008ab
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates no components but three individual measures (below)	State Score = 88.1	State Score = 86.4	State Score = 86.4
National Ranking of State Composite Scores (see footnote A on page 12 for details)	35 of 51	35 of 51	35 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75 th Percentile = 86.0%]	81.1%	80.2%	79.1%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75 th Percentile = 65.4%]	55.7%	52.3%	54.4%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75 th Percentile = 41.8%]	28.2%	28.5%	28.3%

Special Footnotes for Composite Measures:

- A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.
- B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1 st time entry of all entering within first 6 months)	1,717	87.7	1,536	85.9	1,538	87.9
II. Most Recent Placement Types						
Pre-Adoptive Homes	3	0.2	3	0.2	5	0.3
Foster Family Homes (Relative)	589	34.3	609	39.6	540	35.1
Foster Family Homes (Non-Relative)	688	40.1	576	37.5	599	38.9
Group Homes	91	5.3	55	3.6	61	4.0
Institutions	137	8.0	92	6.0	115	7.5
Supervised Independent Living	2	0.1	2	0.1	2	0.1
Runaway	11	0.6	13	0.8	13	0.8
Trial Home Visit	195	11.4	183	11.9	197	12.8
Missing Placement Information	1	0.1	3	0.2	6	0.4
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	1,648	96.0	1,470	95.7	1,484	96.5
Live with Other Relatives	33	1.9	26	1.7	20	1.3
Adoption	28	1.6	34	2.2	30	2.0
Long-Term Foster Care	6	0.3	2	0.1	2	0.1
Emancipation	1	0.1	1	0.1	1	0.1
Guardianship	1	0.1	3	0.2	1	0.1
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	0	0.0	0	0.0	0	0.0
IV. Number of Placement Settings in Current Episode						
One	813	47.4	725	47.2	700	45.5
Two	494	28.8	442	28.8	446	29.0
Three	213	12.4	197	12.8	228	14.8
Four	96	5.6	85	5.5	82	5.3
Five	26	1.5	28	1.8	25	1.6
Six or more	35	2.0	30	2.0	33	2.1
Missing placement settings	40	2.3	29	1.9	24	1.6

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	762	95.0	592	95.0	589	96.1
Adoption	1	0.1	1	0.2	0	0.0
Guardianship	5	0.6	8	1.3	4	0.7
Other	34	4.2	22	3.5	20	3.3
Unknown (missing discharge reason or N/A)	0	0.0	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	10.6		11.6		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):						
	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	7	0.2 %	10	0.3 %	8	0.2 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	88	2.6 %	42	1.3 %	66	1.9 %
Missing discharge reasons	0	0.0 %	0	0.0 %	0	0.0 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	0	0.0 %	3	0.7 %	0	0.0 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	8	1.7% fewer in the adoption file.	10	2.3% fewer in the adoption file.	53	9.0% fewer in the adoption file.
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	40	0.8 %	21	0.4 %	15	0.3 %

* The adoption data comparison was made using the discharge reason of "adoption" from the AFCARS foster care file and an *unofficial* count of adoptions finalized during the period of interest that were "placed by public agency" reported in the AFCARS Adoption files. This *unofficial* count of adoptions is only used for CFSR data quality purposes because adoption counts used for other purposes (e.g. Adoption Incentives awards, Outcomes Report) only cover the federal fiscal year, and include a broader definition of adoption and a different de-duplication methodology.

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2006ab		Federal FY 2007ab		Federal FY 2008ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal from home? (4.1) [Standard: 76.2% or more]	1,921	77.3	1,720	69.6	1,644	66.2
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) [Standard: 32.0% or more]	91	19.4	129	30.1	140	23.7
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) [Standard: 86.7% or more]	3,804	81.2	3,522	80.4	3,300	79.7
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) [Standard: 8.6% or less]	223	5.6 (86.9% new entry)	214	5.9 (86.5% new entry)	198	5.9 (87.0% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

¹The FY 06, FY 07, and FY 08 counts of children in care at the start of the year exclude 58, 59, and 52 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

²We designated the indicator, *17 of the most recent 22 months*, rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

³This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

⁴The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

⁵This First-Time Entry Cohort median length of stay was 10.6 in FY 06. This includes 7 children who entered and exited on the same day (who had a zero length of stay). If these children were excluded from the calculation, the median length of stay would still be 10.6.

⁶This First-Time Entry Cohort median length of stay was 11.6 in FY 07. This includes 10 children who entered and exited on the same day (who had a zero length of stay). If 10 were excluded from the calculation, the median length of stay would be slightly higher at 11.7.

⁷This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 08. This includes 8 children who entered and exited on the same day (they had a zero length of stay). If these children were excluded, the median length of stay would still be Not Yet Determinable. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

SECTION III. OVERVIEW

Louisiana's child welfare system has a rich history of quality child welfare practice and continuous improvement. It was one of the few states to pass all seven systemic factors in the first round of the Child and Family Services Reviews (CFSR). It was also an early adopter among state child welfare agencies in achieving statewide accreditation by the Council on Accreditation (COA) in 2003. In addition, in 2008 OCS received the Kaleidoscope Award for innovative application of policies and practices to benefit families. OCS is the first child welfare agency in the nation to receive this award. Despite its 49th place state ranking in the *Casey Kids Count* assessment of the overall health and well-being of children and being the epicenter for Hurricane Katrina, the worst natural disaster in American history in 2005, Louisiana is also home to what one knowledgeable observer described as "smart, competent, and dedicated" professionals who are committed "to improving the lives and long-term prospects for children and families in Louisiana" (Walters, *Governing*, October 13, 2009). Those same staff demonstrated great resilience and resourcefulness in taking care of children and families through Hurricanes Katrina and Rita in 2005 and Hurricanes Gustav and Ike in 2008.

Louisiana's first Child and Family Services Review was held in 2003. Based on its 2001 State Data Profile, the Statewide Assessment, and its 2003 On-Site Review, Louisiana was determined to be in substantial conformity with all seven systemic factors and Permanency Outcome 2 relating to preservation of family relationships and connections. Louisiana began implementing its Program Improvement Plan in FFY 2004-2005. On August 31, 2005, Hurricane Katrina struck the state wreaking massive destruction, including killing over 1,500 people, destroying close to 205,000 homes, and flooding the City of New Orleans. Clients as well as agency staff had to evacuate the city and were not able to return for months. Clients relocated to other parts of Louisiana as well as nearly every state in the country. The homes of many clients and staff were destroyed. Three weeks after Hurricane Katrina, Hurricane Rita, the fourth largest storm ever recorded in the Gulf of Mexico, hit the state on September 24, 2005. Following the storms, Louisiana received incredible support and assistance from its federal partners, National Child Welfare Resource Center staff, and other states to aid its hurricane response and recovery efforts. The hurricanes created many negative effects upon children and families and the state. The crisis also created an opportunity for transformative change which the leadership of DSS/OCS in collaboration with the Annie E. Casey Foundation committed to pursuing together.

In June, 2006, Louisiana and its federal partners revised the state's Program Improvement Plan to focus on critical response and recovery initiatives. Based on performance data immediately preceding Hurricane Katrina's landing, Louisiana was determined to have met its original or revised target improvement goals on the national performance indicators as reflected in the chart below.

Measure	Federal Standard	Louisiana Baseline	PIP Goal	New PIP Goal	Fed 05 Data	Result
Recurrence of Maltreatment	3.1% or less	3.7%	7.30%	7.3%	3.3%	Original Goal met
CA/N in Foster Care	.57% or less	1.73%	1.34%	1.34%	0.32%	National Standard
Reunification	75.2 % or more	63.5%	72.30%	70.72%	71.1%	New Goal met
Adoption in 24 Months	32% or more	13.9%	21.30%	21.3%	24.5%	Original Goal met
Placement Stability	33.7% or more	30.9%	35%	31.9%	32%	New Goal met

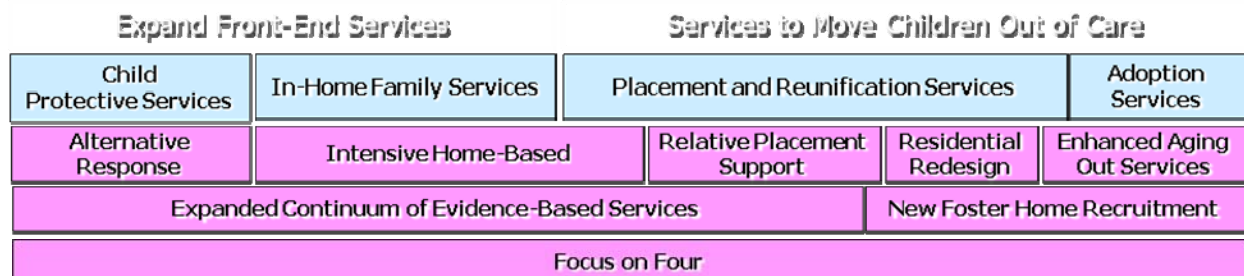
The 2006 revised Program Improvement Plan set goals for short-term recovery as well as a vision for long-term reform. Short-term recovery focused on three core objectives: (1) In consultation with the National Resource Center for Child Protective Services, analyze the factors relating to the increase in foster care placements; (2) In consultation with the National Resource Center for Family Centered Practice and Permanency Planning, develop a protocol for case management and decision-making for displaced foster children and their biological parents; and (3) In consultation with the National Resource Center for Organizational Improvement and the National Resource Center for Legal and Judicial Issues, provide more qualified legal representation for children and/or parents in the child welfare system.

The vision for long-term reform focused on two major initiatives: (1) Redesigning front-end services with special emphasis on prevention, CPI intake and decision-making, and the development of a continuum of services to prevent and respond to child maltreatment and to facilitate permanency for children; and (2) Decreasing the number of children in residential and emergency care facilities and transitioning to a continuum of care service system. In collaboration with Louisiana and its federal partners, the National Child Welfare Resource Centers committed to a comprehensive, coordinated Technical Assistance Plan to support short-term recovery as well as long-term reform. The plan continues to be actively reviewed and updated through regular conference calls involving all parties up to the present time. Louisiana and the Annie E. Casey Foundation also developed an aggressive plan of system improvement. Please see the current Louisiana/National Resource Center Technical Assistance Plan in the Appendix.

Through this extraordinary assistance, the vision for long-term reform in Louisiana was quickly translated into initiatives that became known as *Louisiana Leading Innovations for Family Transformation and Safety or LIFTS* with an overarching goal of strengthening families and ensuring children safe, permanent solutions. LIFTS reflected the agency's unyielding goal of reaching higher to ensure a family-focused and community-based system of care for Louisiana's most vulnerable children. With the assistance of its national partners, the agency defined six key elements for implementation within 18 months to enhance outcomes for children and families:

- Improve intake decisions through utilization of more uniform assessment and decision-making criteria to ensure more consistent response to the 25,000+ reports of child abuse/neglect which OCS receives each year. The key component included development and implementation of Alternative Response Family Assessment.
- Meet family needs with new, better and more uniform assessment and case planning tools with a focus on keeping families together in safe and secure environments and minimizing the number of children in need of out-of-home care. Key components included development and implementation of Structured Decision-Making in the Family Service and Foster Care programs and the Assessment of Family Functioning instrument and case plan. In early 2008, the agency launched "Focus on Four", an intensive training to all staff on Safety, Risk, and Family Assessment along with Case Planning.
- Affirm commitment to family-focused, community-based services by enhancing working relationships with prevention-oriented community partners to offer services to at-risk families as well as developing a comprehensive continuum of intensive home-based programs that build on family strengths and needs.
- Support foster/adoptive parents and expand placement options for children within their own communities through augmented recruitment and staff partnerships. Enhancements include standardized training and internal policy and procedures, more foster/adoptive parental involvement, and better, stronger links between foster parents and birth families.
- Comprehensively evaluate the residential placement and decision-making process to ensure residential treatment is utilized as a short-term intervention for children only when their emotional, physical or mental health needs cannot be met in a family setting.
- Advance initiatives to better support transitioning youth, including facilitating permanent family connections and maximizing opportunities to participate in vocational, housing, and educational programs and supports that facilitate a smooth transition and lay the foundation for successful adulthood.

The chart below summarizes Louisiana's long-term vision for reform with enhanced services to prevent children from entering foster care and to effectively move children into families and out of foster care.



Focus on Four is an agency commitment to strengthen case practice skills and to support staff in using evidence based tools to assess safety, risk, and family functioning and complete case planning in conjunction with assessment of the family and their progress. The Focus on Four tools include:

- Family Assessment Response – Alternative Response
- Structured Decision Making
- Comprehensive Family Assessment – Assessment of Family Functioning (AFF)
- Comprehensive Case Planning – Guided by the AFF

Louisiana's short term recovery goal of improving legal representation also had a longer-term component focused on transforming the system into a more uniform, statewide system of quality representation for all parties, including children and indigent parents. The Court Improvement Program also invested heavily in improving the overall quality of child welfare practice through multi-disciplinary training and education and of court practice through automated case management and data monitoring.

Two more hurricanes, Gustav and Ike, struck Louisiana in 2008, causing significant damage and disruption, evacuations in all parishes south of the Interstate 10 corridor for the first time in state history, the staffing of evacuation centers and shelters as well as disaster food stamp centers by agency staff, delayed implementation of key initiatives, damaged and destroyed homes, massive power outages impacting 66% of Louisiana population, and negative impacts on the state budget. The Governor installed new executive leadership at DSS following the storms. Since the storms, the economic impact of the national recession has hit Louisiana leading to the need to reduce state expenditures to align with declining state revenues. Staff hiring freezes and reductions have been implemented and are continuing to be implemented as well as reductions in services.

Hurricanes

Name	Date	Parishes with Mandatory/Necessary Evacuations
Katrina	August 31, 2005	Jefferson, Orleans, St. Bernard, St. Tammany and Washington
Rita	September 24, 2005	Cameron, Calcasieu, Jefferson Davis, Acadia, Iberia, Beauregard and Vermillion
Gustav	September 1, 2008	Orleans, Jefferson, Plaquemine, Lafourche, Terrebonne, Ascension, Assumption, East Baton Rouge,
Ike	September 13, 2008	Cameron, Vermilion, Calcasieu, St. Tammany, St. Bernard, Plaquemines, Lafourche, Terrebonne, St. Mary, Iberia, and Vermillion

Since CFSR Round 1, Louisiana has demonstrated improvements in many areas. A comparison of Louisiana's performance reflected in the CFSR Data Profile for FFY 2001 and FFY 2008 demonstrates improved performance on five of the six national data indicators examined in Round 1. A comparison of Louisiana Webfocus data for FFY 2001 and FFY 2008 on the 17 national indicators examined in Round 2 likewise demonstrates improved performance on 15 of the indicators. Louisiana has maintained its COA accreditation and is currently undergoing re-accreditation. To date, five regions as well as the OCS State Office have been reviewed and determined to be in compliance with COA standards. The remaining regional reviews and final accreditation decisions are expected to be complete by late Winter/early Spring, 2010. The Office of Juvenile Justice and all of its contract providers are accredited by the American Correctional Association.

Clearly, Louisiana has substantial strengths on which to continue to build and strengthen practice and improve outcomes for children and families. Louisiana also has some significant challenges that reflect the multi-faceted complexity involved in proactively advancing continuous policy, program, and practice improvement. Several key challenges include: (1) Louisiana's comparatively high rates of poverty, low rates of educational attainment, and poor health/mental health outcomes; (2) Cumulative stresses on children and families and staff arising from Hurricanes Katrina, Rita, Gustav, and Ike and the economic recession; (3) Large number of new, inexperienced staff and supervisors; and (4) Need for more integrated planning, coordination, and services statewide relating to key needs of children and families in the child welfare system, including early intervention, mental health, education, substance abuse treatment, transportation, and support services such as respite and transitional living that would allow children, youth, and young adults to be sustained and thrive in family and community settings.

In the 2009 Annie E. Casey *Kids Count* analysis of ten (10) well-being indicators for children (based on 2007 data), Louisiana ranked 49th on six (6) of the indicators including the percentage of children in poverty at 27% (same as in 2000), percentage of low-birth rate babies at 11.4% (up from 10.3% in 2000), infant mortality rate at 9.9% (up from 9 % in 2000), percentage of teens not attending school and not working at 12% (decline from 15% in 2000), percentage of children living in families where no parent has full-time, year round employment at 40% (up from 39% in 2000), and percentage of children in single parent households at 42% (up from 40% in 2000). These percentages are more acute for African American children. For example, 46% of African American children live in poverty and 16.2% of African American children are born at low birthweight. Louisiana generally does poorly on ratings of educational attainment and overall health status of its residents as well.

Four major hurricanes in four years have magnified the stressors upon children and families in Louisiana as well as front-line child welfare staff who work with the clients on a daily basis. In some areas such as New Orleans, service availability is greatly reduced from the level that existed pre-storm. Irwin Redlener, president of the national Children's Health Fund and commissioner of the National Commission on Children and Disasters observed of New Orleans in October, 2009 that "thousands of families have been falling through the cracks because it's been such a disorganized and disrupted safety net" and estimates that 20,000 Louisiana children "remain at some serious level of uncertainty with regard to stable housing and access to essential services." The instability has led to an increase in the percentage of middle and high school students performing at least one grade level behind where they should be, up to 33% from 18% pre-storm. More than half of the children also had health problems. Ronald Kessler, a Harvard professor of health care policy, has found PTSD rates in families affected by the hurricane to be "off the charts" compared with previous disasters in the U.S. He has also found that 9.3% of children in hurricane affected areas have a "serious emotional disturbance . . . that is directly attributable" to the storm. Joy Osofsky, a professor of pediatrics and psychiatry at Louisiana State University estimates the rates are higher in heavily affected parishes. (Carmichael, Mary. *Katrina's Kids*. Newsweek, October 15, 2009).

Louisiana has a large percentage of new and inexperienced staff and supervisors. More than a quarter of current front-line staff have less than one year of experience and more than half have less than three years of experience. Front-line supervisors are inexperienced as well with approximately half having less than 2 years experience and 22% with less than one year of experience. Of the total professional child welfare workforce within DSS/OCS, there are 85 Licensed Clinical Social Worker's (LCSW), 224 Graduate Social Worker's (GSW), and 269 Registered Social Worker's (RSW) a total of 578 or 46% staff with social work licensure, which comprise less than half of the current child welfare professional workforce of 1,266 employees. State Fiscal Year 2008-2009 turnover statistics for the Louisiana professional child welfare workforce is summarized by program in the table that follows. Regional turnover rates vary along a wide range. For the CPI program, turnover ranges from a low of 5% in Thibodaux Region to a high of 58% in the Lake Charles Region. For the Foster Care program, turnover ranges from a low of 13% in Shreveport to a high of 52% in Thibodaux Region. For the Family Services program, turnover ranges from a low of 0% in Lafayette, Greater New Orleans –Orleans and Jefferson, and Thibodaux Regions to a high of 60% in Lake Charles Region. Please see the Appendix for additional regional turnover data.

2008-2009 CPI, FC, & FS TURNOVER (Statewide)

	Statewide		
	Staff On Board 7/1/08	Separations 7/1/08- 6/30/09	Turnover
CPI	205	62	30.24%
FC	400	86	21.50%
FS	97	16	16.49%
Total:	702	164	

Louisiana continues to confront its many challenges. In collaboration with state and community leaders, it is developing comprehensive, coordinated poverty reduction strategies and investing available resources in proven poverty reduction programs. It is aggressively pursuing education reforms, including Race to the Top incentive funds, to improve its ability to effectively educate its citizenry. Most recently, the Louisiana Department of Social Services (DSS), Office of Juvenile Justice (OJJ), Department of Health and Hospitals (DHH), and Department of Education (DOE) have joined together to develop a coordinated system of mental health care for children in the custody of the state.

Louisiana continues to advance its long-term vision for reform as well as proactively address critical workforce and technology needs within its child welfare system. The re-design of front-end services continues with the implementation of Structured Decision Making at investigation/assessment and with evaluation and refinement of Alternative Response Family Assessment with assistance from the National Resource Centers for Child Protective Services and Data and Technology. Through collaboration with Louisiana's Brightstart Early Childhood Initiative, the agency is also developing a strategic approach to serving high risk infants, toddlers, and pre-school children towards increasing child safety and well-being. Further, the Department has identified centralized intake as a critical functionality to be developed over the next 1-2 years.

Investments in evidence based practices, including the Homebuilders Model of Intensive Home Based Services (IHBS) and MultiSystemic Therapy (MST) have been maintained. The eligibility of MST for Medicaid reimbursement has supported the service becoming available in more communities throughout the state. Louisiana, through its Department of Health and Hospitals, Medicaid Office of Behavioral Health continues to evaluate the potential to implement additional evidenced based practices such as Functional Family Therapy and Parent Child Interaction Therapy. The Nurturing Parenting Program is available to families through the Family Resource Centers. With assistance from the National Resource Center for Foster Care and Permanency Planning, the agency has also initiated implementation of Visit Coaching through the Family Resource Center network. Substance abuse assessment and referral services continue to be made available through counselors housed in agency offices through collaboration with the Louisiana Office of Addictive Disorders and the state TANF program.

Louisiana has decreased the number of children in residential facilities and continues to transition to a continuum of care service system model that seeks to serve children in settings close to their home communities and to transition them into family settings and ultimately permanent homes whenever possible. Louisiana has developed a Request for Proposals process that will reinforce the continuum of care model in selecting providers to deliver residential and therapeutic foster care services. Initiatives to better support transitioning youth also continue to advance, including implementation of the Youth in Transition Plan, identifying permanent connection(s), empowering youth to advocate for themselves, and on-going collaboration with vocational, housing, and educational programs. Implementation of a Guardianship Subsidy Program pursuant to the federal Fostering Connections to Success and Increasing Adoptions Act is also proceeding with an April 1, 2010 start date. The agency has expanded Home Development staff contacts with foster parents in order to promote better communication and support in addition to implementing a statewide Foster Parent Appreciation and Support Campaign in collaboration with the Annie E. Casey Foundation to highlight and reinforce effective means of providing support to foster parents.

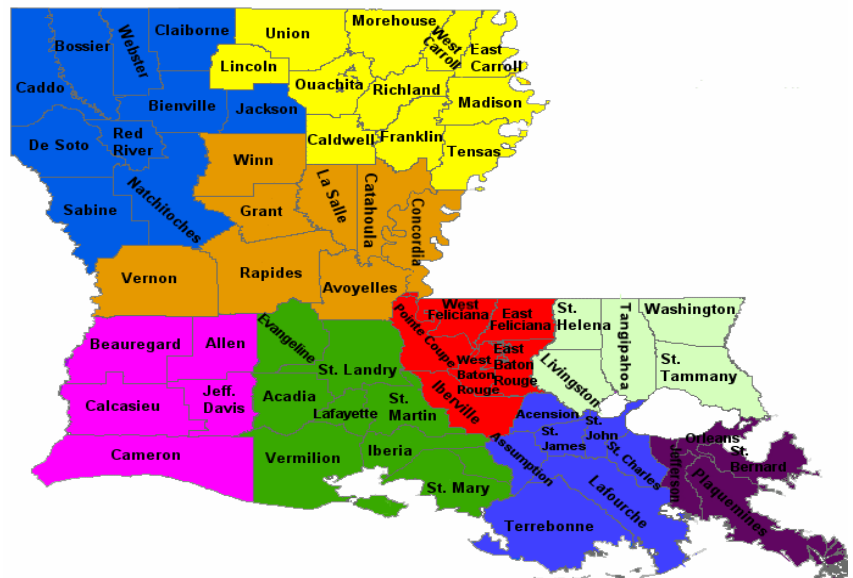
Louisiana has also continued to advance the transformation of its legal representation system in child welfare cases into a more uniform, statewide system of quality representation of all parties. Effective January 1, 2010, a more uniform approach to providing representation of children and indigent parents is being implemented utilizing existing community based legal services providers. Transition to the new model is being overseen by a statewide Task Force on Legal Representation in Child Protection Cases that includes representatives of the Louisiana Supreme Court, Louisiana Bar Foundation, Louisiana Public Defender Board System, Child Advocacy Program of the Mental Health Advocacy Services Office, and the Department of Social Services.

Finally, but not leastly, Louisiana is focusing substantial attention on expanding training and other workforce supports that can mitigate its inexperience gap and improve its ability to recruit and retain quality child welfare staff. A similar effort is underway in advancing training, best practice standards, and organizational supports for attorneys providing legal representation in child welfare cases. Please see discussion in the systemic factor Staff and Provider Training relating to substantial expansion of initial training for new workers, including incorporation of new components to reinforce and expand upon learning through on-the-job training and continuous feedback loops; development of the Louisiana Child Welfare Workforce Alliance between the agency and the seven Louisiana public university schools/departments to provide training and education that supports child welfare workforce competency; training and workforce development initiatives through the Louisiana Child Welfare Comprehensive Workforce Project; supervisory training and coaching; and development of technological resources to support e-learning as well as comprehensive management of the training system. The Peer to Peer Practice Support initiative also provides intensive hands-on practice support and coaching to staff in a region to improve core practice skills and stabilize and support the child welfare workforce. Please also see the Louisiana/NRC Technical Assistance Plan in the Appendix for additional trainings and support, including family finding, adoption, family visits, APPLA, Older Youth, Fostering Connections, and attorney training.

The agency has also been engaged in a Work Process Planning project with assistance from the NRC's as well as Casey Family Programs to identify and eliminate unnecessary and duplicative processes as well as streamline others that impair child welfare staff's ability to complete critical child welfare functions. Additional efforts seek to modernize departmental information technology resources as well as provide staff with tools to help them more effectively manage their cases and use data to advance on-going practice improvements.

Overall descriptive data

Louisiana's land area is 43,562 square miles with the highest point being Driskill Mountain at 535 feet located in northerly Bienville Parish and the lowest point being New Orleans at -8 feet in the southerly part of the state. Louisiana has 64 parishes and a resident population of 4,523,628 as of July 1, 2005 (according to Bridged-Race Population Estimate 2005 by the US Census Bureau and National Center for Health Statistics [NCHS]). Blacks comprise 33.4% of the state's overall population, whites at 64.5% and others at 2.1%. Louisiana has four federally recognized American Indian Tribes. The American Indian population of these tribes is 0.60% of the total population of Louisiana according to U.S. Census Bureau 2007 data published in 2008.



- Region 1 Greater New Orleans/Jefferson**
- Region 2 Baton Rouge**
- Region 3 Covington**
- Region 4 Thibodaux**
- Region 5 Lafayette**
- Region 6 Lake Charles**
- Region 7 Alexandria**
- Region 8 Shreveport**
- Region 9 Monroe**

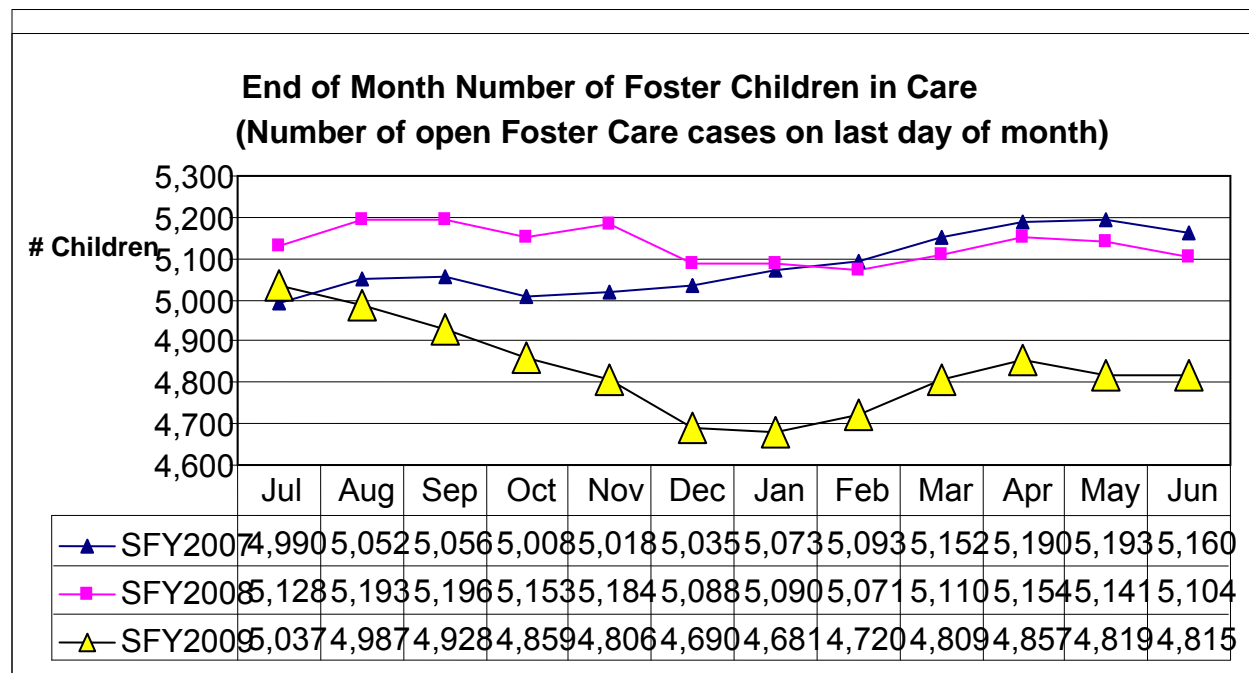
As reflected in the map above, the social services component of Louisiana's child welfare system is administered through the Louisiana Department of Social Services, Office of Community Services (DSS/OCS). DSS/OCS provides comprehensive social service and child welfare programs that include protective services, protective child care, family services, foster care, and adoption. These services are administered statewide within a centralized organizational framework of 9 regions with 2 district and 8 regional offices and 48 parish offices. A regional administrator leads each district / regional office.

The legal components of Louisiana's child welfare system are handled through a non-uniform court system comprised of juvenile, district, and city courts exercising juvenile jurisdiction throughout 42 judicial districts, 5 regional appellate courts, and the Louisiana Supreme Court located in New Orleans. There are four specialized juvenile courts in Caddo, East Baton Rouge, Jefferson, and Orleans Parishes. There is a long-standing strong partnership between the state child welfare agency DSS/OCS and the Louisiana Court Improvement Program housed within the Judicial Administrators Office of the Louisiana Supreme Court. Please see the Appendix for a map of Louisiana Judicial Districts.

Additional state and local agencies provide critical services that children and families need to be safe and thriving. The Louisiana Department of Health and Hospitals has statewide responsibility for health, mental health, substance abuse, and developmental disabilities services which may be provided through Human Services Districts, state and private hospitals, clinics, community mental health centers, private providers, schools etc. See systemic factor Service Array for a description of the network of services provided by DHH and the Human Services Districts. Educational services are provided at the community level through approximately 69+ school districts administered by local boards and special school districts. Educational services are largely governed by district school boards at the local level. The Louisiana Board of Elementary and Secondary Education and Louisiana Department of Education set broad policy objectives, evaluate

performance of local school districts utilizing multiple measures, and provide state leadership, technical guidance, and support toward improving educational outcomes for Louisiana children.

The End of the Month Count of Foster Children in Care has fluctuated between approximately 5000 and 5200 children for SFY 2007 and SFY 2008. The count for June 2009 is 5.7% lower than June 2008 and 6.7% lower than June 2007. See chart below.

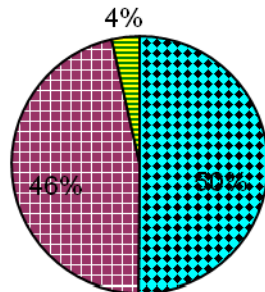


Entries into foster care in Louisiana peaked in FFY 2006 with 3,717 children entering care. This compares with the ten year low of 2,302 entries in FFY 2001. Exits from foster care were highest in FFY's 2008 and 2009 at 3,514 and 3,532 children respectively. See chart below.

FOSTER CARE ENTRIES			FOSTER CARE EXITS			DIFFERENCE	
FFY2000		2,449	FFY2000		2,335	FFY2000	114
FFY2001		2,302	FFY2001		2,649	FFY2001	-347
FFY2002		2,407	FFY2002		2,484	FFY2002	-77
FFY2003		2,549	FFY2003		2,609	FFY2003	-60
FFY2004		2,497	FFY2004		2,647	FFY2004	-150
FFY2005		3,094	FFY2005		2,662	FFY2005	432
FFY2006		3,717	FFY2006		3,289	FFY2006	428
FFY2007		3,490	FFY2007		3,347	FFY2007	143
FFY2008		3,229	FFY2008		3,514	FFY2008	-285
FFY2009		3,442	FFY2009		3,532	FFY2009	-90
10-Year Avg.		2,573	10-Year Avg.		2,554	10-Year Avg.	20
Data Dashboard Run Date 11/17/09			Data Dashboard Run Date 11/17/09			Data Difference; Formula	

The percentage of children under age 6 entering foster care has been steadily increasing. As reflected in the following chart, in calendar year 2008, 52% of the new entries into foster care statewide in Louisiana were children under age 6. African American children are also entering foster care at a rate disproportionate to their general population percentage. Please see the following charts.

State of Louisiana Children Entering Care By Race



 AFRICAN-AMERICAN
 CAUCASIAN
 OTHER

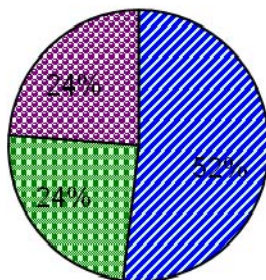
African-American 1,636



Caucasian 1,464

Other 111

- During Calendar Year 2008, about half of the children entering care in Louisiana are African-American and about half are Caucasian.
- As of 12/31/2008, there were 4,681 children in care and 2,695 certified foster/adoptive homes in Louisiana.

State of Louisiana Children Entering Care by Age



 Age 0-5
 Age 6-11
 Age 12-17

Age 0 – 5 1,636

Age 6 – 11 766

Age 12 – 17 749

- The average time children stay in care varies widely. Some return home almost immediately, others remain in care longer. Some children are freed for adoption and find new families while others are still waiting for a Family.

Throughout the period since CFSR Round 1, OCS staff have demonstrated resilience and determination in continuing the work of improving performance and practice while serving and working with the families and children of Louisiana. The chart below provides some insight into the numerous laws, initiatives, policies and emergency operations that staff have embraced:

Policy/System Requirements	Effective Date	Purpose/Impact
Acts 148 and 278 -Voluntary Placement	August 2005 August 2006	Required transfer of legal custody to a relative or the state when a child deemed unsafe. Increased foster care caseloads by 799 children and court time for CPI staff.
Emergency Shelter Duty	Following 2005 Hurricanes	All staff above I-10 worked in some type of emergency shelter. Only emergent case activities were completed.
Act 157 of 2006 and Act 396 of 2007	February 2006 and September 2007	Drug Affected Newborns/Substance Exposed-- CAPTA requirement for investigation of cases. Increased investigations by 794 in 2007.
A Comprehensive Statewide Enterprise System (ACCESS)	September 2006	Automated Child Protection Investigation cases. Learning curve, training. Performance impacted timeliness response.
24-Hour On Call Policy	June 2006	Required all parishes to provide a toll-free emergency hotline number for reporting child abuse.
Family Child Day Care Home Investigations	July 2006	Agency required to accept reports at intake and not refer to law enforcement
Alternative Response	October 2007-May 2008 Statewide Phase-In	Added Family Assessment as an option to an investigation. No additional staff provided.
Structured Decision Making	October 2007-May 2008 Statewide Phase-In	CPI staff required to provide information for completion of SDM on cases referred to FS or FC.
Emergency Food Stamp Distribution	Following 2008 Hurricanes	Staff had to work exceedingly long hours taking food stamp applications in south LA. Only emergent case activities were completed.
Emergency Shelter Duty	Following 2008 Hurricanes	Most staff above I-10 worked in some type of emergency shelter or distribution site. Only emergent case activities were completed.
Statewide Employee Freezes	January – June, 2008; February – June, 2009;	Agency unable to hire additional staff without

Policy/System Requirements	Effective Date	Purpose/Impact
	August, 2009 – June, 2010	exceptions being granted by Division of Administration. Approval has been granted for filling certain vacant first line worker positions.
State Budgetary Reduction Impact on all state Agencies	Start—SFY 2008-2009 and continues	Limitations placed on Agency programs and services

Safety Outcome 1: Children are protected from abuse and neglect.

This is an area needing improvement. Louisiana's FFY 2008 performance of 93.5% on national data indicator S1 – Absence of maltreatment recurrence falls short of the national performance standard of 94.6%, while slightly exceeding the national median performance of 93.3% and Louisiana's FFY 2001 performance of 93.2%. Data from Louisiana's Peer Case Review reinforces this assessment. Louisiana's FFY 2008 performance of 99.53% on national data indicator S2 – Absence of child abuse and neglect in foster care within 12 months also falls short of the national performance standard of 99.68%, while exceeding the national median performance of 99.5%. The cumulative stress and multiple demands upon children, families, communities, and the child welfare workforce since Hurricanes Katrina and Rita in 2005 and the relative inexperience of front-line staff and supervisors are key factors influencing Louisiana's performance on this outcome. The increased focus on the safety and well-being of children in residential facilities is also a potential factor influencing Louisiana's FFY 2008 performance.

It is a general consensus throughout focus groups of families, children, stakeholders, staff, foster parents and the legal system that Louisiana maintains the safety of children when in care. A high percentage of children and youth participating in focus groups state that they feel safe when in state care. Children, youth and staff did note some concerns regarding children's safety in facilities. Legal stakeholders have also expressed some concerns regarding child sexual abuse not being prosecuted by assistant district attorneys.

Key Strengths and Promising Practices

Structured Decision-Making; Performance Outcomes Monitoring; Peer to Peer Practice Support and other workforce investments, including the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) and the OCS/University Child Welfare Alliance; DSS Modernization and Mobilization (IT Modernization, including SACWIS system development); Residential Systems of Care Reform; and Alternative Response Family Assessment are all promising practices.

Key Barriers and Opportunities for Improvement

Four major hurricanes since 2005 along with the relatively high rate of poverty, overall poor health and mental health outcomes, and recent economic decline within Louisiana are potential barriers influencing Louisiana's ability to consistently meet this performance standard.

Relatively new and inexperienced staff and supervisors and the need to stabilize, strengthen, and support the overall child welfare workforce are critical opportunities for improvement.

Key Collaborators

The Office of Community Services CPI section is involved in collaborations with a number of community partners. Below is a summary of the current collaborations.

A. Substance Exposed Newborns

The Office of Community Services collaborated with several key stakeholders to develop policy and training regarding substance exposed infants. A workgroup was composed of Jefferson Parish Human Service Authority; Louisiana State University; Office of Addictive Disorders; Louisiana Coalition against Domestic Violence and social workers from various hospitals.

The current Child Protection Investigation policy was reviewed and updated. Policy updates were also expanded to the Family Services and Foster Care programs. The workgroup was subdivided into three groups to focus on protocols for parent, child and staff training.

B. Alternative Response Sub-Committee

The agency collaborated with Anna Stone, a consultant from the National Resource Center; Candice Kagan, a FINS Officer with the Jefferson Parish Court; and Linda Starns from Positive Steps Resource Center. This group which included DSS/OCS field and state office staff was designed to develop guidelines, policy and training for the alternative response initiative.

C. Our Lady of the Lake Hospital Task Force on Non-Accidental Trauma/Shaken Baby Syndrome (Baton Rouge area hospital)

The objective of this task force is to develop a collaborative approach to increase awareness and to provide education on non-accidental trauma/shaken baby syndrome cases. The Office of Community Services is included on the task force as well as physicians and other medical professionals who work in pediatrics. Plans are to expand the task force to include the police department, universities and community organizations that work with child abuse and neglect victims. In addition, the task force plans to expand to other parts of the state to include such areas as Lafayette and New Orleans. The plan is to provide educational materials and show a video (Elijah's Story) to postpartum women, as well as their significant others. One of the goals is to encourage and reinforce this information on the follow-up visits to the pediatrician. In addition, the task force would like to refine the criteria for OCS notifications as well as a protocol when a child less than twelve months appears in the hospital with a skull fracture or other extremity fractures.

D. Louisiana Sexual Abuse Task Force

The Louisiana Sexual Assault task force was created within the Department of Justice, Office of the Attorney General. The task force consists of twenty-five members from various agencies. The members examine issues related to forensic examinations of sexual assault victims and investigations of sexual assault cases. The process of limited case intake, investigation, and service provisions are explored.

E. Children's Advocacy Centers of Louisiana

The Children Advocacy Center is Louisiana's protection and advocacy system for interviewing child abuse and neglect victims. The Office of Community Services is included on the governing board of strategic partners that meets statewide on a quarterly basis. Also included is the District Attorney offices and Law Enforcement. The agencies collaborate on developing policy, protocol, and guidance as it relates to child abuse and neglect cases. One function is to conducting mutual interviews with children in a non-threatening setting coordinated by the District Attorney's office. Fifteen Child Advocacy Centers are currently operating throughout the state.

F. Louisiana Domestic Violence Fatality Review Project

The Louisiana Domestic Violence Fatality Review Advisory Committee is a collaboration of different community organizations related to domestic violence from various parts of the state. The group meets quarterly. Included are such organizations as Office of Community Services, Law Enforcement, Louisiana Supreme Court Protection Order Registry, Louisiana District Attorney Association, Department of Corrections, churches, shelters, and other organizations dealing with the issues of domestic violence. The purpose of the fatality review is to identify trends, bring key players together, increase awareness and share data. The data and recommendations are used to enhance or create coordinated response teams to develop or improve agency and community-wide domestic violence service policies and procedure.

G. Louisiana Clearinghouse for Missing and Exploited Children

The Louisiana Clearinghouse for Missing and Exploited Children is housed within OCS and functions as the central repository of information on missing children in Louisiana. The Clearinghouse works with the families of missing juveniles, local and state law enforcement, and other agencies to assist in the safe recovery of missing juveniles. The Clearinghouse also maintains a database of local juvenile officers to provide case information and provide information on training opportunities.

H. Other Vital Partnerships

The National Child Welfare Resource Centers and the Casey Foundation have been instrumental partners with Louisiana in pursuing programmatic improvements and reforms. The Louisiana Child Welfare Comprehensive Workforce Project, university partners in the OCS/University Alliance, and the Children's Research Center are critical partners in workforce development and support.

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

Item 1: Timeliness of initiating investigations of reports of child maltreatment. *How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?*

Louisiana continues to experience challenges in responding to and appropriately documenting timely initiation of investigations and alternative response interventions of reports of child maltreatment. Since CFSR Round 1, Louisiana's performance has declined based on ACESS data and improved based on Peer Case Review (PCR) data. Stabilizing and strengthening the overall child welfare workforce and reducing turnover is a critical challenge to be addressed. As part of the department's Performance Outcomes Monitoring process, the agency has set a performance improvement target of 10% for each region relative to the timely initiation of investigations for the quarter October 1-December 31, 2009.

Policy:

Louisiana Child Protection Investigation (CPI) Services are legally mandated, specialized social services for children who are neglected, abused, exploited, or who are without proper custody. The child protection investigation process starts with the intake report of abuse or neglect of a child living with his parent, tutor (a tutor means a person appointed or qualified by a court to act as guardian of a minor's property or a person legally authorized to perform substantially the same functions, including but not limited to a curator), or in a foster/adoptive home, uncertified foster family settings, restrictive care facility, day care center, or registered family child day care home. Reports are received by telephone, fax, e-mail and in-person. Reports are received by the local office which has the responsibility to investigate the reports. Policy clarifies the elements of a report that must be met for report acceptance. All intake cases undergo a review by a supervisor.

The intake function is generally handled by CPI staff on a rotating basis. In small offices, when a CPI worker is unavailable, the intake function may be handled by a CPI supervisor or other programmatic staff. In two of our largest parish offices (East Baton Rouge Parish and Lafayette Parish), there is a dedicated intake worker and additional rotating intake staff.

Information obtained from reporter during intake is documented with the CPI-3 Form, CPI Intake Notes; or, in the ACESS intake case. When notes or the CPI-3 Form are used, they may be destroyed once the information is included in the ACESS intake case. Reports received in-writing are documented in the ACESS intake case and the written report is maintained in a paper case record. Once the worker has completed the intake documentation, it is reviewed by a supervisor to determine whether the information meets criteria for a report of child abuse/neglect, prior to assignment to a worker for an investigation and/or an alternative response family assessment. If the report does not meet the criteria for acceptance, the report is a non-report/not accepted report and screened out but maintained in the ACESS intake system for 18 months plus one day.

The report must include an alleged child victim (a person under 18 years of age who has not been emancipated either judicially or by marriage); the alleged victim must still be a minor at the time the report is made and has been abused and/or neglected; and the abuse/neglect must have been by a caretaker (any person legally obligated to provide or secure adequate care for a child, including a parent, tutor, guardian, legal custodian, or foster parent).

The response priority establishes the time limit for initiation of the investigation with the first contact with the alleged victim and his parent/caretaker and is based on the current safety of the alleged child victim(s) in the reported situation or incident. The three response priority types and timetables for investigation response are summarized in the table below. The time limit for initiating an Alternative Response case is 120 hours or five calendar days (including week-ends and holidays), the same timeframe required for a Non-Emergency investigation case. The response priority establishes the time limit for the initiation of the investigation or alternative response intervention with the first face-to-face contact with the alleged victim and his parent/caretaker occurring as soon as possible, but no later than the specified response time from receipt of the report by the agency. The shortest time limit is selected for those reported situations that appear to pose the greatest threat to a child's safety. The response time is calculated from the date/time of the report. These response priorities were in effect in CFSR Round 1.

Response Priority Summary

Priority Type	Response Time –Hours	Response Time- Calendar Days
Immediate	24	1
High Priority	72	3
Non-Emergency	120	5

a. Response Priority with In-Home Reports

The response priority for family investigations that are not child fatalities or safe haven relinquishments may be Immediate, High Priority, or Non-emergency depending on the initial concern for the alleged victim's safety. The response priority shall be Immediate for a child fatality or a safe haven relinquishment. Usually the appropriate response priority for an alcohol and/or drug affected newborn is also Immediate or alternatively High Priority. A Non-emergency response may be used as appropriate based on the reported circumstances. In most cases, high and moderate risk categories are assigned either an Immediate or High Priority response time. Low risk category reports are more generally assigned a Non-emergency response priority. The reported circumstances, any concern for the alleged child victim's safety, and the intake assessment of risk to the alleged victim are the determining factors in the decision.

b. Response Priority with Out of Home Reports

Reports concerning suspected abuse/neglect by foster parents/residential providers are accepted for investigation based on the same criteria as reports of suspected abuse/neglect by biological parents except for noted special situations. When determining the response priority for a report in an out-of-home setting such as a day care center, family child day care home or a restrictive care facility, staff are expected to consider the potential for risk of harm to children other than the alleged victim who are continuing to receive care at the facility. The continued access of the alleged perpetrator to the alleged victim and/or other children at the facility will affect the response priority decision. The agency is studying the possibility of forming a specialized statewide unit of out of home investigators. Some regions/parishes have specialized staff who investigate Out of Home cases but many offices have lost seasoned CPI workers so it is possible that a CPI trainee could investigate Out of Home cases.

1. Certified Foster/Adoptive and Non-certified Foster Family Home Intake

The response priority for foster or adoptive family investigations may be either Immediate or High Priority unless it is a child fatality. The response priority for a child fatality shall be Immediate. The response priority may be Non-emergency for cases in which no foster children are placed in the home at the time of the report to the agency.

2. Restrictive Care Facility Intake Cases

The response priority for restrictive care facility investigations may be Immediate or High Priority. The response priority shall be Immediate for a child fatality.

Other children besides the alleged child victim may be at risk from the alleged perpetrator, and this is a consideration when it is known that the perpetrator still has access to the children at the facility.

3. Day Care Center Intake Cases

The response priority for day care center investigations may be Immediate, High Priority, or Non-emergency. The response priority shall be Immediate for a child fatality.

The potential for possible risk of harm to children other than the alleged victim at the day care center is a consideration when determining the response priority. Even though a parent may have removed a child victim, other children may be at risk when the alleged perpetrator may have continued access to children at the center. The following are examples of the types of reports that would be expected to be an immediate response priority when an alleged perpetrator may have continued access to the alleged child victim and/or to other children at the center without mitigating circumstances to reduce the risk of harm:

- (1) Substantial injury to and/or sexual abuse of a child;
- (2) Injury to a child which requires medical attention by a physician/hospital; or,
- (3) Child left unattended in a dangerous situation.

An additional consideration with reports of abuse/neglect in day care centers is the possibility that the child may have been injured at home even though the reporter stated that the child was injured at the day care center. In that case, the child may not be safe as the perpetrator may still have access to the child.

4. Registered Family Child Day Care Home Intake Cases

The response priority for registered family child day care home investigations may be Immediate, High Priority, or Non-emergency. The response priority shall be Immediate for a child fatality.

When a worker is unable to locate caregivers who are subjects of a report, the worker is expected to contact the reporter, if identity is known, to obtain a correct address; check with at least one neighbor and at least one relative (if any) in order to obtain information about the subject's whereabouts; contact other persons identified during the intake process who may have information; and, conduct internet searches using free search engines. If the above efforts fail to provide an adequate address, the worker may request supervisory approval to cease efforts to locate the subjects of the report. All efforts to locate the family are documented on the case activity log. When the supervisor determines that reasonable efforts have been made to locate the subjects, he uses the "Special Closures" hyperlink on the investigation case home page to access the Special Closures page and close the case with an Unable to Locate finding.

When the injury, trauma, or death is the result of a violent act or a sex crime against the child, the worker shall report the incident by letter to the District Attorney's office with a request for charges to be filed. The worker shall confer with the Regional Attorney as to the actual charge to request. The worker shall send a copy to the child's attorney.

Each parish attempts to initiate a Law Enforcement Working Agreement within the jurisdiction of that parish. This can be either a written or verbal agreement, with annual renewals. The extent of the agreement will vary from jurisdiction to jurisdiction. Elements taken into consideration are the time and the setting for the initial and subsequent interviews of the victims, caretakers, witnesses, and perpetrators. When law enforcement involvement is warranted, the worker will seek to engage law enforcement in a joint investigation. Workers are expected to work cooperatively with law enforcement in a manner that will not interfere with a criminal investigation. Any timeframe delays due to a law enforcement request are documented in the case record. If law enforcement is not available to conduct a cooperative investigation, the child protection worker will proceed with the investigation. It is not necessary for law enforcement to be present when the agency requests custody and removes children.

Effective with the implementation of A Comprehensive Enterprise Social Services System (ACCESS) in September 2006, intake and investigation reports are entered into the electronic case record system. The system captures information from the reporter to create an Intake Report. A report may be non-accepted and referred to a community resource or accepted for Investigation or an Alternative Response. Consistent with policy and design of the state's SACWIS system, a supervisor is required to approve any intake decision for an in Investigation or an Alternative Response. Prior to September 2006, reports were captured by hand and maintained in a paper case record. Limited information was entered in the *Tracking Information Payments System (TIPS)*. The ACCESS program now allows the agency to capture two important features, report date and time.

Act No.148 of 2005 and Act No. 278 of 2006 enacted new requirements relating to voluntary placement of children with relatives during child protection investigations. The new law requires the filing of a petition for transfer of custody to a relative or to the state when a child is deemed unsafe. Prior to 2005, voluntary placements were arranged by the families and custody was not transferred. The parent who retained custody could remove the child from the relative and return the child to the unsafe environment without consequences. The new law has had both positive and negative effects on practice. On the positive side, the law provides additional assurances relative to the safety of children. On the negative side, more children have been taken into the state's custody as some courts have been unwilling to transfer custody to a relative without the parent

having an opportunity to work with the agency to demonstrate their ability and willingness to provide a safe environment for their child.

Policy was revised in 2006 and 2007 to reflect department compliance with Louisiana Legislative Act Nos. 338 and 396 enacted pursuant to revisions to the federal Child Abuse Prevention and Treatment Act (CAPTA). The Acts require the investigation of cases involving drug/alcohol affected newborns. The allegation of Prenatal Neglect was added to the report acceptance model. Prenatal neglect is defined as *exposure to chronic or severe use of alcohol or the unlawful use of any controlled dangerous substance or in a manner not lawfully prescribed, which results in symptoms of withdrawal in the newborn or the presence of a controlled substance or a metabolic thereof in his body, blood, urine, or meconium that is not the result of medical treatment, or observable and harmful effects in his physical appearance or functioning.* “Newborn” means a child who is not more than thirty days old, as determined within a reasonable degree of medical certainty by an examining physician.

Act No. 396 of 2007 narrowed the age of the child for a report of prenatal neglect from an infant (one year) to a newborn (up to 30 days). When a child is exposed to drugs or alcohol in utero and they are over 30 days of age, the current condition and care of the child must meet the definition of child abuse/neglect. The Act also revised the definition of prenatal drug exposure to add the “chronic or severe use of alcohol.”

An analysis of CPI intake cases accepted for investigation as substance exposed newborns in 2007 found a total of 794 cases accepted. Of those, 84% were determined to be valid. Foster care placement was required in 139 cases and follow up family services were utilized in 260 cases. In response to the high number of substance exposed newborn intakes, a Substance Exposed Protocol Team was developed in 2009 by OCS to address the specialized needs of this client base. The purpose of the team was to develop policy to be used by agency staff to provide a continuum of services in line with the best practice model for substance exposed newborn cases across CPI, family services and foster care. The areas covered by the protocol team included: 1.) Protocol for working with parents and children; 2.) Exploring community resources; and, 3.) Staff Training. The planning team included community partners with a wide range of expertise in the area of substance exposed newborns. New policy was developed, and from the policy, a new Substance Exposed Newborn Training is being developed for our staff.

Prior to June 2007, 24-hour hotline services were only available in eight urban areas of the state. In June 2007, policy was revised for the reporting and response of abuse/neglect cases 24 hours a day, seven days a week statewide. Each of the 64 parish offices in the state have established 24-hour emergency child protection hotlines for the purpose of receiving reports of child abuse and neglect in Louisiana. The phone numbers are readily available on the agency website for easy access by the community.

In October 2007, the Alternative Response/Family Assessment (AR) program began the phase-in process statewide. Prior to that time, the program had been piloted in only two regions, Jefferson and Orleans. The third and last increment of AR implementation began May 2008. By July 2008, all regions were accepting AR cases. AR was fully implemented and all AR cases handled internally for the entire state for the entire period of CFSR under review. There are no private providers doing AR cases. The required response time for AR cases is within 5 calendar days, inclusive of weekends and holidays. Since 2007, the number of non-emergency investigations has declined. In 2007, there were 11,543 (49% of total investigations) as non emergency cases. In 2008, there were 8,400 non emergency cases (44% of total) and in 2009 there were 8,149 non emergency cases (40% of total).

The family assessment is an alternative response to an investigation of a report of child abuse/neglect. It is a safety focused, family-centered, and strengths-based approach to addressing reports accepted for intervention but assessed to be low risk at the time of the intake decision making. As a strengths-based intervention, it draws on the strengths and resources of the family members to address safety and/or risk issues. There is little data currently available for examining the impact of AR on practice or external stakeholder perspectives on the program. First line AR staff and regional management teams in four regions/districts have demonstrated significant support for the AR program. These regions include Orleans Region - Jefferson District; Covington; Baton Rouge; and Lafayette. In these regions, the management has been particularly involved in the

implementation of AR. These regions also have the highest number of AR cases in the state. Refer to Service Array, item 35 for additional information.

Performance in CFSR Round 1:

Item 1 relating to timely initiation of investigation of reports of child maltreatment was rated as an area in need of improvement in Louisiana in CFSR Round 1. Of the 16 of 50 applicable cases reviewed in Round 1, 69% (11 cases) were determined to be a strength and 31% (5 cases) were determined to be an area in need of improvement.

Several barriers identified to be addressed in the subsequent Program Improvement Plan included the need for more readily accessible data to first-line field staff, paperwork reduction, improvements in the quality of intake practice, and additional specialized intake staff. Six major action steps were identified in order to improve.

Those action steps included:

- Reduce the paper work demands on the CPI staff
- Develop an oversight and tracking system for initial contact to provide feedback on timeliness of investigation initiation
- Seek funds and positions to establish the intake program in support of emerging integrated service delivery and to support implementation of new CAPTA regulations
- Strengthen practice and policy related to the intake process
- Develop monitoring process for case closure within 60 days
- Develop a monitoring process for cases open over six months

The paper work reduction benchmark was achieved with the implementation of Form Ten. The form was designed to combine several investigation forms into one form thereby reducing paperwork. The form was integrated into the agency ACESS system which further reduced paper work. The ACESS system allows staff to enter all investigation data into the system once. Reports are generated from the data entered into the system. Implementation of an oversight and tracking system from initial contact to provide feedback on timeliness of initiation of investigations was effected with the implementation of the ACESS system in the fall of 2006. There have been some on-going challenges in assuring information is entered into the system in a way that allows for consistent, accurate documentation of when the investigation was initiated.

Current staffing levels within CPI do not allow a separate intake function; therefore, staff is required to perform intake and investigation functions. In order to improve intake, additional specialized intake positions were recommended. In the fourth and fifth quarter PIP report, it was indicated that the funding was not approved for the additional positions due to the aftermath of two major hurricanes in 2005.

The intake process was strengthened by the implementation of the ACESS system and changes in the way agency policy was organized.

In reference to monitoring the process for case closure within 60 days and open over six months, a report was created in the Tracking Information Payments System (TIPS) to track the cases. An informational e-mail was sent to the Regional Administrators, *Tracking Reports*, showing the percentage of CPI cases closed within 60 days by region, by parish and by worker. Since the PIP, the ACESS system currently tracks this information, and supervisors are able to pull reports from the system as needed.

Twenty-two of twenty-nine benchmarks relating to strategies for improving performance on this item were met prior to re-negotiation of the Program Improvement Plan for Louisiana following Hurricanes Katrina and Rita in 2005. During the time period October 1, 2004 – August 31, 2005 preceding Hurricane Katrina striking the state on August 31, 2005, agency Quality Assurance data reflect the agency making face-to-face contact with victims within the required response time in 70.6% of the cases. The original Program Improvement Plan dated June 2, 2005 established a goal to improve timeliness response to 70.5% by the end of the PIP goal period.

Evaluative Assessment of Performance:

Timely initiation of investigations remains an area in need of improvement in Louisiana. Since CFSR

Round 1, Louisiana's performance has declined based on ACESS data and improved based on Peer Case Review (PCR) data. Data from Louisiana's ACESS system for FFY 07-08 indicates that face to face contact with victims occurs within the assigned response time in 59% of the cases statewide, with the range across regions varying from a low of 43% and 44% in the Orleans Region-Jefferson District and Orleans District respectively to a high of 74% in the Alexandria and Lafayette Regions. The latest round of PCR findings reflect 80% (114 cases) of applicable cases being found to be a strength and 20% (28 cases) being determined to be in need of improvement.

Key factors influencing Louisiana's current performance include (1) CPI staffing capacities, influenced by turnover, hurricane impacts, economic downturn, and major policy and program changes; (2) high percentage of new, inexperienced supervisors and (3) implementation of ACESS and Alternative Response/Family Assessment. These factors are discussed in greater detail below.

(1) CPI front-line staffing

Louisiana experienced statewide turnover of 30% in CPI front-line staff in state fiscal year 2008-2009. Regional turnover in front-line CPI staff ranged from a low of 5% in Thibodaux to a high of 58% in Lake Charles. Some of the reasons for the variation are clear. Lake Charles, for example, has struggled with exploding caseloads and staff recruitment and retention challenges since the 2005 hurricanes. Other variations, such as why Thibodaux's CPI turnover rate is significantly lower than the statewide rate, are not as clear and require further study. The vacancy rate in front-line CPI positions statewide at the end of SFY 2008 was 9%. Turnover in front-line child welfare staff has exceeded 35% in the Child Welfare Specialist 2 position, which includes many of the more experienced child protection investigators. In SFY 2008, 26.78% of child welfare staff had less than one year of experience and 51.86% had less than three years of experience.

As discussed in the Overview, Hurricanes Katrina and Rita in 2005 created unprecedented shut-downs and disruptions in practice and extraordinary demands upon staff as the agency manned shelters and implemented response and recovery operations. Many staff in the Greater New Orleans area experienced incredible personal trauma and loss as well. Hurricanes Gustav and Ike in 2008 again created disruptions in practice and imposed substantial additional duties on staff for emergency preparedness and disaster response. Hurricane Katrina also created major shifts in population with New Orleans experiencing a substantial decrease and Covington, Thibodaux, Lafayette, and Baton Rouge experiencing significant increases in population that required shifts in staffing to accommodate concomitant shifts in workload.

In 2006, the year following Hurricanes Katrina and Rita, Louisiana implemented legislatively driven policy changes relating to voluntary placements, drug exposed newborns, and family child day care home investigations, along with the new ACESS information system and a statewide 24 hour on-call policy.

Louisiana also seized the opportunity following Hurricanes Katrina and Rita to initiate major program and practice reforms in 2007, including structured decision-making in foster care and family services cases, Assessment of Family Functioning, and Alternative Response/Family Assessment that required CPI staff to learn new practice tools. In 2008, the country began to suffer the most significant economic downturn since the Great Depression leading to declining state revenues and a parallel reduction in state expenses, including limited hiring of state employees. This series of extraordinary challenges and opportunities have had cumulative effects that have greatly increased the stress and expectations of front-line staff and are negatively impacting staff's perceptions of their ability to get their jobs done.

Louisiana is implementing several initiatives to alleviate the stress and provide additional support to front-line staff in completing critical functions. One initiative, Peer to Peer Support (also referred to as Intensive Assistance Teams) provides support, consultation, specialized training and management assistance to staff for a specified period of time. The initiative was first implemented in Lake Charles in early 2009 following several crisis events highlighting significant turnover and caseload growth since the 2005 hurricanes wreaked major damage and disruption followed up by Hurricanes Gustav and Ike in 2008. The agency plans to deploy Peer to Peer Support to additional areas along and south of the Interstate 10 corridor, beginning with Lafayette, since they also experienced significant impacts from Hurricanes Katrina, Rita, Gustav, and Ike. The agency has a long term plan of making Peer to Peer Support teams available statewide to provide intensive support

when needed to stabilize and improve practice. Since implementation of Peer to Peer Support in Lake Charles, Lake Charles has improved its performance on timeliness of initiation of investigations from second to last statewide in calendar year 2008 to second highest performing region through mid-November in calendar year 2009. Louisiana has also implemented staff mentoring programs in several areas of the state to support and improve staff capacities.

(2) Front-Line Supervision

Approximately half of Louisiana's front-line child welfare supervisors statewide in 2008 had less than two years supervisory experience. Recognizing the critical role the 200+ front-line supervisors statewide play in communicating organizational goals, acting as practice change agents with their staff, and contributing to worker retention through adequate guidance and support to staff, Louisiana is investing in several initiatives to strengthen their supervisory, clinical, and data management skills.

(3) ACESS

In September 2006, the electronic case maintenance system for child protection investigations, A Comprehensive Enterprise Social Service System (ACESS) was implemented statewide. The system tracks compliance rates of the initial face-to-face contacts with the alleged victims in all investigation cases where previously such data was available only from a review of the case record. There have been on-going challenges, however, in assuring data is entered into the ACESS system in a manner allowing for accurate documentation of when an investigation was actually initiated. ACESS staff are preparing a system edit to remind staff of how data should be entered in order to receive proper credit when an investigation is initiated timely.

Factors Affecting Rate of Substantiated versus Unsubstantiated Reports

The number of intake and investigations and Alternative Response cases will be discussed in this section. The ACESS program records the intake and investigation cases as separate cases. The charts below provide a summary of Intake, Investigation, and Alternative Response cases received during the federal fiscal years of 2007-2009.

Accepted Intake Cases

	FFY 06-07	FFY 07-08	Diff	FFY 08-09	Diff	State % FFY 06-07	State % FFY 07-08	State % FFY 08-09
Orleans District	1141	1767	+626	2362	+595	3%	4%	6%
Jefferson District	2839	2693	-146	3243	+550	7%	7%	8%
Baton Rouge Region	4565	4220	-345	3915	-305	12%	11%	10%
Covington Region	5600	5745	+145	6156	+411	14%	15%	15%
Thibodaux Region	2848	2806	-42	3055	+249	7%	7%	8%
Lafayette Region	5991	6164	+173	5859	-305	15%	16%	15%
Lake Charles Region	3562	3628	+66	3480	-148	9%	9%	9%
Alexandria Region	3469	3129	-340	3279	+150	9%	8%	8%
Shreveport	6005	5743	-262	5641	-102	15%	15%	14%
Monroe Region	3470	3444	-26	3313	-131	9%	9%	8%
Total	39647	39378	-269	40324	+946			

Source-ACESS-Run date 7-30-09 & 11/24/09

A majority of the intake reports were created in Lafayette, Shreveport and Covington Regions. The regions reflect a shift in population from the areas of Orleans, Jefferson and Lake Charles who were most impacted by the hurricanes. Orleans District faced the largest change in the number of intakes comprising only three percent of the intakes in 2007, four percent in 2008, and 6% in 2009.

Intakes Accepted for Alternative Response Assessments

	FFY 06-07	FFY 07-08	FFY 08-09
Orleans District	0	27	49
Jefferson District	100	295	276
Baton Rouge Region	9	295	417
Covington	0	843	776
Thibodaux Region	0	111	111
Lafayette	2	453	837
Lake Charles Region	1	322	375

Alexandria Region	1	159	402
Shreveport Region	0	182	389
Monroe Region	2	137	117
Total	115	2329	3749

Source-ACCESS-Run date 7-30-09 & 11-24-09

The acceptance of Alternative Response cases at intake was phased in by regions over a seven month period from October 2007 through May 2008. By 2008, Alternative Response cases comprised seven percent of the total intake cases.

Intakes Accepted for Investigations

	06	07	Diff	08	Diff
Orleans District	775	999	+224	1293	+294
Jefferson District	1679	1202	-477	1314	+112
Baton Rouge Region	2641	2230	-477	2131	+99
Covington	3398	2570	-828	2584	+14
Thibodaux Region	1576	1387	-189	1643	+256
Lafayette Region	3813	3208	-605	2847	-361
Lake Charles Region	2006	2034	+28	2063	+29
Alexandria Region	2282	2036	-246	2305	+269
Shreveport Region	3948	3464	-484	3022	-442
Monroe Region	2075	1735	-340	1660	-75
Unknown	80			1	
Total	24293	20865	-3428	20862	-3
%	61%	53%			52%

Source-ACCESS-Run date 7-30-09 & 11/24/09

As indicated on the above chart, there was a decline of 3428 cases accepted for investigation between 2006 and 2007. However, when factoring the number of cases accepted for Alternative Response, the reduction is 695 cases. Two regions experienced significant increases between 2006 and 2007, Orleans and Lake Charles. All regions, except Monroe and Shreveport, experienced increases in the number of cases accepted for intervention (i.e., investigation or assessment) in 2008. Currently, the only data available on AR cases are the number of cases assigned to AR and the closure code used for each case. There is no data on whether services were provided or the nature of ongoing involvement if any. By policy, an AR case is only allowed to be kept open for assessment and services for 60 days, with a possible extension up to 90 days. Two of the possible closure codes are AIN for referrals for an investigation or AFS for referrals for on-going family services.

Percentage of State Total:

In FFY 08, Lafayette had the highest percentage of the total state of intake cases accepted for investigation at 16 %, followed by Covington and Shreveport at 15%.

Non- Accepted Reports:

The chart below indicates a significant increase in the number of cases not accepted for investigation during the period of 2006 and 2007. A total of 977 additional non-reports were created in ACCESS for 2007. The regions of Orleans, Lafayette and Monroe experienced the greatest increase in non reports. The state non report rate was 34% in FFY 07 but rose to 37% in FFY 08. In FFY 08 Thibodaux recorded the highest percent of non reports to total intakes at 47% followed by Monroe. The increase in non reports may be attributed in part to better and more consistent tracking methods as a result of implementation of ACCESS. Prior to the implementation of ACCESS, most regions kept a paper file of non reports and there was not a systematic method for roll up. Supervisors monitor all non reports for content and criteria. No common statewide themes for non reports have been noted from the data or stakeholders. Some stakeholders on occasion have expressed interest in broadening the statutory criteria for acceptance of reports.

Intakes Not Accepted

	06	07	Diff	08	Diff
Orleans District	319	673	+354	936	+263
Jefferson District	865	947	+82	1512	+565
Baton Rouge Region	1806	1531	-275	1312	-219
Covington Region	2050	2242	+192	2678	+436

Thibodaux Region	1149	1282	+133	1231	-51
Lafayette Region	1977	2368	+391	2054	-314
Lake Charles Region	1112	1113	+1	935	-178
Alexandria Region	1081	934	-147	451	-483
Shreveport Region	1953	2004	+51	2141	+137
Monroe Region	1223	1478	+255	1448	-30
Unknown	60				
Total	13595	14572	+977	14698	+126
State Rate	34%	37%		36%	

Source-ACCESS-Run date 7-30-09

Investigation Cases

The number of cases accepted for intake and investigation varies. Using the new ACCESS system, the state is able to capture reports that are not accepted for investigation. Prior to ACCESS, there was no consistent way of capturing the information. The cases that are referred to the Alternative Response (AR) program are also included in the totals for non-reports as the ACCESS system is not designed to process and manage AR cases. The AR cases are closed at intake in ACCESS and opened in the TIPS legacy system.

Investigations over Three Year Period By Region

Region	SFY 2007	SFY 2008	SFY 2009	Total
Orleans District	692	875	891	2458
Baton Rouge	2404	2156	2131	6691
Covington	3237	2653	2400	8290
Thibodaux	1676	1527	1420	4623
Lafayette	3707	3419	2559	9685
Lake Charles	2229	2098	1912	6239
Alexandria	2193	2172	2067	6432
Shreveport	3773	3641	2912	10,326
Monroe	2019	1882	1443	5344
Jefferson District	1614	1353	1031	3998
OCS State Office	109	6	1	116
Statewide	23653	21782	18767	

Source TIPS

The statewide number of investigations created in ACCESS from 2007-2009 is declining due to the implementation of the Alternative Response Program. A majority of the reports that are determined low risk at intake are referred to AR. In 2007, 115 cases were accepted for Alternative Response compared to 2,329 cases referred in 2008 and 3,749 cases referred in 2009.

Average Investigations over Three Year Period/SFY 2007-2009 Rank by Number of Investigations

Region	Average # of Investigations
Shreveport	10,326
Lafayette	9685
Covington	8290
Baton Rouge	6691
Alexandria	6432
Lake Charles	6239
Monroe	5344
Thibodaux	4623
Jefferson District	3998
Orleans District	2458

Source:ACCESS

The Shreveport Region leads the state with the number of cases accepted for investigation followed by Lafayette and Covington. In reference to validity rate as indicated on the chart below, Lake Charles, Covington and Alexandria regions has the highest average validity rates. Lake Charles has been impacted by two major hurricanes since 2003. Covington and Shreveport Regions were impacted by the shift in population from Orleans and Jefferson Regions.

Average Investigations over Three Year Period/SFY 2007-2009

Rank by Average Validity Rate

Region	FY 2007	FY 2008	FY 2009	Average
Lake Charles	38%	35%	37%	37%
Covington	37%	36%	37%	37%
Alexandria	34%	35%	32%	34%
Shreveport	33%	31%	29%	31%
Monroe	35%	31%	22%	29%
Thibodaux	27%	32%	24%	28%
Orleans Dis.	31%	26%	22%	26%
Jefferson Dis.	26%	28%	29%	27%
Baton Rouge	25%	26%	19%	23%

Alternative Response Family Assessment Data

As stated previously, the acceptance of Alternative Response Family Assessment (AR) cases was phased in by regions over a seven month period from October 2007 through May 2008. By 2008, AR cases comprised seven percent of the total intake cases. Data regarding some minor closure codes appear unreliable due to inconsistent use of codes. Some staff used incorrect closure codes (i.e., CPI codes). Staff have been reminded to use appropriate codes, and the system is being evaluated for blocking incorrect codes for AR. Closure codes for cases referred to Family Services (AFS), Investigations (AIN), Termination of Preliminary Assessment (APT), and Services Completed (ASC) appear to be reliable.

Alternative Response Family Assessment Data for Case Closure for FFY 2007-08

	Total Cases	Closed ASC	Referred – FS	Referred - CPI	Closed APT
	2897	1089 37.6%	30 1.04%	212 73.3%	1200 41.4%
Quarters					
1 st Quarter-4 Regions	Cases: 435		2 nd Quarter-7 Regions	Cases: 551	
3 rd Quarter-9 Regions	Cases: 928		4thQuarter-9 Regions	Cases: 983	

Alternative Response Family Assessment Data for Case Closure for FFY 2008-09

	Total Cases	Closed ASC	Referred – FS	Referred - CPI	Closed APT
All Regions	3883	666 17.2%	28 0.72%	156 4.02%	1121 28.9%
Quarters					
1 st Quarter	Cases: 953		2 nd Quarter	Cases: 1080	
3 rd Quarter	Cases: 867		4thQuarter	Cases:	

Strengths and Promising Practices:

The department is implementing a number of initiatives that have the potential to improve performance on this item. Peer to Peer Practice Support, described earlier, was initiated in Lake Charles Region, in the current year. Peer to Peer Practice Support was instrumental in stabilizing practice and the child welfare workforce in Lake Charles. The intensive peer support and local leadership development allowed for an acceleration of core child welfare practice skill development and facilitation of a positive culture where staff can believe quality child welfare practice is possible and see it happening. The department, along with its partners The Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) and the OCS/University Alliance, are also closely collaborating on statewide initiatives to support a high quality child welfare workforce in the short, mid, and long-term. The department is also interested to implementing a Louisiana Child Welfare Practice Model to inspire, engage, and advance a culture of excellence in child welfare practice statewide with staff, courts, partners, and the community at large.

DSS Modernization and Mobilization will automate tools and forms and provide staff with laptops and other mobile technology to allow them to complete their work more efficiently and timely. Centralized intake will allow for specialization of intake staff and investments in uniform training, supervision, and practice to be made. This will offer two substantial benefits to child protection investigation staff – being freed of the intake workload responsibility and more consistent, readily available information from which to make their first investigation contacts. Integration of structured decision-making into intake and child protection investigation programs will also facilitate necessary information being available and utilized to set appropriate response priorities and provide investigators with the information needed to make timely investigation contacts.

The department is also strengthening its focus on outcomes by identifying a small number of core outcomes to be closely monitored by all staff from the front-line through the Secretary's office with a focus on setting and meeting incremental improvement targets. Timeliness of initiating investigations is a critical sub-measure of the core measure of absence of maltreatment recurrence that will be closely monitored through this process. An incremental improvement target of 10% has been set for improving the timeliness of initiating investigations in each region for the quarter ending December 31, 2009.

Barriers:

Barriers to better performance on this item include feelings of stress and overwhelm experienced by front-line workers and supervisors. There has been substantial staff turnover, and many extraordinary demands made upon staff. A large percentage of front-line workers and supervisors are relatively new and inexperienced in their roles. A core challenge is providing staff with the foundational skills, tools, and supervisory oversight and support needed to initiate and complete investigations in a timely manner. A related challenge is assuring staff are accurately documenting when initial investigatory contacts with the child and parents are made.

Stabilizing and strengthening the overall child welfare workforce and reducing turnover is a critical challenge to be addressed in the short-, mid- and long-term. Changing workforce demographics, including many baby boomer staff exiting to retirement and the need to create a workforce environment accommodating of the needs of a new generation of workers very adept with technology and multi-tasking as well as desiring consistent, continuous strengths based feedback and coaching, must be proactively and creatively addressed. To retain and foster continuous staff growth, the department in collaboration with its child welfare partners must continue to advance initiatives that build upon a culture of service and inspire continuous striving for excellence while also being respectful of work-life balance and the need to reward and acknowledge a job well done and extra efforts. Leaders and staff must believe the job is possible, vitally important, and that they, in collaboration with children, youth, families, and community partners, have the collective knowledge, skills, and passion to improve outcomes for the children, youth, and families being served.

Item 2: Repeat Maltreatment. *How effective is the agency in reducing the recurrence of maltreatment of children?*

Louisiana demonstrated gradual improvement on national data indicator S1 Absence of Maltreatment recurrence over much of the time period from FFY 2003 to FFY 2007 when Louisiana's performance of 95.9% exceeded the national performance standard of 94.6%. However, there was a more than 2% drop in FFY 2008 performance to 93.5% that brought Louisiana below the national performance standard. Preliminary FFY 2009 data indicates Louisiana's performance remains relatively consistent with FFY 2008 performance. The economic downturn combined with the cumulative stresses on children, families, and communities related to four major hurricanes in four years may be impacting Louisiana's FFY 2008 performance on this indicator.

There was a similar trend in Louisiana performance on the national standard for data indicator S2 – Absence of child abuse and/or neglect in foster care within 12 months. Louisiana's FFY 2008 performance at 99.53% fell below the national performance standard of 99.68% after having exceeded the standard in FFY 2007 at 99.79%. Until FFY 2008, Louisiana had demonstrated steady incremental increases in performance over the four previous years. Preliminary information from FFY 2009 indicates Louisiana's performance on national indicator S2 remains below the national performance standard, inching just slightly upward from FFY 2008 performance. Increased focus on safety and well-being of children in residential facilities over the last two years may be negatively influencing Louisiana's performance on this indicator.

Policy:

Refer to Service Array item 35 for specific details of services.

The CPI program and policy is described in Item 1 and the Family Services Program is described in Safety Outcome 2, Item 3. The goal of Child Protection Investigation Services is to protect children from abuse, neglect, exploitation or abandonment; and to ensure their safety through protective investigation or family assessment, social services provision and legal intervention to remove them from that environment when it

seriously threatens their safety and well being. The primary purpose of post-investigation (Family Services) and alternative response services are to promote the safety of the children and reduce the incidence of harm to the children. These interventions form the core of the agency's response to reduce the recurrence of maltreatment in children.

Louisiana currently has a statewide alternative response system, the Alternative Response Family Assessment (ARFA), which is an alternative to an investigation of a report of child abuse/neglect. ARFA information will be screened for the report acceptance decision by the intake worker and supervisor. The information obtained from the interview with the reporter and any history the family has with OCS are the basis for the risk decision and determination of the agency response to the report. When the supervisor determines the information meets the criteria for a report of child abuse/neglect and the initial level of risk is low, the supervisor determines the agency response time. It will either be assigned for an investigation or for Alternative Response. ARFA is used when the allegations in the report do not indicate a serious and immediate threat to child's health or safety. Generally, assessments are conducted when it appears the information in the report indicate the alleged abuse/neglect is the result of inadequate parenting or poor life management rather than very serious, dangerous actions and parenting practices. Agency policy provides examples of reports that are addressed as assessments and reports that shall be referred for an investigation. Regardless of the risk category of the report certain factors, outlined in Section 4-610 must be considered prior to making a determination of which type of response will be assigned.

A safety assessment that includes all children who normally reside in the home must be completed. This should occur as soon as possible, but within five days of the initiating assessment. In most cases, the safety assessment will be completed during the first contact with the family. Once the assessment of strengths and needs is completed, the case is closed or the ARFA worker continues to provide services for 30 days. After that 30 days time the case is closed, or with supervisory approval, services may be continued for another 30 days (total of 90 days). The case is closed, per supervisory approval, in TIPS using the most appropriate Closure Reason code. Services provided after the completion of the assessment (Form 12) are to be documented using the CR-8 (CPI/FS) with a narrative summary of services and the family outcomes/progress. Caution shall be used in terminating an assessment when there are not significant errors in the information provided by the reporter and/or there is a history of previous investigations with findings other than Invalid Preliminary Investigation.

For CPI workers, the decision to refer a case for post investigative services is based on the following policy: 4-570 VALID FINDING ACTIVITIES/REFERRAL AND TRANSFER TO FAMILY SERVICES

Upon a determination of validity of child abuse and/or neglect, the worker and supervisor meet to determine whether a referral will be made to Family Services (FS), if such a referral has not already occurred. All case information, including the assessment of risk and the parent/caretaker's willingness to participate in the FS program, is reviewed to help in this determination. This discussion and decision regarding the case disposition will usually occur in conjunction with the required validity conference. Cases in which the investigation and the assessment of risk indicate that one or more children may be at a risk of further abuse and/or neglect, but the situation does not warrant court intervention to remove the child from the home are the most appropriate for referral to FS.

Families requiring continuing services with regards to the abuse and/or neglect in which at least one parent or caretaker indicates a willingness to participate in the FS program should be referred for a case acceptance staffing. If neither parent is agreeable, the worker determines if court intervention is necessary to order the family's participation. If not, the family is linked with a provider in the community (such as a resource center) that can address their needs. When the risk assessment indicates a child is at risk of imminent removal, the worker and supervisor should consider a referral to intensive home-based services (IHBS) in order to prevent the removal. Also, if a child was removed during the investigation but may be able to return home with intensive services, a referral should be considered. The agency's database is able to track the number of referrals made for prevention and reunification as well as identify the referring program (CPI, FS, FC). Families referred to IHBS receive significantly more intensive services through increased visits (up to daily, if needed) and targeted skill building to quickly stabilize a tumultuous situation. IHBS therapists are able to do this through their specialized training and low caseloads of only two families. Cases in which the risk of

further harm appears to be low may be referred to FS or may be closed, based on the determination of the worker and supervisor, as the result of the review of the case information, the assessment of risk, and the parent/caretaker's willingness to participate in services. The decision to refer the case to FS is documented in the ACCESS investigation case on Modify Overall Findings.

The Family Service program is based on the philosophy that each child should remain in the home if the family is able to meet the child's safety and other basic needs. The purpose in serving intact families is to prevent the unnecessary separation of children from their families by identifying family problems and assisting families in resolving their problems. Congress endorsed this view in the Adoption Assistance and Child Welfare Act of 1980 (Public Law 96-272), which mandates that states receiving federal funding for their Child Welfare Programs provide services to families to prevent the foster care placement of children.

While the child's health and safety is always paramount, the Family Service program seeks to understand and respect each family's unique traditions, cultures and values. Therefore, families are included as a full partner in decision making to promote a more committed and successful completion of services. Family involvement must always extend to the selection of services needed in order to ensure the family takes responsibility for its own future.

Services to intact families are appropriate when the parents/caregivers are willing to change the conditions that contributed to a finding of abuse or neglect. These services are not appropriate when safety and risk assessments indicate that one or more children are at imminent risk of harm by remaining in the home.

A Referral to Family Service (FS) may include provision of specific identified services/needs to assist the family in safely maintaining the child(ren) in the home. These services are targeted to the conditions that contributed to the abuse and/or neglect, and may include: (1) emergency food or shelter; (2) emergency daycare; (3) Family Resource Center services, early intervention, Early Steps, or other community services; (4) Referral for emergency medical services; (5) Emergency removal and placement; (7) Emergency referral to intensive home based services (IHBS) provided by the agency or a contract provider; (8) Assistance through Preventive Assistance Funds (PAF) or LIHEAP (Low Income Home Energy Assistance Program); (9) Securing emergency food, shelter, clothing, transportation; (10) Referral to other community resources, e.g. substance abuse counseling, individual, marital, or family counseling and parenting education, WIC, Food Stamps, Public Health Unit, Day Care Services, or Homemaker's Aide; (11) Providing short-term counseling; (12) Referral for agency Day Care Services:

In Family Service policy, Section 5-510, Case Recidivism requires that when a case which has been open for services within the past twelve (12) months due to the same or a similar occurrence is referred to the Family Service unit, the case acceptance staffing shall include a review of the history of agency involvement. Particular attention should be given to those services already provided, the outcome of those services, the circumstances surrounding the recurrence of the abuse/neglect, and the client's current attitude toward working with the agency. If all available services have been provided in the past and the abusive/neglectful behavior of the caretakers remains essentially unchanged, then a decision shall be made as to whether court intervention is needed, either for removal of the child or perpetrator or for court ordered participation in a service plan. In making this decision, the primary consideration shall be the assessed level of risk to the child should the situation remain unchanged.

Foster Care policy 6-1235 Serious Injury, Trauma, or Death of a Foster Child states the Foster Care Worker shall report immediately to the appropriate CPI Intake Unit any condition presenting substantial risk of harm to the health or welfare of a child in foster care which occurs as a result of conditions apparently created or tolerated by his foster parent/caretaker. When the Foster Care Worker learns of abuse/neglect of a foster child within one year of the occurrence of the alleged abuse/neglect, the referral shall be made even if the child is no longer in the home or facility and/or the foster parents/caretakers are no longer certified or employed at the facility. Suspected abuse/neglect in certified foster homes, non-certified family foster homes, or facilities shall be reported even if the incident occurred longer than one year if the home is still certified or approved for placement of other children or the facility is still licensed, or there is potential for other children to be placed in

the home, there are other foster children in the home or facility, or there is a possibility that the other children could be at risk.

Reports concerning suspected abuse/neglect by foster parents are accepted for investigation based on the same criteria as reports of suspected abuse/neglect by biological parents except for the special situations listed in Chapter 4, CPI Program Policy. If CPI does not accept a report involving the foster home or foster setting because the perpetrator is not a caretaker as defined in the LA Children's Code, the report shall be referred to the police if it is alleged a crime may have been committed. Concerns regarding the care provided to children in foster care which do not meet the definition of a valid or an inconclusive finding for abuse or neglect but are violations of agency policy and/or licensing standards of care for children are Child Care Deficiencies (CCD). If there are one or more Child Care Deficiency concerns, but there are no abuse or neglect allegations determined to be valid or inconclusive, the final finding status for the investigation is invalid. Appropriate programmatic staff assess and monitor CCD. A copy of the Form XI is then forwarded to Foster Care for follow-up on the Child Care Deficiency issues either by Foster Care, Home Development or residential staff.

Foster Care policy 6-905 Worker Visitation with the Foster Child/Foster Parent/Caregiver, requires Foster Care Workers to visit children at least monthly and privately, when age appropriate, to ensure the health, safety and permanency plan of the child. These visits allow child the opportunity to share concerns, if any, more openly and to discuss his/her care. Children with special needs placed in certified or non-certified foster homes are visited at least twice a month or more often based on the child's current level of special needs and the individual child's circumstances. This policy also requires workers to visit the foster home/facility in order to assess and monitor the care the child receives, including the child's safety, clothing, physical environment, educational progress, and health needs; ensure the child is receiving the monthly allowance allotted in the board rate; observe interaction between the foster parent/caregiver and child; listen to both foster child's and foster parent/caregiver's concerns; lend support; provide ongoing clarification regarding the reason for continued foster care placement; collect documentation from the school and service providers, such as physicians, from the caregiver to place in the child's case record; and provide recent information about the child's parents, and other significant individuals when available for reunification. When a child is the reported victim of neglect or abuse in the foster home, relative home, or residential facility a visit must be conducted within seven days of the report, whether or not the child has been replaced.

When OCS recommends that a foster child return home or is transferred to any permanent arrangement, there should be the belief and expectation that the parents or caregivers are ready to resume their parenting responsibilities. When necessary the agency may provide voluntary supervision of the home following the child's return or court ordered Trial Home Visits in accordance with policy 6-2005, to ensure the child's safety and assist by providing case specific resources to reduce child maltreatment recurrences.

During the period 2003-2008, some significant changes in policy and practice with a possible impact on reducing recidivism were:

- December 2003 Louisiana Early Intervention Services for children aged birth to Three years. These became mandatory referrals.
- June 2005 Repeal of Article 616 Section E of the Louisiana Children's Code by the Louisiana Legislature. This legislative change allowed the agency to maintain records on cases with a finding of invalid. **OCS Policy 1-715 Program Related Records D.2.a. CPI: Records** for investigations with Invalid Preliminary Investigation and Invalid (Unjustified) findings are retained as separate records for seven calendar years plus one day from the date of the final finding. If there are subsequent CPI records and/or the case is transferred to another program for services, it is maintained as a separate record. It is not incorporated into the record for the subsequent program in order to maintain the confidentiality of this information in accordance with LA Children's Code, Article 615 E.(3). However, if the information from the investigation is used as the basis for a later valid finding, it becomes a part of the record for the valid finding and is no longer maintained as a separate record. Once it becomes part of the record, it may be released in accordance with records for valid findings. **Assessment records are retained for seven years from date of closure. See 1-715 D.2 Alternative Response Family Assessment.**

- In August 2005, Act 148 of the Louisiana Legislature stipulated that the Agency could not do voluntary placements with relatives. A child could not be placed with a relative unless a court petition or instant order was obtained. Act 148 became effective August 15, 2005. It was revised by Act 278 on August 15, 2006. The primary impact of this legislation was to prevent voluntary placements outside of the home without legal authority. Present law provides that voluntary placement of a child with a relative during an investigation constitutes a removal. The decision of what action to take (removal or not) is based on the Safety Assessment. When a child(ren) is considered to be unsafe at any point of agency involvement, a safety plan shall be developed and implemented to assure the safety of the child. The safety plan should be implemented in the least restrictive means available that still assures the safety of the child. In other words, whenever possible the plan should allow the child to remain in the home when safety issues can be managed through the conditions imposed by the safety plan. If the only assurance of safety is removal of the child from the home (even if that is placement with a relative), then the CPI worker, with supervisory concurrence, is responsible for taking action, on an emergency basis, to attempt to secure the protection of the child. The following occurs: the Judge must be contacted; the basis given for removal is the safety factor(s); and, the reason(s) why the factor(s) cannot be managed without removal. Reasonable efforts are still required and placement (after obtaining approval by the Judge) can be made with a relative when it is in the best interest of the child. Decision-making should be based upon the safety assessment and management of safety issues. The actions are documented in the case record and communicated with the Court.
- February 2006 Policy on acceptance and investigation of substance exposed infants.
- November 2006 Memorandum of Understanding with Office of Addictive Disorders which allows CPI, Family Services and Foster Care staff greater access to and use of assessment and treatment resources. OAD clinicians are now housed at ten (10) OCS offices throughout the state.
- January 2007 The Homebuilders Model of IHBS (Intensive Home Based Services) was implemented in Louisiana as part of an effort to use the best evidenced based interventions for families in need of crisis services to preserve the family.
- September 2007 State law was expanded to include alcohol exposed infants in CPI case acceptance and investigation procedures.
- October 2007 The Alternative Response-Family Assessment (AR) initiative was expanded to include the parishes of East Baton Rouge, Covington and Jefferson regions. March 2008 ARFA was expanded to Thibodaux, Lafayette, and Lake Charles regions.
- Spring 2008 OCS rolled out the introduction of new tools to assess risk (using the Structured Decision Making) and family functioning (using the Assessment of Family Functioning and Case Plan form). By using the Structured Decision Making tool (SDM), the agency is able to better target those services to clients at highest risk of repeat maltreatment (as addressed previously in report).
- May 2008 The Alternative Response-Family Assessment (ARFA) expanded to include Alexandria, Shreveport, Monroe and Orleans regions. All parishes in the state now have ARFA.
- December 2008 and revised May 2009 OCS institutes Case Crisis Reviews. OCS policy was revised to mandate a review of the agency's actions in certain cases involving a child fatality or near fatality. OCS State Office will activate and dispatch a Case Crisis Review Team during a critical crisis in a case. Based on the case situation, there may be a need for a mandatory review or the review may be optional. The purposes of the OCS Case Crisis Review Team are to: learn more about child deaths in Louisiana; continually monitor the agency's policy and practice in order to help prevent future child abuse/neglect fatalities whenever possible; and respond to critical crises in case situations.

Performance in CFSR Round 1:

This was an area in need of improvement in CFSR Round 1 based on Louisiana's 2001 rate of maltreatment recurrence of 6.8% which did not meet the national standard of 6.1% or less in effect at the time. In the on-site review, Louisiana performed well on this item with 94% of the 47 applicable cases being found to be a strength.

Below is the Repeat Maltreatment (Recurrence) data from the Louisiana PIP from October 2004-December 2005. The PIP goal was 7.8% or lower and Louisiana was in compliance with this goal for all 5 quarters.

CFSR Case Review Finding:	94%
Data Profile (Baseline):	8.7% (2003)
Louisiana Data Annual Goal:	8.3%
Louisiana PIP Data Goal:	7.8%
Achievement Date:	7 th Quarter
Method Of Measure:	Tracking Information Payment System (TIPS) Quarterly Report and NCANDS Data

Louisiana PIP QUARTERLY REPORT DATA: October 2004-December 2005

Time Frame	Oct-Dec 2004	Jan-Mar 2005	Apr-Jun 2005	Jul-Sep 2005	Oct-Dec 2005
PIP Quarter	1 st	2 nd	3 rd	4 th	5 th
% Recurrence	7.29	6.11	6.67	6.98	6.49
% Absence of Recurrence	92.71	93.89	93.33	93.02	93.51

Data source is TIPS Report, TIM 0700, CPI Recurrence, and represents statewide data for each quarter.

The rate of Absence of Recurrence of Maltreatment since 2003 has shown improvement and exceeds the original Louisiana PIP goal of 92.2% (7.8%) or higher absence of maltreatment recurrence. From 2003 to 2007 there was a steady improvement, with Louisiana's performance in FFY 2007 outperforming the national standard. There was a substantial drop in performance in FFY 2008.

Absence of Recurrence of Maltreatment FFY 2003-2009

Statewide Louisiana

	2003	2004	2005	2006	2007	2008	2009 (prelim.)
% Absence of CA/N Recurrence	91.3	93.5	93.4	94.1	95.9	93.5	93.03

Source of Data: 2003-2007 LA NCANDS Submission

2008-2009 ACCESS Repeat Maltreatment CPI Victim Report -
(11/18/2009 Webfocus Run Date)

ACN0007

Evaluative Assessment of Performance:

Repeat maltreatment remains an area in need of improvement in Louisiana. Louisiana demonstrated gradual improvement on national data indicator S1 Absence of Maltreatment recurrence over much of the time period from FFY 2003 to FFY 2007 when Louisiana's performance of 95.9 exceeded the national performance standard of 94.6. However, there was a more than 2% drop in FFY 2008 performance, bringing Louisiana below the national performance standard. Preliminary data indicates Louisiana's FFY 2009 performance continues to lag, though improving some, and remains below the national performance standard. Critical influences on this drop in performance are not clear.

Peer case review data likewise indicates this remains an area in need of improvement in Louisiana with 87% of applicable cases reviewed (105 cases) being determined to be a strength and 13% (17 cases) being determined to be an area in need of improvement.

Reviewing the data by regions over the last seven federal fiscal years shows fairly wide variations within each region and among the regions. Of the 9 DSS/OCS regions, only the Thibodaux region outperformed the national performance standard for S1 – Absence of Maltreatment Recurrence in FFY 2008 and has the lowest recurrence rate for the last 3 years, outperforming the federal standard all three years. Alexandria is greatly underperforming the national standard in FFYs 2008 and 2009, after outperforming the national standard in FFY 2007. Based on preliminary FFY 2009 data, Jefferson District – Greater New Orleans, Covington, and Shreveport regions are all outperforming the federal standard. Jefferson District – Greater New Orleans appears to have the most consistent findings over time with the exception of FFY 2007 when it dramatically outperformed the national standard and its own previous performance.

Current National Standard: $\geq 94.6\%$

Previous National Standard: $\geq 93.9\%$

6-month Recurrence FFY 2003-2009 State of Louisiana by Region						(prelim)	
Region	2003	2004	2005	2006	2007	2008	2009*
Jefferson	6.28%	6.47%	6.98%	6.55%	2.96%	6.88%	5.12%
Orleans	8.42%	4.85%	3.97%	1.96%	1.64%	7.36%	7.69%
Baton Rouge	10.86%	5.97%	6.55%	3.91%	4.67%	5.26%	8.54%
Covington	8.68%	6.71%	6.50%	6.28%	6.84%	8.30%	4.83%
Thibodaux	4.83%	11.69%	7.34%	6.27%	3.82%	2.68%	2.85%
Lafayette	10.75%	5.06%	7.26%	4.33%	4.99%	8.65%	6.61%
Lake Charles	10.30%	8.19%	10.17%	9.30%	6.52%	8.63%	8.82%
Alexandria	8.49%	5.05%	5.68%	6.13%	5.15%	10.93%	11.01%
Shreveport	7.00%	7.04%	7.09%	4.71%	6.9%	8.60%	5.90%
Monroe	8.85%	9.28%	9.38%	6.04%	6.71%	5.67%	7.94%

Current Federal Standard
 $\leq 5.4\%$

Run 11-18-09
 Statewide #s differ slightly
 from other recurrence
 measures because of a
 different run date

With the implementation of SDM, Louisiana continues to focus on front-line worker and supervisor training on safety and risk assessment. The use of the SDM tool has increased staff awareness of risk factors associated with a higher likelihood of future maltreatment. As we move toward implementation of SDM at intake, we anticipate a higher percentage of low risk cases will be directed to assessment (AR) where the family is expected to be linked to needed services. Implementation of SDM in CPI/AR was initiated in October 2009.

Louisiana performed below the national standard for data indicator S2 – Absence of child abuse and/or neglect in foster care within 12 months in FFY 2008 at 99.53% after having exceeded the national performance standard of 99.68% in FFY 2007 at 99.79% and having shown steady incremental increases in performance in the 4 preceding years. Preliminary information from FFY 2009 indicates Louisiana's performance on national indicator S2 remains below the national performance standard, inching just slightly upward from FFY 2008 performance. Of the 9 DSS/OCS regions, all underperformed the national performance standard for S2 – Absence of child abuse and/or neglect in foster care in FFY 2008. Preliminary 2009 data indicates one Louisiana district, Jefferson District – Greater New Orleans Region outperformed the national performance standard.

Since 2007, Louisiana has heavily invested in improving the safety and well-being of children in residential facilities. Licensing regulations and contract expectations have reinforced the critical importance of reporting and investigating potential incidents of abuse and/or neglect in facilities. Since FFY 2007, there has been a significant increase in out of home investigations with 533 such investigations being conducted in FFY 2007, 636 in FFY 2008, and 856 in FFY 2009. There has been a similar increase in the number of validated out of

home cases with 108 validations in FFY 2007, 141 validations in FFY 2008, and 153 validations based on preliminary 2009 data.

Strengths and Promising Practices:

The implementation of the Agency's Alternative Response Family Assessment initiative and the expansion of the program statewide could positively impact the rate of maltreatment recurrence. The AR program attempts to engage low risk families with a service-directed approach to child safety that has the capacity to get services sooner to families and reduces their reluctance to service delivery. Data has shown in other programs lower maltreatment recurrence rates for states that utilize alternative response.

The expansion of Structured Decision Making (SDM) to child protection investigation and alternative response is a potential promising practice relating to this item. This initiative will allow for more standardized decisions on how risk is assessed and case planning is determined. SDM is projected to go statewide in the Fall of 2009.

Centralized Intake—A workgroup was formed to study the possibilities of implementing Centralized Intake system for CPS. OCS continues to work on logistics of implementing such a system as part of DSS's modernization efforts.

DSS Performance Outcomes focus—SDM has been implemented in CPI/AR, FS, and FC programs. Repeat maltreatment is one of the core performance indicators to be regularly monitored and evaluated by staff at all levels from the front-line to the Secretary's Office. At times, staff have questioned accuracy of data due to historical knowledge and inconsistencies in data sources. IT, QA, and ACESS staff continue to assess data source systems for consistency and accuracy.

Focus on High Risk Infants and Toddlers—OCS is working on development and implementation of a strategic approach to serving high-risk infants, toddlers, and pre-school children based on evidence of effectiveness in increasing child safety, reducing child abuse and neglect, and improving child well-being. There are three broad areas of work: assessment of all policies within DSS agencies that impact safety, permanency, and well-being of high risk children ages 0-5, to assure that they are in line with best practices models and consistent in meeting the needs of families across agencies; statewide assessment of service array available to meet the needs of these children and their families, with particular attention to those services currently funded by DSS; and the integration of an explicit focus on child safety into Louisiana's BrightStart early childhood initiative. It is expected that these activities will provide information to guide an action plan to assure our policies and day to day practice are consistent with best practices within child welfare.

Barriers:

The relative high rate of poverty, overall poor health and mental health outcomes, and current economic decline are potential barriers influencing Louisiana's ability to consistently meet this performance standard. See *KidCount* data for Louisiana described in the Overview. These data suggest a much higher percentage of Louisiana's children and families are subject to factors and conditions that make them more vulnerable to child abuse and neglect than children and families in most other states. Louisiana has initiated efforts to integrate evidence based and evidence informed practices to reduce maltreatment recurrence and to direct resources to families with the greatest need and more serious risk factors. However, effective implementation of these strategies requires substantial investments in staff training, monitoring of fidelity to new practice initiatives, and evaluation of outcomes.

Louisiana's performance in timely initiating investigations may also be a barrier to meeting the national performance standard for child maltreatment recurrence.

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

This is an area of strength for Louisiana. As part of the LIFTS and Focus on Four reforms initiated following the devastating 2005 hurricanes, Louisiana has proactively invested in improving assessment of safety, risk, and family functioning and expanding the array of evidence-based, front-end services available to children and families.

Statewide peer case review (PCR) findings reflect Item 3 - Services to the family to protect children in the home being rated as a strength in 96% of applicable cases (164 cases). Louisiana's performance has improved on this item since CFSR Round 1 when it was identified as an area in need of improvement based on on-site review findings that only 79% (22 cases) of the 28 applicable cases were determined to be strengths. Louisiana's rate of re-entry into foster care for FFY 2008 as measured by national data indicator C1.4 Re-entries into foster care in less than 12 months is also very low at 6.7%. Louisiana has exceeded the current national performance standard for foster care re-entry since FFY 2006.

PCR findings also reflect strong performance on Item 4 – Risk Assessment and Safety Management with 92% (275 cases) of applicable cases being found to be a strength and 8% of cases (25 cases) being found to be an area in need of improvement. This item was a strength for Louisiana in CFSR Round 1. Of the 48 applicable cases reviewed in the on-site, 85% (41 cases) were rated as a strength. This item was also identified as a strength in Peer Case Reviews conducted in Louisiana in advance of the 2003 on-site CFSR review with 91.8% of cases reviewed statewide being found to be a strength.

The focus on the assessment of safety, risk, family functioning and case planning that began with the “Focus on Four” initiative in 2008 continues to aid in maintaining children safely in their homes whenever possible and appropriate. The use of SDM to assess risk and guide contact standards appears to be resulting in reduced risk levels for families being served in-home.

There was little focus group feedback relating to safety and services provided to children in their homes. However, staff, clients, court/legal system, foster parents and other stakeholders did express that the agency strives to provide equitable services to all. Members of the court/legal system stated that “The agency tries everything possible to keep children with their families before seeking removal.” Staff state that there are several measures put into effect to secure the safety of children within the home including: home visits, continuous assessments of the family/family dynamics and risk, and communication with the family and other key roles within the case (teachers, doctors, etc). There were consistent concerns from staff, stakeholders, families, foster parents, and the court system regarding caseloads and staff's ability to consistently monitor safety and risk factors for their entire caseloads.

Key Strengths and Promising Practices

Key strengths and promising practices relating to this Outcome since CFSR Round 1 include implementation of SDM, IHBS, and Alternative Response Family Assessment along with expansion of evidence based, front-end services including the Nurturing Parenting program and MST.

Key Barriers/Challenges

Key barriers and challenges relating to this Outcome since CFSR Round 1 include greater percentage of very young children and children with high cumulative risk factors; fewer staff with basic or advanced clinical competencies; and caseworker challenges in consistently meeting and documenting visitation in accordance with SDM standards.

Key collaborators with the agency.

Medical community, IHBS and other service providers, schools, law enforcement, domestic violence, churches, daycare, Family Resource Centers, Prevent Child Abuse Louisiana, Maternal and Child Health, Office of Mental Health, Early Steps, BrightStart, families, youth, OJJ, community partners, CQI stakeholders, court and legal community, etc.

Our Lady of the Lake Hospital facilitating monthly meetings to address Non-Accidental Head Trauma (aka, Shaken Baby Syndrome).

Statewide Child Death Review Panel reviewing causes of child deaths in Louisiana.

Various partners with DSS in public education campaigns during the last 5 years, including campaigns focused on preventing infant co-sleeping and hot car deaths and publicizing safe haven relinquishments.

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

Item 3: Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care. *How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?*

Policy:

The agency's mandate is to administer and interpret the law "to provide the greatest possible protection as promptly as possible for... children", as well as to make reasonable efforts to prevent or eliminate the need for removal of the child from his home. (Louisiana Children's Code)

This includes determining whether services can be provided to prevent the placement of this child. Those options may include:

1. Referral to Intensive Home-based Services,
 2. Referral to other contract or service providers,
 3. Voluntary placement of the child out of the home with consent of the court,
 4. Removal of the perpetrator,
 5. Use of agency Preventive Assistance Fund,
 6. Day Care Services
- (Handbook, "Emergency Removal")

Public Law 96-272 addresses the prevention of out-of-home placement and requires consideration of all alternatives prior to placement of a child out of the home. The court is required to determine whether reasonable efforts have been made, and to periodically review the case plan when a child is removed. There must be documentation of reasonable efforts or why reasonable efforts could not be provided to prevent placement without endangering the child.

Family Services

Child abuse/neglect prevention, intervention and treatment services includes intensive family services offered to families who, without such services would be unable to provide a safe environment for their children. Services are provided with the child remaining in the home. The goal is directed at protecting the child from further harm while maintaining the family unit.

Family services are provided to families in which an allegation of child neglect or abuse has been validated, immediate safety concerns are manageable, and future risk of harm continues to be a concern. These families have been assessed as needing services that can be provided while the child remains in the home. In some limited situations, families can voluntarily elect to participate in these services when child abuse or neglect has not been validated.

Prevention Intervention: Intensive Home Based Services (IHBS)

IHBS is a placement prevention service as well as reunification service of short-term, crisis intervention provided in the family's home. The intervention focuses on teaching the family new skills to improve family dynamics, strengthen coping skills, empower family members, link to community resources to sustain changes and, most importantly, keep children safe. The evidence based Homebuilders Model of Intensive Home Based Services (IHBS) became available statewide beginning in late winter/early Spring, 2007.

Nurturing Parenting Program

Nurturing the Families of Louisiana™, developed by Dr. Stephen Bavolek, is a validated approach to working with families served through the Foster Care or Family Services programs to reduce dysfunction and build healthy, positive relationships. The evidence based Nurturing Parenting Program became available through Family Resource Centers in September 2005.

Multisystemic Therapy (MST)

MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that contributes to the youth's antisocial behavior. Evidence based Multi-Systemic Therapy also

became available in limited areas of the state beginning in September 2006 and expanded to be more broadly available with the establishment of Medicaid eligibility in December, 2008.

Substance Abuse services

Assessment; In-patient treatment and referral; Women and dependent children out-patient treatment program via Memorandum of Understanding with Department of Health and Hospitals, Office of Addictive Disorders beginning in July 2006.

The Infant, Child and Family Center (SART Project)

Implemented by the Capital Area Human Services District, this project serves women with substance exposed children ages 0-6 years who are at risk for developing significant problems and in an effort to safely maintain these children in the family unit. Children referred from the Office of Community Services (OCS) up to age 6 years receive a comprehensive assessment and if necessary a referral for services.

Resources for Human Development, Incorporated (LA-SAFE)

The services to be provided by the RHD/LA-SAFE Outreach/Case Management (OCM) Program are to coordinate and deliver recovery focused outreach, intensive case management, transportation, and supportive counseling for substance abusing women and their children. LASAFE serves Plaquemines Parish and the West Bank of Jefferson Parish.

Family Violence Program is now called the **Family Violence Prevention & Intervention Program** and became part of OCS State office as of July 1, 2009 as directed by ACT 409 of 2009. When domestic violence trends in the 2007-2008 CFSR results were reviewed, there is a correlation between domestic violence and repeat maltreatment. If the agency is addressing this correlation, could information be provided in Safety 1. The new relationship will lend itself for greater collaboration, cross exchanges potentially of training and information to address DV in all OCS cases.

Louisiana Relatives as Parents Program (LA-RAPP)

According to the 2000 U.S. Census, Louisiana ranks as one of the top five states in the nation for grandparents raising their grandchildren. The Census Bureau reports that more than 67,000 Louisiana grandparents are responsible for meeting the basic needs of their grandchildren. Recognizing that many relatives may not know where to go for help, this program has been developed for the purpose of providing support for relative caregivers and the children they are raising. This program serves grandparents and other relatives who have assumed the responsibility of surrogate parenting.

Initiative Summary

The chart below details major initiatives of the Prevention and Family Services program, most of which have been discussed in the proceeding pages of this document; however, this chart also provides additional details on the current status and challenges affecting implementation.

Name of Initiative	Main Purpose	Current Status and Implementation Plan	Coordination Needs (Other areas this initiative impacts or is impacted by)	Challenges
Focus on Four: Safety/Risk/Assessment of Family Function and Case Plan	To assess the functioning of a family and to develop a case plan that is a direct result of the assessment. Also, to gather data on client needs in order to build partnerships and allocate resources accordingly.	Available in all regions Automated system complete; training began January, 2007, and phased roll-out across began April 2008. All training completed by September, 2008 for statewide implementation.	Structured Decision Making (SDM) 2008 2007 Alternate Response	A major statewide initiative; Coordinating training with SDM so it is a seamless process for staff. SDM moving to CPI October 2009. CPI staff to be trained September 2009 by Regional team of RPS, DM, S.O. PM and OCS Trainers.

Name of Initiative	Main Purpose	Current Status and Implementation Plan	Coordination Needs (Other areas this initiative impacts or is impacted by)	Challenges
Homebuilders Intensive Home Based Services	Prevention; Reunification; Stabilization; Step-down	Available in all regions	FS Re-Design; SDM; Assessment; Residential Initiatives; Relative Placements	Requires labor intensive oversight to assure model fidelity
Substance Abuse Services	Placement of OAD clinician in each OCS region to assess and refer for treatment as needed. Allocation of funds for treatment, residential, and intensive outpatient (IOP) groups in each region.	Available in all regions Statewide Clinicians in regions, IOP		Staffing; transportation; assessing our data and current research to be sure we are using resources on interventions that have the best evidence of success.
LaRapp (Louisiana Relatives as Parents)	To explore the needs of and support relative caregivers (concrete services, training, support groups, etc.)	Available in all regions Support groups established in four regions; limited funds allocated for services; in process of identifying training and on-going supportive needs.	Home development initiatives	Labor intensive community outreach needed to start and maintain program.
MST	To prevent placement of adolescents in foster care or to facilitate timely reunification	Available in GNO, Monroe, Shreveport, BR, Alexandria, Lake Charles, Covington. Additional statewide teams added in 2009 as it is now a Medicaid billable service (as of December 2008) Up to 21 total teams in Louisiana.	Residential initiatives; IHBS; Substance Abuse services.	Modifications needed for child welfare population; on-going funding.
Nurturing Parenting	Intensive, "Promising" program of parent education and training.	Available in all regions Available through Resource Center in all regions. Reviewing data and making modifications as needed.	Assessment; Alt. Response; Redesign of FS.	Developing enough capacity to fill the need; maintaining trained facilitators; maintaining model fidelity.
Re-design of Family Services	To serve moderate to very high risk families where one or more children remain in the home. Goal is to provide more direct service by OCS-FSW rather than FSW simply acting as a broker of services and monitor.	State wide effort Former policy required 1 x month visit (now 1 to 4 visits based on risk level). Caseload standard reduced from 15 families to 10 by 9/09;	Alt. response; SDM; IHBS; MST	Designing a program that is responsive to the need yet within our means to implement. Extensive training needed for FSW in more direct interventions.

Performance in CFSR Round 1:

This item was identified as an area in need of improvement in Louisiana in CFSR Round 1. In the Round 1 on-site review, 79% (22 cases of which 6 were foster care cases) of the 28 applicable cases were determined to be strengths. In the 6 cases determined to be in need of improvement, 2 of the cases were foster care cases. Stakeholders interviewed observed that Louisiana makes concerted efforts to provide services to families to prevent children's removal from their homes and that services are available to meet this objective. Some stakeholders noted however that Louisiana was not consistent in conducting comprehensive risk assessments. For example, issues pertaining to domestic violence were identified as not being addressed through the assessment process.

CFSR Case Review Finding (Baseline):	79%
Louisiana Data Annual Goal:	81%
Louisiana PIP Data Goal:	84%
Achievement Date:	7 th Quarter
Method of Measure	Peer Case Review and Quality Assurance Data

Four action steps were identified to improve Louisiana's performance on this item, including:

- (1) Enhance clinical knowledge of staff pertaining to risk and safety screening of substance abuse, mental health, and domestic violence.
- (2) Develop a workgroup comprised of agency and state resource center staff to address effectiveness/accessibility of Louisiana family resource centers;
- (3) Strengthen policy and practice on the use of comprehensive assessments throughout the life of a case designed to reduce risk and increase safety.
- (4) Provide a more comprehensive assessment and service delivery through inclusion of nursing support services.

Of the 20 benchmarks associated with these action steps, 9 were achieved prior to Hurricanes Katrina and Rita in 2005. The subsequent re-negotiation of Louisiana's PIP shifted focus on short-term recovery and long-term reform following the nation's worst natural disaster in history. Two primary initiatives identified for long-term reform and incorporated into the agency's five year plan included a redesign of front-end services with special emphasis on prevention, CPI intake and decision-making, and the development of a continuum of services to prevent, and effectively respond, to child maltreatment. The second major initiative focused on decreasing the number of children in residential and emergency care facilities while shifting from a placement system to a continuum of care service system.

Evaluative Assessment of Performance:

This is an area of strength for Louisiana. Statewide peer case review (PCR) findings reflect this item-Services to families to protect children in home and prevent removal-as strength in 96% of applicable cases (164 cases) and in need of improvement in 4% of cases (7 cases). Louisiana's performance has improved on this item since CFSR Round 1 when PCR findings included in the Statewide Assessment reflected 91% of applicable cases being rated as a strength. Louisiana's rate of re-entry into foster care as measured by national data indicator C1.4-Re-entries into foster care in less than 12 months-is also very low at 6.7%. Louisiana has exceeded the current national performance standard for foster care re-entry since FFY 2006.

The data profile indicates Louisiana's percentage of Child Victim Cases Opened for Post-Investigation Services has declined from 52.5 % in FFY 2006 to 49.8% in FFY 2008. Further the percentage of child victims entering care based on child abuse/neglect report from FFY 2006 to FFY 2008 has been relatively stable with a small drop in FFY 2007 that then returned to FFY 2006 level in FFY 2008.

As part of the LIFTS and Focus on Four reforms initiated following the devastating 2005 hurricanes, Louisiana has proactively invested in improving assessment of safety, risk, and family functioning and expanding the array of evidence-based, front-end services available to children and families in the child welfare system. The following strategies were implemented from 2005 to present to accomplish the reforms: Structured Decision-Making (SDM), Assessment of Family Functioning tools, Alternative Response/Family Assessment model for low risk cases, evidence based Homebuilders Model of Intensive Home Based Services (IHBS), evidence based Multi-Systemic Therapy, expanded substance abuse assessment, counseling, and treatment referral became available through DSS/OCS offices statewide, resources and supports for relatives caring for children, other expanded prevention focused services including the evidence based Nurse Family Partnership program, the Early Childhood Supports and Services program, and Child and Adolescent Response Crisis Teams.

Prevention and Family Services are provided on a statewide basis through 9 regional and 48 parish offices. Since 2003, Family Services cases open at the end of the identified time period (FFY charts below) were on a declining slope with slight fluctuations noted (slight increase in 06/07 possibly due to investigations for substance exposed newborns, of which FS received the majority of those referred for ongoing services, over foster care). There was a sharp decrease in 2008 (possibly resulting from implementation of Alternate Response in 2007 and SDM in 2008). The SDM risk assessment served as a guide to staff in their decision making regarding case acceptance and case closure (due to lowered risk level).

FFY	FS Served	Open at end	Affected by
10/1/03-9/30/04	3767	1415	
10/1/04-9/30/05	3876	1484	Act 148
10/1/05-9/30/06	3784	1278	Katrina/Rita Aug-Sep 05
10/1/06-9/30/07	3763	1328	Sub exp Newborn AR rollout 2007
10/1/07-9/30/08	3362	930 Significant decline	AR rollout 2007 cont'd IHBS year 1 SDM rollout April 08
10/1/08- 9/30/09	2940	1034	Gustav Sept 08

Family Services families served by FFY (WebFocus)

Family Services to Foster Care Cases

Each month, the RPS reviews the children and families that moved from the Family Services program to Foster Care to assess the use of prevention services as well as assist in recommendations for services in order to facilitate timely reunification. From 7/1/03-7/31/09 there were 1,131 children moved from FS to FC (4.69% of those served).

FS to FC Transfers:

CY	FS to Foster Care	Percentage of those served
2003	77	2%
2004	154	4%
2005	180	4.78% begins steady increase
2006	180	4.88%
2007	181	4.80%
2008	195	6% Increase

Report DRTI-U 6290

There is an increase in the number of FS to FC cases over time with a more pronounced increase in 2008 and 2009. This may be associated with implementation of the SDM tool which assists workers in their decision to close low risk and some moderate risk cases. The result is a higher percentage of FS cases with high or very high risk ratings. The use of SDM, the functional family assessment and the availability of IHBS support increased efforts to provide in-home services before seeking custody. FS is also receiving cases from CPI that would previously have been referred directly to FC. Over 60% of IHBS referrals are for Prevention with 38% coming from the CPI program. (Data Source: IHBS database report by referral source). These are families considered at imminent risk of removal and have greater safety and risk issues. Since FS is serving more serious cases, it is expected that a higher percentage would advance to FC.

Prevention Intervention: Intensive Home Based Services (IHBS)

From 1/1/07, when IHBS was initiated in Louisiana, through 12/31/08, IHBS received referrals affecting 976 families and 2,197 children. Of the families referred:

- 64% were for Prevention
- 26% were for reunification
- 10% were for stabilization and step-down (from more restrictive to less restrictive placement).
- 81.1% of the families referred for prevention closed “services complete” (the family completed the entire intervention and did not drop out prematurely).
- 81.9% of the families referred for reunification closed “services complete”.

The following table contains the number of families and children referred, referral needs (prevention, reunification, stabilization, step-down) and percent of successful closures (or “services complete” cases) by year.

IHBS Referrals and Percent of Successful Case Closings by Referral Need

Year	Families Referred	Children Referred	Percent closing “Services complete”
2007	485	1,126	Prevention 79.5% Reunification 82.6% Stabilization 75.7% Step-Down 75%
2008	491	1,071	Prevention 82.7% Reunification 80.9% Stabilization 65.1%

			Step-Down 90%
2009 mid-year (1/1/09-7/19/09)	246	602	Prevention 80.6% Reunification 91.7% Stabilization 66.7% Step-Down 66.7%
TOTAL 1/1/07-7/19/09 (2.5 years)	1,222	2,799	Prevention 80.6% Reunification 83.2% Stabilization 69.4% Step-Down 78.6%

Family referrals increased slightly from CY 2007 to 2008 (485 to 491 families), however, the number of children included in those families was fewer (55 fewer children in 2008).

“Services complete” families (who complete the 4-6 week intervention) appear most successful with Prevention and Reunification cases (closing successfully in 80-83% of referrals) overall than with Stabilization or Step-down referrals (closing successfully in 69-79% of referrals) over the past 2.5 years of the program.

In stabilization cases, the foster parent has likely already expressed a desire to have the child removed, resulting in the IHBS referral as one last attempt to preserve the placement. In step-down referrals, the child has identified behaviors that resulted in group home or residential placement that may have presented more of a challenge for a foster parent or relative caregiver than they anticipated.

The identified “referral needs” were:

Referral Needs	2007 IHBS Referrals	2008 IHBS Referrals	Jan-June 2009 IHBS Referrals
Prevention	63.1%	61.2%	58.6%
Reunification	28.2%	24.0%	28.3%
Stabilization	7.8%	9.4%	12.7%
Step-down	0.8%	2.2%	0.4%

Referrals for Prevention and Reunification have been stable whereas referrals for stabilization services increased for 2009 (from 7.8% in 2007 to 12.7% of 2009 referrals). Step-down referrals increased in 2008 from 2007 but decreased again in 2009. The 2008 increase was possibly a result of a focus on reducing the number of children in residential care and using IHBS to assist in this project.

IHBS Cases Referred by calendar year & by Region since Jan. 2007 implementation

REGION	2007 IHBS Referrals	2008 IHBS Referrals	Jan-June 2009 IHBS Referrals
Alexandria	42 families 96 children	57 families 135 children	17 families 44 children
Baton Rouge	30 families 66 children	37 families 80 children	19 families 40 children
Covington	113 families 263 children	90 families 185 children	34 families 78 children
Jefferson	31 families 67 children	43 families 88 children	17 families 47 children
Lafayette*	77 families 188 children	94 families 217 children	33 families 94 children
Lake Charles**	67 families 140 children	50 families 103 children	26 families 59 children
Monroe	27 families 69 children	17 families 30 children	15 families 34 children
Orleans	12 families 29 children	11 families 25 children	3 families 5 children
Shreveport	59 families 156 children	59 families 126 children	15 families 35 children
Thibodaux	27 families 52 children	33 families 82 children	18 families 43 children

* Lafayette has an internal IHBS unit and an external provider

** Lake Charles has internal IHBS unit (no external provider)

IHBS has been instrumental in successfully facilitating reunification of over 414 children who were in foster care at the time of the IHBS intervention. Of those, 359 exited foster care sometime after the conclusion of IHBS. Of the post-IHBS exits, 262 exited foster case within 90 days of IHBS.

On average, just over 80% of all families referred to IHBS for Prevention services are completing the 4-6 week intervention. Other closure reasons include: Family refused services, Child removed from home, Risk/Safety too high, OCS Worker requested termination, More appropriate for FS (not needing intensive services), Child not in the home within 7 days (reunification referrals), and Other.

IHBS referrals Cases Closing “Services Complete” :

Year	Families Referred	Children Referred	Percent closing “Services complete”
2007	485	1126	Prevention 79.5% Reunification 82.6% Stabilization 75.7% Step-Down 75%
2008	491	1071	Prevention 82.7% Reunification 80.9% Stabilization 65.1% Step-Down 90%
2009 mid-year (1/1/09-7/19/09)	246	602	Prevention 80.6% Reunification 91.7% Stabilization 66.7% Step-Down 66.7%
TOTAL 1/1/07-7/19/09 (2.5 years)	1,222	2,799	Prevention 80.6% Reunification 83.2% Stabilization 69.4% Step-Down 78.6%

Prior to 2009, the referral need was identified by Family and not by Child. However, some children in the family needed prevention services while others in the family needed reunification services. Individual tracking allowed us to capture more accurate data. Therefore, some siblings of identified “reunification children” were also identified as needing reunification when they truly needed to be classified as prevention referrals.

Louisiana’s results are consistent with other Homebuilders findings regarding follow-up at six months post service. Approximately 86% of families that had been involved in IHBS are still intact within 6 months of IHBS closure. The IFD Model definition of success is at least 70% of families are intact within 6 months of IHBS case closure.

Families/Children with a Valid Investigation POST IHBS

From January 2007 through mid June 2009, there were 1,173 families with 2,676 children referred to IHBS. Of all referrals, there have been a total of 167 families with 321 children that had a subsequent valid investigation (Chart included below). Valid investigations post IHBS range from 13.8%-19.3% for families referred and 11.3%- 16.9% for the children in those families.

When post-IHBS maltreatment occurs, the time frame to maltreatment is shorter for those cases that closed prematurely without full benefit of the intervention. The average length of time between IHBS case closure and a valid investigation is 6 months (183 days). For IHBS cases closed “Services complete”, the length of time is extended to 190 days. For all other closure reasons the time frame is shortened to 148 days to a valid investigation.

OCS Custody Post IHBS

The following Chart outlines the children that entered OCS custody any time after receiving IHBS. The chart is broken down by the year the intervention was provided; however, OCS Custody may have occurred the next day or over two years after the service. The percentage of removals is for all referral reasons.

OCS CUSTODY POST IHBS SINCE JANUARY 2007

REGION	2007 IHBS Children	2008 IHBS Children	2009 IHBS Children	total % Valid post IHBS 1/2007 – 6/2009
Alexandria	9 children Removed Refer. IHBS: 96 (9%)	28 children removed Refer. IHBS 135 (21%)	1 child removed Refer. IHBS 44 (2%)	38 children Refer. IHBS 275 (14%)
Baton Rouge	11 children removed Total Refer. 66 (17%)	4 children removed Refer. IHBS 80 (5%)	1 child removed Refer. IHBS 40 (2%)	16 Children Refer. IHBS 186 (9%)
Covington	53 children removed Refer. IHBS 263 (20%)	16 children removed Refer. IHBS 185 (9%)	1 child removed Refer. IHBS 78 (1%)	70 Children Refer. IHBS 526 (13%)
Lafayette	32 children removed Refer. IHBS 188 (17%)	30 children removed Refer. IHBS 217 (14%)	1 child removed Refer. IHBS 94 (0%)	63 Children Refer. IHBS 499 (13%)
Lake Charles	14 children removed Refer. IHBS 140 (10%)	23 children removed Refer. IHBS 103 (22%)	3 children removed Refer. IHBS 59 (5%)	40 Children Refer. IHBS 302 (13%)
Monroe	20 children removed Refer. IHBS 69 (29%)	0 removed Refer. IHBS 30 (0%)	0 removed Refer. IHBS 34 (0%)	20 Children Refer. IHBS 133 (15%)
Orleans	4 children removed Refer. IHBS 29 (14%)	3 children removed Refer. IHBS 25 (12%)	0 removed Refer. IHBS 5 (0%)	7 Children Refer. IHBS 59 (12%)
Shreveport	26 children removed Refer. IHBS 156 (17%)	12 children removed Refer. IHBS 126 (10%)	16 children removed (4fly) Refer. IHBS 35 (46%)	54 Children Refer. IHBS 317 (17%)
Thibodaux	3 children removed Refer. IHBS 52 (6%)	13 children removed Refer. IHBS 82 (16%)	1 child removed Refer. IHBS 43 (2%)	17 Children Refer. IHBS 177 (10%)
Total Custody post IHBS All Reasons	177 Children Removed Referred IHBS 1,126 (16%)	134 Children Removed Referred IHBS 1,071 (13%)	24 Children Removed Referred IHBS 479 (5%)	335 Children Removed (part of 172 families) Referred IHBS 2,676 (13%)
Prevention	24% of all Prevention referrals resulted in custody	18% of all Prevention referrals resulted in custody	8% of all Prevention referrals resulted in custody	18% of prevention referrals resulted in custody

Those families served in 2007 represent the highest number of post removals followed by those served in 2008 and 2009. This was the same for the Valid investigations post IHBS.

This is possibly due to:

- *The longer time frame post IHBS (from 2007 to present and 2008 to present)
- * Improvement in appropriate referrals and services
- * Increased expectations/standards for providers
- * Increased training received by providers (more experienced)
- * Intensive data analysis and feedback provided to providers to improve outcome

Since services began in January 2007, there have been 335 children (from 172 families) that subsequently entered foster care post IHBS (as of June 2009).

124 of the 172 families (72%) had their IHBS case closed “services complete”.

24.3% of the children removed entered custody over 6 months post IHBS.

Of those, 8% entered over 12 months post IHBS.

Alternate Response/Family Assessment (ARFA)

Orleans Region/Jefferson District implemented ARFA in 1999/2000. State wide implementation began in 2007 with full state wide implementation by late 2007/early 2008. In FFY 10/07-9/08, there were 2,897 cases accepted for ARFA out of a total 39,378 intakes.

Between October 1, 2007 and June 30, 2009, 6,780 families were referred to ARFA. Of the 4,724 cases that have closed, 2,321 have a closure code of APT, indicating that during the preliminary assessment it was determined the family did not need services. Twenty-five percent of closed cases represent completed services. Only 5.4% of the ARFA cases were referred for full investigations.

AR Families Served, Remaining Open, and Closure Reasons

FFY	Families Served	Families Open	Closure Code	#	%
FFY 2007-2008	2,897	224	AFS	30	1.0%
	(100%)	(7.7%)	AIN	212	7.3%
			APT	1,200	41.4%
			ASC	1,088	37.6%
			Other	144	5.4%
FFY 2008-2009 (thru 3 rd Quarter)	3,883	1,832	AFS	28	0.7%
	(100%)	(47.2%)	AIN	156	4.0%
			APT	1,121	28.9%
			ASC	636	16.4%
			Other	110	5.4%

AR cases are tracked with the following closure reasons:

LEGEND	AFS=	Assessment Complete/to FS
	AIN=	<u>Assessment Initiated</u>
	APT=	<u>Preliminary Assessment</u>
	ASC=	<u>Assessment Completed</u>

Use of Community Resources

Please refer to Item 17 and Item 35 for additional information on specific topics.

Services are provided through private providers, community based programs and through OCS funded Family Resource Centers. Services provided to families to maintain the family unit included:

- parenting skills training
- parenting education
- substance abuse assessment and treatment services
- Homemaker and mentoring
- intensive in-home services
- counseling and therapy, including group and individual therapy
- mental health assessments and treatment
- psychological evaluations
- concrete services such as financial assistance for utility bills, bus tokens, household supplies, food, baby beds and supplies, and assistance with housing
- early childhood education services
- Planned and recreational respite
- medical services including home health nurses, and
- domestic violence intervention services.

Beginning in October 2009, the Family Resource Centers have begun to focus on three core services: Family Skills Training, Parenting Education and Visit Coaching.

Strengths and Promising Practices:

The agency worked with the Nation Resource Center (NRC) for Organizational Improvement to redesign the family services program to improve its service array and create a positive presence in the community by identifying what brings families to agency attention and determining the underlying issues that result in parents being abusive and/or neglectful to their children. The NRC for Organizational Improvement, the NRC for Family Centered Practice and Permanency Planning and the NRC for Information Technology assisted the agency in evaluating current family assessments regarding needs, analyzing assessment data and the service array, and designing a continuum of services.

With the assistance of the NRC's, OCS developed and is currently utilizing the Assessment of Family Functioning statewide. The process focused on thorough assessments and behaviorally specific case plans while emphasizing the critical need for family engagement skills. During implementation, NRC's consultant provided guidance and supervision on cases via monthly conference call. During the 90 minute call, case consultation was provided to the worker and supervisor regarding the safety assessment, Structured Decision

Making (SDM) risk assessment, AFF, and staffing form. Regional/parish staff were encouraged to listen to the case consultation calls for learning purposes.

The **Visit Coaching** model is a strengths-based model that supports self-directed involvement of participants in meeting the needs of their children. To date there have not been any research articles published on this model. The model is a part of All Family Resource Center's service array. It is a new service and has the potential to impact the way we conduct family visitation for foster children. There is a need to build capacity for on-going training and consultation for Visit Coaching services. In addition, there is a need to develop a consistent strategy for identifying families for referral to this service so services are activated early in the life of the case.

The **Nurturing Parenting Program** (NPP) is available to families served involved with OCS (CPI, FS, FC, AD). Intact families and families with children in substitute care with a goal of reunification are appropriate for this service. Other agencies around the state also offer the NPP and their referrals are not limited to clients served by OCS. The OCS funded NPP is essentially the same curriculum as non-OCS funded programs; however, an 'Easy Reader' version of the parent handbook was developed for OCS because of the low reading level of many clients served by the agency. This service is also available through our Family Resource Centers statewide. The Nurturing Parenting programs are recognized by SAMHSA, the National Registry of Evidence-based Parenting Programs (NREPP), the Office of Juvenile Justice and Delinquency Prevention (OJJDP), and other state and federal agencies as evidenced based parenting programs.

The use of **SDM** to assess risk level at the beginning of a case (implementation of SDM at CPI level beginning October 2009) allows greater identification of those families at highest risk for repeat maltreatment and therefore, need for ongoing services via FS or FC. This allows more consistency in ensuring those families at the highest risk of repeat maltreatment are referred for ongoing services via FS or FC. Some families at lower risk may be referred to community Family Resource Centers.

Family Skills Training is an in-home service designed around specific identified needs of the family. Services are anticipated to last from 6 weeks to 3 months, depending on the type of needs identified. (Example of a need: parent has a medically fragile child and has missed medical appointments for the child, resulting in a medical neglect allegation. Worker meets with family to identify reasons for difficulty meeting the medical needs of the child and then develops a plan with the parent for strategies to meet the child's needs. Worker may accompany parent to appointments to model how to successfully complete the appt. Worker may assist the parent with developing a calendar to keep up with appointments; worker may help the parent plan for medical appointments by developing questions that need to be asked of medical providers.) This service is available statewide through the Family Resource Centers. This is new service which is customized to meet individual needs. There has been no research completed on this service and no evidence based model could be found to implement when this service was initially conceptualized

IHBS is a child protection and placement prevention program of short-term, crisis intervention services delivered in the family's home. Louisiana uses the Homebuilders Model of intensive family preservation. The service is utilized statewide. Services are provided by two in-house units and seven community-based providers. The brevity of service is cost effective and allows large numbers of families to receive services. In addition to its cost effectiveness, this model is in compliance with the federal mandate to provide reasonable efforts to safely maintain children in their own home when possible.

Post IHBS Booster Sessions. Beginning July 1, 2009, IHBS providers may provide a "booster" to families consisting of one or two home visits within 6 months of IHBS case closure. This visit can serve as an opportunity to assess the family's functioning as well as safety and risk. Skills previously taught to the family can be reinforced and any necessary community referrals may also be made at this time. This is expected to increase a successful placement prevention rate as defined by Homebuilders ("At least 70% placement prevention within 6 months of IHBS case closure").

Barriers:

During this time period, the agency has struggled with limited resources for family preservation, particularly in the complex areas of substance abuse, domestic violence and serious mental health problems. Additionally, Louisiana suffered the nation's worst disaster in Hurricanes Katrina and Rita (2005) followed by Hurricanes Gustav and Ike (2008) that displaced thousands of children and families and negatively impacted the State's economy as well as impacted service delivery. The need for mental health and substance abuse resources has increased since the hurricanes.

Poverty in state: 2009 **KIDS COUNT** Data Book reports that Louisiana ranks 49th out of 50 (over Mississippi) in child well-being (as indicated by 2006-2007 statistics from the U.S. Census Bureau and the National Center for Health Statistics. Louisiana has one of the nation's highest percentages of low-birth weight babies, infant morality, teen death and children with unemployed parents. The child death rate improved falling from 297 deaths in 2000 to 219 in 2007.)

Family Resource Centers (FRCs) received budget cuts in 2009 (37% reduction), resulting in the restructuring of services and consolidation of some centers. The Centers now focus on three core services that were identified as best able to meet the needs of Louisiana families.

Staff is having difficulty meeting SDM visitation standards. A sample of worker caseloads was reviewed to determine the average number of home visits expected each month in light of the assigned SDM level. 34% of staff were expected to make at least 23 visits per month with some staff required to make over 30 visits per month. This was clearly a challenge to quality visits. The FS caseload standard was reduced from 15 to 10 in August 2009.

Because of the intensive oversight and strict adherence to the Homebuilders Model, IHBS Louisiana is attaining results comparable to seasoned, well established programs and is exceeding the placement prevention standards set forth by Homebuilders. Additional front end, prevention funds are needed to expand this service so that more fragile families can be preserved and stabilized.

Staffing: The hiring freeze in 2008-2009 coupled with staff turnover through the years left programs struggling in areas to manage caseloads with increased visitation standards (from monthly to up to four times per month). The agency is assessing needs of FS staff due to an increased expectation to provide more intensive, direct services to clients at high risk of repeat maltreatment. A review of the education, degrees and credentials of current FS staff (119 listed as of July 2009) show the majority of staff (92 or 77.3% of FS staff) have Bachelors degrees with those in Social Work cited most frequently (34, or 28.5% of FS staff). There are 27 workers with Masters degrees (22.6% of FS staff), of which, 17 are MSWs. The majority of MSWs are in Jefferson District (41% of all MSWs in FS). There are no LCSWs.

Degree	Number of Family Services Staff
Bachelor/Social Work	34 (28.5% of FS Staff)
Bachelor/Unknown	19
Bachelor/Criminal Justice	12
Bachelor/Psychology	11
Bachelor/Sociology	10
Bachelor/child and Family	4
Bachelor/Family and Consumer Science	2
Masters/Social Work	17 (14.2% of FS staff)
Masters/Unknown	4
Masters/Counseling	2
Masters/Criminal Justice	2
Masters/Special Education	1
Masters/Guidance and Counseling	1

Item 4: Risk Assessment and Safety Management. *How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?*

Policy:

Please refer to Item 17 and Item 35 for additional information on specific topics.

Focus on Four:

Focus on Four was a multi-pronged training and implementation initiative to assist all staff in developing skills with existing and newly introduced assessment and case planning tools. The initiative began in March 2008 and was completed in October 2008. The initiative included the following four components:

1. Train/re-train staff on how to complete the agency's safety assessment tool and develop appropriate safety plans when indicated;
2. Teach staff how to complete the Structured Decision Making (SDM) risk assessment instruments adopted by the agency and how to use these instruments to guide case decision-making;
3. Teach staff how to conduct a Assessment of Family Functioning jointly with the family and with a focus on core domains associated with safety and risk issues for children;
4. Teach staff how to develop a case plan with the family that integrates the information captured through the safety, risk, and family assessments in order to focus interventions on improving safety and reducing risk to children in the family.

Focus on Four was designed to help staff learn how to connect the information used for various assessments completed on each family to determine which families are in greatest need of intervention and to guide staff on when to safely terminate services with families. Implementation of the SDM risk assessment instruments was expected to result in an increase in consistency in decision making with families and help the agency focus limited resources on the neediest families. These are also the families most likely to have maltreatment recurrences. Implementation of the Assessment of Family Functioning and Case Plan helps focus parental interventions on the behaviors that need to change in order for children to be safely maintained or returned to their homes.

Safety Assessment and Planning: Description and policy

Assessment of safety is an ongoing process beginning at intake and continuing throughout the life of the case. Safety refers to the current/immediate or near future danger of substantial harm or threat of harm to a child as a result of abuse and/or neglect. Safety is determined by assessing both present danger and impending danger. It is based on factors known about the child, age of the child, the child's condition, the caretaker, and the environment. The assessment of safety drives the decision making process for working with the family during the investigation or the Alternative Response Family Assessment. Whenever a child is determined to be unsafe, a safety plan must be developed to address the safety factor(s) identified. The safety plan is to be implemented in the least intrusive manner possible while being sufficient to control the danger to the child(ren).

Staff uses the following tools to assess and document safety:

- Court Ordered Safety Plan: OCS Form 5-CSP, Issued: 4/06
- OCS Safety Plan: Form 5 Reissued: 6/09 Replacing: 11/05
- CPI Decision Making Handbook: Revised/reissued 10/09

Safety Decision: The initial safety decision is made within five days from the initial contact with the alleged child victim and the parent/caretaker. It is documented on the Create Safety Assessment page of the ACESS investigation case.

Safe - No child is considered to be in immediate or impending danger of serious harm; or, a child would be considered safe, if placed with this caretaker.

Unsafe - A child is in present or impending danger of substantial harm from abuse/neglect; or, would be unsafe if placed with this caretaker. A safety plan is required if the safety decision is Unsafe.

Immediate Safety Plan: The safety plan is initiated by the worker. The plan is based on the workers understanding of the parent/caretaker's protective capacities to keep the children safe from any current or impending threats to their safety. This process includes an exploration of the safety factors (concerns) along with the parent/caretaker and is accomplished through interviews with the family members and collaterals during the first days of the investigation. If a safety factor concern is determined, the worker along with family discuss the steps to immediately ensure the safety of the child(ren). The plan is developed

with the supervisor in a conference that may be by telephone or in person with written documentation of the plan in the ACESS investigation case safety assessment. An in-home safety plan for the parent to sign may be created in ACESS using the communications function for the OCS Safety Plan. Safety is then assessed throughout the life of any ongoing case to Family Services or Foster Care. It should be formally reviewed at each SDM reassessment, the Family Team Conference, and supervisory status for any adjustments.

Five Criteria of a Safety Plan

- Must control or manage the impending danger
- Must have an immediate effect
- Must be immediately accessible and available
- Must contain **safety** services and actions only
- May not include promissory commitments made by the perpetrator and/or a caretaker involved in the abuse/neglect

Risk Assessment:

Since completion of the Focus on Four implementation, in October 2008, the initial Structured Decision Making (SDM) risk assessment has been used to assess risk for cases advancing to in-home (FS) or out-of-home (FC) services. The instrument was initially completed at the transfer staffing with the information presented by the CPI worker/supervisor during the staffing. Beginning October 1, 2009, the SDM assessment process and instrument will be used by the CPI staff to assess risk during the investigation. Implementing the initial SDM risk assessment at the forefront of agency involvement with families allows for earlier identification of those families at highest risk for repeat maltreatment. These families are considered to have the greatest need for ongoing services via FS or FC. While some families at lower risk may be referred to FS because of safety concerns, it is anticipated that most of the low risk families will be referred to a Family Resource Center or other community based providers for services.

The SDM risk assessment score is used to establish the minimum number of monthly contacts between the worker and family members. For example, for in-home families at the highest risk level (“very high”), the worker must conduct at least four visits per month. The increased worker contacts with higher risk families helps mitigate safety and risk concerns. The minimum contact would be monthly.

The SDM instrument can also help guide staff in making decisions about safely withdrawing services or re-unifying children. Once the initial risk assessment is completed subsequent risk re-assessments are completed every three months by the ongoing worker. Changes in the SDM risk level should be used to support and guide the future direction of intervention, including when to intensify services and when to move toward termination of services. The risk re-assessment is completed for all FS families and for families served by the FC program as long as the goal is reunification.

Structured Decision Making System Goals

1. Reduce subsequent maltreatment to children.
 - Reduce subsequent referrals
 - Reduce subsequent substantiations
 - Reduce subsequent injuries
 - Reduce subsequent foster placements
2. Expedite permanency for children.

Structured Decision Making System Objectives

- Identify **critical decision points**.
- Increase **reliability** of decisions.
- Increase **validity** of decisions.
- **Target resources** to families at **highest risk**.
- **Use case-level data** to inform decisions throughout the agency.

Critical Characteristics of the Structured Decision Making System:

SDM protocols increase worker consistency in assessment and case planning. Families are assessed more objectively, and decision making is guided by facts of the case rather than by individual judgment. Detailed definitions for assessment items increase the likelihood that workers assess all families using a similar framework. This system is fully implemented in each of the state's parishes with monitoring for consistency.

The SDM model is an actuarial research-based risk assessment that accurately classifies families according to the likelihood of subsequent maltreatment, enabling agencies to target services to families at highest risk.

Assessment of Family Functioning (AFF):

The agency developed the Assessment of Family Functioning (which replaced the Form 60 Social Assessment Form) in order to assist staff in completing a thorough, ongoing assessment of the family. The AFF focuses on family functioning and behaviors that need to change within the following 10 domains: *Family Support System, Housing/Food/Basic Needs, Medical/Dental, Substance Abuse, Violence in the Home, Child Behavioral Issues, Day to Day Parenting, Child Development Needs, Child Educational/Vocational Needs, Visitation Needs*. Each domain is rated on a four-point scale anchored by these labels: Strength, Adequate, Area of Concern, or Problem. Domains rated by the worker as a problem or area of concern, are considered for inclusion in a behaviorally specific case plan. The Family Assessment Tracking System (FATS) was developed to provide an automated method of recording the family assessment information and to collect data related to the domains requiring intervention. FATS captures the prevalence of each level of functioning across all the domains, providing data to assist the agency with identifying service needs on a broad level as well as providing a means to structure individualized services for families based on specific behaviors that affect the safety and well-being of children.

Use of the trio of assessment tools (safety, risk, and family functioning) provides workers with a structured framework which guides the information gathering and assessment process. By focusing on critical characteristics, workers are able to organize case narrative in a meaningful way and can use the information to achieve improved engagement with clients. Additionally, the assessments facilitate communication between worker and supervisor, and unit to unit, about each family and the status of the case. Aggregate data facilitates communication among community partners and stakeholders.

Prevention Intervention:

Intensive Home Based Services (IHBS)

IHBS serves families in which one or more children are in imminent danger of being placed in foster, group, or institutional care (prevention); families who require intensive services when children are being returned from out-of-home care within 7 days of being placed home (reunification); for children at risk of placement disruption in a stable foster home, relative or adoptive placement (stabilization); and when a child is being "stepped-down" from residential placement to a foster parent or relative.

Multisystemic Therapy (MST)

MST is a pragmatic and goal-oriented treatment that specifically targets those factors in each youth's social network that contributes to his or her antisocial behavior. MST interventions typically aim to improve caregiver discipline practices, enhance family relationships, decrease youth association with deviant peers, increase youth association with pro social peers, improve youth school or vocational performance, engage youth in pro social recreational outlets, and develop an indigenous support network of extended family, neighbors and friends to help caregivers achieve and maintain such changes.

Family Resource Centers and Other Community Resources

Services provided to families included, but were not limited to: homemakers; mentors; intensive in-home services; counseling and therapy; mental health assessments and treatment; psychological evaluations; group and individual therapy; job counseling; concrete services such as provision of funds for utility bills, bus tokens, and household supplies; early childhood education services; parenting skills training and parenting education, including teaching parents behavior modification techniques; planned and recreational respite; housing services; substance abuse assessment and treatment; medical services, including home health nurses; and domestic violence services. Beginning in Fall of 2009, the Family Resource Centers are focusing on three core services: Family Skill Building, Parenting Education and Visit Coaching.

Performance in CFSR Round 1:

This item was a Strength for Louisiana in CFSR Round 1. Of the 48 applicable cases reviewed in the on-site, 85% (41 cases) were rated as a Strength. This item was also identified as a Strength in Peer Case Reviews conducted in Louisiana in advance of the on-site review with 91.8% of cases reviewed statewide being found to be a Strength.

Evaluative Assessment of Performance:

This is an area of strength and in need of improvement in Louisiana. Findings from the latest round of PCR data indicates relatively strong performance on this item with 92% (275 cases) of applicable cases being found to be a strength and 8% of cases (25 cases) being found to be an area in need of improvement.

After having exceeded the national performance standard (99.68%) for data indicator S 2 – Absence of child abuse and/or neglect in foster care within 12 months in FFY 2007 at 99.79% and having shown steady incremental increases in performance in the 4 preceding years, Louisiana performed below the national standard for data indicator S2 in FFY 2008 at 99.53%. Preliminary information from FFY 2009 indicates Louisiana's performance on S2 improved over FFY 2008 but remains below the national performance standard. The increased focus on the safety and well-being of children in residential placements may be impacting Louisiana's performance on this item. Could you provide some brief additional information concerning the safety of youth in residential placements and the state's efforts in this area?

The number of child deaths accepted for investigation of possible abuse or neglect increased each year between CY2006 to CY2008 from 80 investigations to 109 investigations, representing an increase of 36%. The number of valid cases increased 40% from 30 to 42 valid cases. The percentage of investigations that were validated fluctuated from 38% (30 cases) in CY2006 to 42% (38 cases) in CY2007 to 39% (42 cases) in CY2008. Eighty-eight percent of all child abuse and neglect fatality victims in 2008 were age 5 and younger. Among children less than one year, there has been a 77% increase from 2004 – 2008 with 13 infant fatalities in 2004 to 23 fatalities in 2008. The deaths in 2007 and 2008 were attributed to co-sleeping, overlay, and unsafe sleeping arrangements. In 2008, there were three investigations involving cases of substance exposed newborns with only one case validated. The official cause of death on all three cases was "prematurity." In the one valid case, the coroner cited prematurity and multiple system failure as cause of death. The mother tested positive for multiple drug use at birth and had an extensive history. Several factors should be considered in attempting to understand the trends in child fatalities. The increase in the number of investigations may be the result of an increase in fatal parental behavior or may be the result of increased reporting by agencies that encounter the family at the time of the death. The increase in valid findings for infants may be associated with increased awareness of child protection and other professionals regarding parental culpability in incidents such as unsafe sleeping arrangements.

Potential key factors influencing Louisiana's performance on this item include the implementation on Focus on Four, SDM and Alternative Response Family Assessment; increased focus on front-end, in-home services as discussed in Item 3; residential restructuring; increasing numbers of very young children being reported as abused/neglected and entering foster care; increasing number of children being placed with relatives; legislative changes requiring the reporting of drug exposed infants and safety agreements with relatives assuming responsibility for caring for children; economic downturn decreasing family and community resources; and, lessons learned from case crisis reviews.

Protective DaycareChildren (referred by CPI, FS and FC) received protective daycare services to prevent removal from the home as well as, in some cases, to maintain a placement while in foster care. Protective daycare services increased during SFY07 and SFY08 (over SFY06); however, services decreased the following year (SFY09).

Internal Child Fatality Reviews are also conducted of some fatalities and near fatalities involving families who are currently or have been involved with the agency within the past year. Reviews may be on a Regional or State Office level and usually include representatives from State Office CPI and Field Services as well as a District Manager or Regional Program Specialist from a non-involved region. The Review includes detailed

case record reviews as well as interviews with involved workers, supervisors and district managers to assess the incident as well as prior services provided by the agency. Information gathered during the review is used to make recommendations for changes in policy or practice.

Potential factors influencing Louisiana's performance on this item include Implementation of Focus on Four; Structured Decision Making; and, Alternative Response Family Assessment.

SDM Reports:

The initial risk assessments (completed by FS and FC) indicate those families at high risk of repeat maltreatment are being referred for ongoing services. Seventy percent of the families with an initial risk assessment were rated as 'high risk' or 'very high risk'. Since the initial risk assessment (until October 1, 2009) was completed at the time of case transfer from CPI to FS or FC, this indicates that the majority of families accepted for ongoing services are those at higher risk for maltreatment recurrence.

Initial Risk Assessment: Breakdown of Risk Level:

3% Low Risk
27% Moderate Risk
44% High Risk
26% Very High Risk

In Home reassessment: Breakdown of Risk Level:

45% Low Risk
37% Moderate Risk
13% High Risk
5% Very High Risk

Out of Home Reunification Reassessment: Goal Recommendations:

62% Maintain in Care
20% Change Goal from reunification
19% Reunify

Implementation of the SDM risk assessment process resulted in a drastic reduction in the number of FS cases as staff re-assessed low and moderate risk cases that could be closed or served in the community without OCS involvement. This should result in more efficient utilization of resources by allowing the agency to provide more intensive intervention to families with higher risk.

Repeat Maltreatment by Region

6-month Report Period	Baton Rouge			Covington			Jefferson			Statewide		
	Valid Victims		% w/o Repeat Maltreatment	Valid Victims		% w/o Repeat Maltreatment	Valid Victims		% w/o Repeat Maltreatment	Valid Victims		% w/o Repeat Maltreatment
	Total	No Repeat		Total	No Repeat		Total	No Repeat		Total	No Repeat	
04/2006-09/2006	392	366	93.37%	947	900	95.04%	311	304	97.75%	5,807	5,567	95.87%
07/2006-12/2006	384	364	94.79%	966	896	92.75%	277	272	98.19%	5,651	5,368	94.99%
10/2006-03/2007	427	407	95.32%	950	885	93.16%	304	295	97.04%	5,813	5,476	94.20%
01/2007-06/2007	429	402	93.71%	957	905	94.57%	320	312	97.50%	6,099	5,740	94.11%
04/2007-09/2007	391	367	93.86%	914	859	93.98%	312	306	98.08%	5,930	5,579	94.08%
07/2007-12/2007	410	388	94.63%	766	730	95.30%	279	267	95.70%	5,544	5,212	94.01%
10/2007-03/2008	390	369	94.62%	686	630	91.84%	246	229	93.09%	5,317	4,905	92.25%
01/2008-06/2008	379	367	96.83%	746	699	93.70%	223	210	94.17%	5,225	4,842	92.67%
04/2008-09/2008	356	347	97.47%	791	755	95.45%	177	169	95.48%	4,540	4,278	94.23%

Baton Rouge, Covington, and Jefferson Regions were the first areas of the state to implement Structured Decision Making and other Focus on Four strategies in March 2008. The repeat maltreatment rate for Baton Rouge and Covington has declined following implementation, providing hope that these initiatives may be contributing to improved safety outcomes. The Jefferson Region data may be influenced by the post-Katrina decline in child population in 2006. The statewide data reflects some improvement; however, it is too early for statewide data to reflect the effects of statewide implementation.

2. Increased focus on front-end and in home services

As discussed in Items 3, 17 and 35 increased focus on front-end and in-home services.

3. Residential reforms

In the aftermath of Hurricanes Katrina and Rita, numerous resources were made available to Louisiana, both from our federal partners and from private foundations, to explore long-term reform efforts along with the immediate recovery efforts. As a result of that assistance, a Residential Care Subcommittee was formed to develop a process to decrease the number of children in residential treatment facilities and in emergency shelter care. Interviews began in FY 2007 and ended in 2008, and with record reviews and the interviews a reduction in residential placement followed. In late 2008, the focus of the effort changed to the Residential Treatment System of Care Reform Project, and the residential review work, interviews and staffing of cases ceased. Children placed in facilities in the northern part of the state were not interviewed.

A Louisiana Residential Review Commission was formed in 2008 which produced "*A Blueprint for Transformation and Change: in Louisiana's Residential Programs*". OCS will continue to work with the Casey Foundation and others to examine treatment plans and modalities so that residential providers may begin to use evidence-based short-term interventions with demonstrated positive outcomes. Act 388 mandates state central registry screening of current and prospective child care facility staff and volunteers.

Office of Juvenile Justice implemented performance based residential care contracts within the past year. Additionally, services for prevention and diversion services have been expanded to assist youth in their communities.

4. Many very young children being referred to the system: More than half (52% in 2008) of the new entries into foster care in Louisiana are under age 6, compared with approximately 42% of new entries nationwide. As of 2006, state law requires the reporting of substance exposed newborns and infants to child protection and the development of plans of safe care. As noted, eighty-eight percent of all child abuse and neglect fatality victims in 2008 were age 5 and younger.

5. Increasing number of children placed with relatives

From 2003-2009, the number of children in care with relatives has increased from approximately 20% (848 of 4,253 children) to 31% (1,471 of 4,731 children) of all foster care placements. Of those placements, approximately 28% (410 children) are in certified foster home placements and the remaining 72% (1065 children) are in non-certified foster homes. There were also revisions to Louisiana law in 2006 requiring the development of safety agreements with relatives and court approval when necessary to assure safety of children.

6. Economic downturn decreasing family and community resources

Due to a decline in state and federal revenues to support child welfare services, funding to support regional Family Resource Centers was cut by 37% in state fiscal year 2008-2009. The unemployment rate in Louisiana has risen close to 3 ½% in the last year. Foundations and other supporters of community based services are scaling back support as their donations and funds shrink.

7. Crisis Case Reviews

Crisis Case Reviews were implemented in December 2008 to:

- learn more about child deaths in Louisiana;

- continually monitor the agency's policy and practice in order to help prevent future child abuse/neglect fatalities whenever possible; and
- respond to critical crises in case situations.

In addition, the reviews:

- examine the agency's prior actions in the case;
- provide support and reassurance to staff;
- identify issues for further consideration involving policy, training, staffing patterns, resource needs, the impact of community systems on the agency; and
- examine other extenuating circumstances which may have affected the agency response to the situation.

The Crisis Case Review Team in OCS State Office will activate and dispatch a Case Crisis Review Team during a critical crisis in a case. Crisis Case Reviews are mandatory for certain cases and optional for other cases. Crisis Case Reviews are mandatory for these cases:

- a. Fatality/Near-Fatality alleging abuse/neglect of a child in a family with an active OCS case;
- b. Fatality/Near-Fatality alleging abuse/neglect of a child in a family in cases closed within the last 12 months; or
- c. Fatality/Near-Fatality alleging abuse/neglect of a foster child.

Crisis Case Reviews are optional for these cases::

- a. Serious abuse/neglect in a child care facility/foster home;
- b. Fatality/Near-Fatality alleging abuse/neglect of a child in a family, if there has been an active OCS case prior to the last 24 months;
- c. Death of a foster child; or
- d. Other case situations as appropriate.

Internal Child Fatality Reviews are also conducted of some fatalities and near fatalities involving families who are currently or have been involved with the agency within the past year. Reviews may be on a Regional or State Office level and usually include representatives from State Office CPI and Field Services as well as a District Manager or Regional Program Specialist from a non-involved region. The Review includes detailed case record reviews as well as interviews with involved workers, supervisors and district managers to assess the incident as well as prior services provided by the agency. Information gathered during the review is used to make recommendations for changes in policy or practice. CPI/AR – Families with a substance exposed newborn are not suited for the Alternative Response program but rather warrant an investigation.

Family Services

- Better utilization of past agency history of the family in assessing the needs and concerns of the family
- Better knowledge of effective intervention with substance abusing parents
- Improve skills in using medical professionals to guide case decisions and services
- Increase the use of collaterals as part of the validation of case progress
- Increase services to and involvement of other adults in the home or other adults with involvement with the children
- Implement practice guidelines for extending cases in which a parent is pregnant or has recently given birth to provide additional supports during increased periods of stress

Strengths and Promising Practices:

There have been a number of services that have had an impact on practice. They are as follows:

- Implementation of (Structured Decision Making) SDM. This new tool is utilized statewide by child welfare staff. It is used throughout the life of a case and provides a consistent and largely objective methodology of assessing risk in families that can improve communication and decision making between workers and supervisors which is the strength of the process. The risk re-assessment provides guidance to help staff know when to safely terminate services or intensify interventions. The challenges lie in ensuring rater reliability of the assessment and how to use its outcomes. Consultation and technical assistance has and continue to be given to parishes which continue to struggle. The tool is now being used in the CPI, Family Services, and Foster Care programs.
- High Risk Infant Strategies

- Implementation of evidence based and evidence informed practices such as IHBS, MST, NPP, and Visit Coaching provide services with some evidence of success on key areas of need in families; Implementation of Alternative Response Family Assessment to focus short term intervention for low risk families;
- Improved availability of community based services such as substance abuse assessment and treatment, protective daycare, and evidence based parenting through the family resource centers; including analysis of agency policies and practices regarding services to families with young children and collaboration with DHH, Bright Start, etc. to develop multi-systems approach to support these families.
- Implementation of Centralized Intake is anticipated to streamline the intake process and improve consistency in screening reports for appropriate response (assessment vs. investigation) and improve response time.
- OCS is currently developing and will issue in early 2010 a Request for Proposal (RFP) for residential and therapeutic foster homes based on levels of care. In late 2009, a review instrument developed by Cuyahoga County Children and Family Services (Cleveland, Ohio) was utilized for all children residing in specialized foster homes, residential facilities, emergency shelters, supervised apartments, and psychiatric hospitals. The instrument addresses the areas of behavior, health, and development and assigns a recommended level of placement needed for each child. The information obtained in this process assisted the agency in identifying the types of placements needed for future planning and in the development of the RFP.

Barriers:

- * Relative inexperience of front-line staff and supervisors
- * Need to enhance clinical competencies of staff – e.g. there are no LCSW's currently doing direct practice work in FS; less than half of FS staff has BSW or MSW degrees
- * Agency capacity to meet case visitation expectations based on assigned SDM risk level
- * Resources to support staff training, supervision, and support, and on-going implementation and fidelity for evidence based programs such as SDM, IHBS, and MST.
- * Need to improve uniform application of Alternative Response Family Assessment to appropriate cases statewide.
- * Impact of economic downturn has reduced funding sources for community resources to support children and families

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

This is an area in need of improvement. While Louisiana exceeded the national performance standard for Permanency Composite 1 – Timeliness and Permanency of Reunification and Permanency Composite 2 – Timeliness of Adoptions, it underperformed the national standard for Permanency Composite 3 – Permanency for Children and Youth in Foster Care for Long Periods of Time and Permanency Composite 4 – Placement Stability. Only 1 of the 6 items, namely Item 5 – Foster Care Re-entries, relating to this outcome was determined to be a strength in more than 95% of the cases reviewed in the latest round of Louisiana’s Peer Case Review process.

This was an area in need of improvement in CFSR Round 1. FFY 2001 data indicated that Louisiana did not meet the national standards for the percentage of children achieving reunification within 12 months of entry into foster care, percentage of children achieving a finalized adoption within 24 months of entry into foster care, or the percentage of children in foster care for 12 months or less who experience no more than 2 placement settings. However, Louisiana did meet the national standard for the percentage of children entering foster care who were re-entering within 12 months of discharge from a prior foster care episode. A key finding from the on-site was that Louisiana was not consistent in its efforts to establish appropriate permanency goals in a timely manner. The on-site review as well as the state data profile also indicated that Louisiana did not always make concerted efforts to achieve finalized adoptions in a timely manner.

In focus groups, children and youth expressed that there is not much stability when taken into state care due to movement from one home to another for various reasons as well as movement from school to school. Foster Parents also expressed concerns relating to the movement of children and the lack of transition from one placement to another.

Key Strengths and Promising Practices

- Low FC Re-entry remains a long-standing strength for Louisiana.
- The percentage of children reunified with their parents or relatives has increased significantly since CFSR Round 1 with close to 75% of children being reunified in FFY 2008 compared with 56% in CFSR Round 1.
- Louisiana dramatically improved its performance on timeliness of adoptions within 24 months in FFY 2008 compared with FFY 2001.
- Louisiana has invested substantial time and resources in improving system response to older youth in care which is reflected in improved performance.
- Effective Assessment, Case Planning, and Visits continue to be an agency focus and are a promising practice for the future.

Key Barriers and Opportunities for Improvement

- Although more children are being safely reunified with their parents or relatives, timeliness of reunification appears to be declining and is below the approximated national performance standard.
- Stability of foster care placements is a concern expressed by children, youth, and foster parents and reinforced by Louisiana’s performance on Permanency Composite 4 – Placement Stability.
- As indicated by Louisiana’s performance on Permanency Composite 3 – Permanency for Children and Youth in Foster Care for Long Periods of Time, there is a need to analyze why children are remaining in foster care for long periods of time and to develop strategies for

moving children to permanency when appropriate and limiting the number of children growing up in foster care without a permanent placement or connection. Shortage of trained, experienced child welfare staff due to high agency staff turnover is a key barrier. Increasing Louisiana's capacity to recruit, train, support, and retain highly qualified child welfare staff, foster parents, and providers is a key opportunity for improvement.

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

Item 5: Foster care re-entries. *How effective is the agency in preventing multiple entries of children into foster care?*

Louisiana has demonstrated strong performance in this area for a long period of time.

Policy:

All program staff are responsible for making initial and ongoing assessments of the family's needs and arranging for or providing all available indicated services. Several new policies, processes, and tools support the agency's goal to prevent re-entry into foster care, including the Louisiana Abuse/Neglect Recurrence Screening Protocol implemented in 2005 as well as the Structured Decision-Making Risk Assessment (SDM) and the Assessment of Family Functioning (AFF). The Louisiana Abuse/Neglect Recurrence Screening Protocol assists staff with identifying and making recommendations in cases reflecting factors more likely to lead to recurrence. Structured Decision Making and Assessment of Family Functioning are more fully described in the Overview.

A team approach through Family Team Conferences and agency staffings are used to identify child and family needs and provide services. The engagement of the parent/caregiver is critical in the development and implementation of the case plan. The agency utilizes supportive services to assist in preventing entry/re-entry into foster care. The primary purpose of all supportive services is to respect and support the integrity of the child's family unit; prevent removal of a child from the family/caretaker; and allow for reunification or a permanent home.

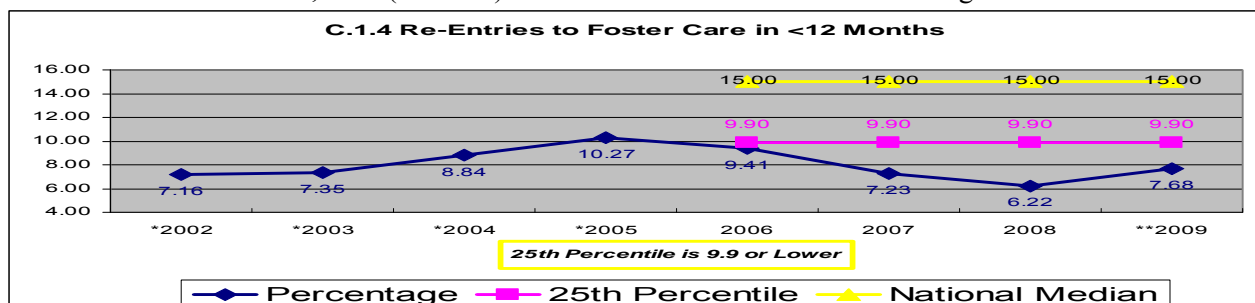
Trial placements in the home may be provided to facilitate a smooth transition and stable placement. Trial placements are thirty days in duration with on-going supervision provided for up to three months after custody is transferred. The court must approve all permanent placements. If return to foster care becomes necessary, the agency reviews the child's prior placement as a possible placement and, if there are siblings in out of home care, consideration is given to placement in the same home.

Performance in CFSR Round 1:

This was an area of strength for Louisiana in CFSR Round 1. Louisiana's foster care re-entry rate within 12 months of a prior foster care episode was 7.8%, which outperformed the national data indicator standard of 8.6% or less. Foster care re-entries were also determined to be a strength in 100% (4 out of 4 applicable cases) of the cases reviewed in the 2003 CFSR on-site review process. Most children experiencing foster care re-entries were those who had been discharged to their parents or to non-parent relatives, not as a result of discharges to adoption. At the time, there was some concern that, as the rate of foster care discharges increased (which appeared to be the trend), the foster care re-entry rate would increase.

Evaluative Assessment of Performance:

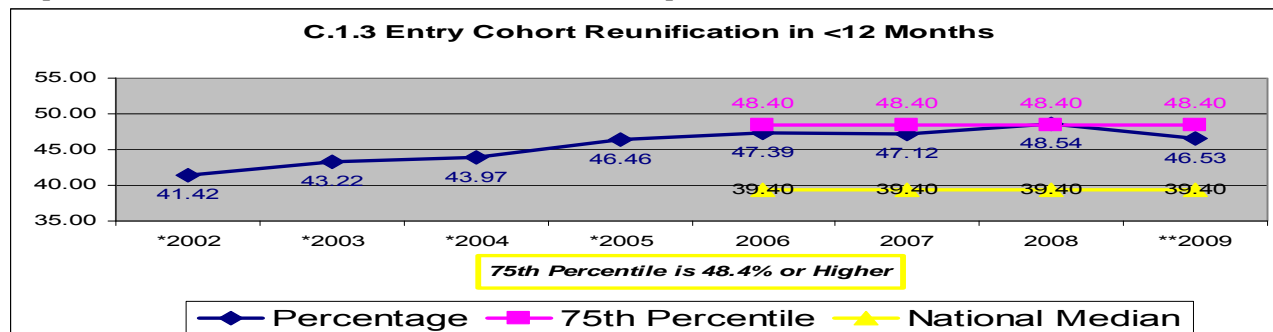
This remains an area of strength for Louisiana. Louisiana's rate of re-entry into foster care as measured by national data indicator C1.4 Re-entries into Foster Care in Less than 12 Months and reflected in the Louisiana state data profile is low at 6.7% in FFY 2008 and 7.9% in FFY 2007, significantly outperforming the current approximated national performance standard of 9.9% or lower. FFY 2009 data of 8.4% indicates Louisiana is continuing to outperform the approximated national performance standard, though by a smaller margin. In the 2007-2009 round of PCR, 98% (41 of 42) of cases were determined to be a strength for this item.



Louisiana has demonstrated strength in this area for a sustained period of time. Child welfare data from Louisiana's Webfocus system reflected in the trend graph above illustrates Louisiana has outperformed the approximated national performance standard for 9 out of the last 10 years. As reflected in the graph below, Louisiana has also shown steady improvement over time in facilitating children's timely reunification with their families. Louisiana will be closely monitoring the trend in the opposite direction on both charts reflected in the preliminary FFY 2009 data. Any correlation between re-entry and reunification rates is not clear. Please note these charts are based on data from DSS/OCS child welfare only and thus will differ slightly from data in the Louisiana Data Profile for CFSR Round 2 which also includes OJJ case data.

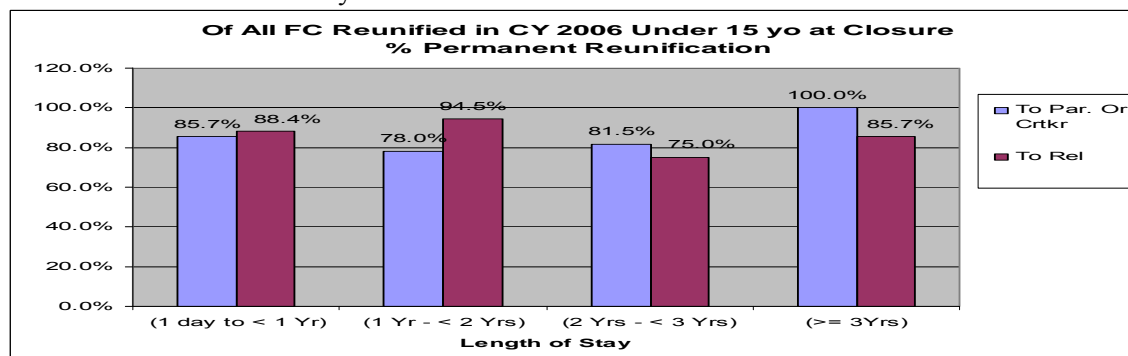
Over the last 10 years, the largest number of foster care exits occurred in FFY's 2008 (3514) and 2009 (3532) with exits exceeding entries by approximately 300 cases in FFY 2008 and 100 cases in FFY 2009. Entries exceeded exits for the previous 3 FFY's in range of 143-432 children each year. The increase in FC re-entries in FFY 2009 may be related to these trends.

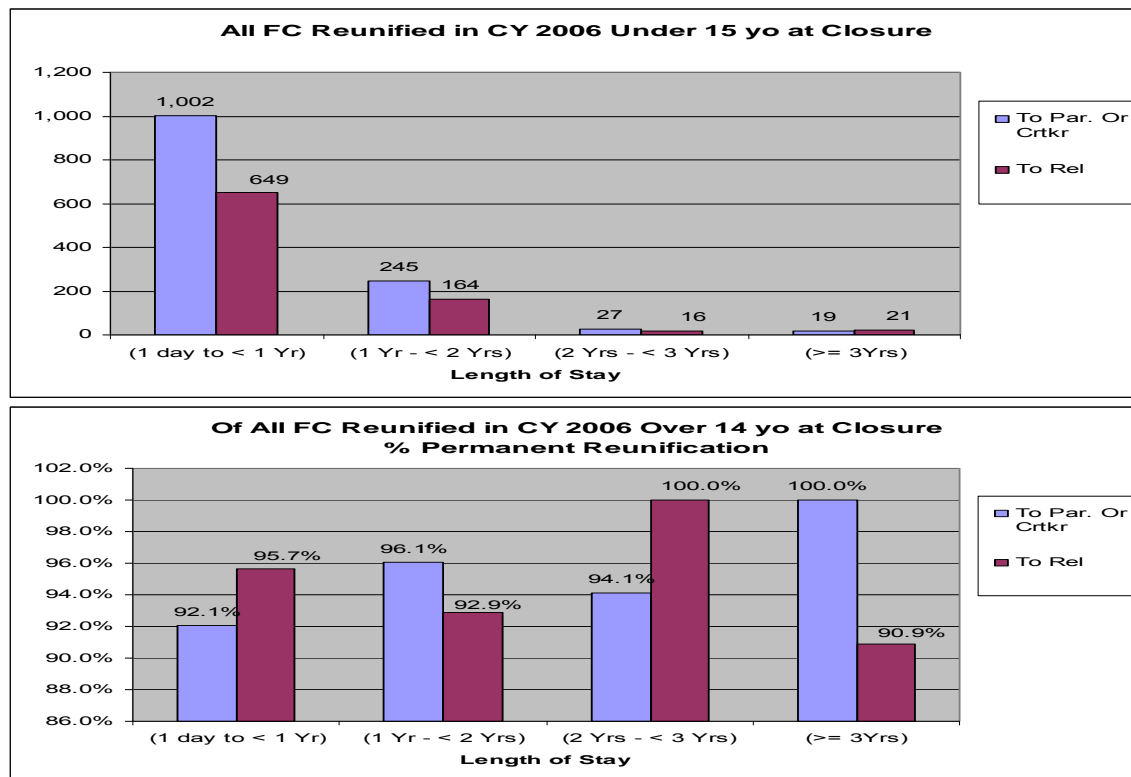
Most children who re-enter foster care were living with their parents or relatives. Re-entries following adoption are not common. Parental substance abuse relapse is a common reason children return to foster care.



There is also a higher likelihood of children returning to foster care when the child has had interaction with the juvenile justice system or mental or behavioral health issues that the caregiver is unable to effectively manage. In these cases, caregivers may need additional community based supports to effectively meet the child's needs and maintain placement. In appropriate cases, Multi-Systemic Therapy may be provided to the child and family to stabilize placement and to facilitate connections with community based services that will be available to continue to support the family when the agency is no longer involved.

The charts below summarize re-entry data for children reunified in calendar year 2006. Overall, children under 15 years old exiting to care with relatives were less likely to re-enter care than children exiting to care with their parent/caregiver when the children had been in care for less than 24 months. Interestingly, children exiting to care with relatives were more likely to re-enter care when the children had been in care for 24 months or more. It is important to note however that the number of children in care for more than 24 months was very small. For children 15 years old or older, the children exiting to care with relatives were also less likely to re-enter care when the children had been in care for less than 12 months. There were varying patterns seen for children in care for more than 12 months. Again, however, the number of children in care for more than 12 months was relatively small.





Strengths and Promising Practices:

Staff are encouraged to support reunification and work toward permanency goals with families from the very first contact. Safety assessment and SDM are completed at initial case acceptance and quarterly thereafter. Ongoing review of safety and risk along with effective utilization of AFF and the case planning process help guide staff and parents toward an appropriate permanency goal for the child. Prevention Specialists are available in each region to assist staff in effective utilization of the new SDM and AFF/case planning tools.

A potential promising practice is Visit Coaching, a collaboration between the Family Resource Centers and the agency. Visit Coaching includes a parenting class module and seeks to empower parents to build upon strengths in meeting the needs of their children, focusing on four key principles: empowerment, empathy, responsiveness and active parenting. Through NRC T/TA, Visit Coaching training was provided to representatives of all Family Resource Centers in late Fall 2009. There are currently 11 Family Resource Centers serving all Louisiana parishes (see chart in Appendix). Given its recent start, Visit Coaching has currently been provided only on a limited basis through each of these Centers.

Barriers:

Staff report that the AFF and SDM tools are challenging to implement. Staff, providers, and courts have reported the AFF case plan is long and difficult to follow. Staff also report it is difficult to enter and access the case plan in the Family Assessment Tracking System (FATS). Staff also struggle to meet the visitation standards required by SDM.

Item 6: Stability of Foster Care Placement: *How effective is the agency in providing placement stability for children in foster care (that is, minimizing placement changes for children in foster care)?*

This is an on-going area of improvement in Louisiana.

Policy:

Staff are expected make initial and on-going assessments of child and family needs and make every reasonable effort to provide or arrange for services, including support services to relatives and foster parents, to minimize the number of placements a child experiences while in foster care. Whenever a placement is at risk of disrupting, policy requires that an intervention or preservation staffing be held to support placement. IHBS,

MST, and other services may be provided as appropriate. For Native American children, placement must take place in accordance with the Indian Child Welfare Act, with notification to the tribe whenever a placement change is considered. As with the agency, private child placing providers are proactive in seeking to minimize placement disruptions.

For children in residential facilities, quarterly residential treatment staffings are held to determine resources that the child may need to meet permanency goals and to maintain or step down to a less restrictive placement. When indicated, cross-agency Interagency Service Coordination (ISC) meetings are convened to facilitate the provision of needed services to the children and parents. As with placements in foster homes, preservation staffings are held when a placement is at risk of disruption. Agency state office staff also facilitate contacts with the courts, field staff, and provider agencies to maintain and preserve placements and may grant approval for additional staff to support youth in crisis situations.

Performance in CFSR Round 1:

This was an area in need of improvement for Louisiana in CFSR Round 1. Louisiana's performance of 83.3% on the 2001 national placement stability indicator fell below the national standard of 86.7% or higher. In the 2003 on-site review, 90% or 27 of 30 applicable cases were determined to be a strength.

The PIP identified two action steps to improve performance: (1) Increase support to foster parents through improved communication; and (2) Develop and implement a Resource Family Home System. Following Hurricanes Katrina and Rita in 2005, the PIP improvement goal for placement stability was re-negotiated and determined to have been met based on FFY 2005 data.

Evaluative Assessment of Performance:

This remains an area in need of improvement in Louisiana. The hurricanes were a de-stabilizing influence but also brought opportunities for improving foster parent recruitment and retention efforts, on-going family connections, and reductions in residential placements through the assistance of the Annie E. Casey Foundation and the National Child Welfare Resource Center Network.

There were some changes in the federal measures for placement stability between CFSR Round 1 to Round 2. In Round 2, only children in care for more than 8 days were included in calculating the percentage of children in care for less than 12 months with 2 or fewer placement settings. Further, two additional measures were added examining the percentage of children in care for 12-24 months and children in care 24+ months with two or fewer placement settings. Louisiana's performance on these measures for FFY's 2006-2008 are summarized in the chart below. These 3 measures together comprise Permanency Composite 4: Placement Stability in CFSR Round 2.

	FFY 2006	FFY 2007	FFY 2008	FFY 2009 (prelimin.)
Two or fewer placement settings for children in care for less than 12 months (75 th percentile = 86% or higher)	81.1%	80.2	79.1	77.7
Two or fewer placement settings for children in care for 12 months to 24 months (75 th percentile = 65.4 % or higher)	55.7%	52.3	54.4	54.3
Two or fewer placement settings for children in care for 24 months and over (75 th percentile = 41.8% or higher)	28.2%	28.5	28.3	28.3

Louisiana's performance on Permanency Composite 4, Placement stability was 86.4 in FFY 2008, which is significantly below the national performance standard of 101.5 or higher. Louisiana's FFY 2007 performance was identical to FFY 2008 performance. Louisiana's performance in FFY 2006 was slightly higher at 88.1%. On the three measures comprising Permanency Composite 4, Louisiana's performance on placement stability for children in care for less than 12 months declined from 2006-2008. Preliminary FFY 2009 data of 77.7% is consistent with the declining trend. Louisiana's performance on the second of the three measures, placement stability for children in care for 12-24 months, appears somewhat erratic, alternately increasing and decreasing, with the exception of preliminary FFY 2009 data being consistent with FFY 2008. Louisiana's performance on the third measure, placement stability for children in care for 24 months or more appears relatively stable between FFYs 2006-2009.

In the 2007-2009 round of PCR, 85% (153 cases) of cases were determined to be a strength and 15% (28 cases) were rated an area needing improvement.

Point-In-Time Permanency Profile data indicate the overall number of children in foster care was increasing between FFY's 2006-2008 (from 4,697 to 5,184 children) while the number of admissions each year was decreasing (from 3,962 to 3,384 children). Preliminary FFY 2009 data reflect a reversal of these trends with the overall number of children in foster care decreasing to 4,584 children while the number of admissions increased to 3,586 children. The highest number of admissions into foster care in Louisiana in 10 years occurred in FFY 2006 when 3,717 children entered care. The number of discharges decreased by approximately 80 children in FFY 2007 and increased by approximately 158 and 194 children in FFYs 2008 and 2009 respectively. In FFYs 2008 and 2009, exits exceeded admissions by approximately 82 and 74 children respectively. The highest number of exits from foster care in Louisiana in 10 years occurred in FFY 2009.

Point in Time Permanency Profile data from FFYs 2001 and 2008 indicate the percentage of children with two or fewer placement settings in the current foster care episode was consistent at 57.6% of children in FFY 2008 (2,941 children) and 57.8% of children in FFY 2001 (2,904 children). In other words, close to 60% of the children in foster care at the end of FFYs 2008 and 2001 in Louisiana had 2 or fewer placements. The percentage of children with 6 or more placements settings was also relatively consistent between FFYs 2008 and 2001 at 13.9% (711 children) and 14.2% (714 children) of children respectively.

Since CFSR Round 1, the percentage of children placed in relative foster family homes has increased dramatically with approximately 22% of children being placed with relatives in FFY 2008 compared with approximately 10% of children in FFY 2001. Between FFYs 2006-2008, the percentage of children placed with relatives was relatively stable. Children placed in relative foster homes are eligible for all services provided to foster children. Relative caregivers must be certified foster parents in order to be eligible for foster care board payments.

According to stakeholders, factors contributing to placement disruptions include inadequate information relating to the specific needs of children, particularly at time of placement; need for greater training and supports for addressing the complex developmental, behavioral, educational, and other needs of the children entering care; and the need for more effective communication and participation in case planning and decision making processes. Foster parents indicated support and visitation by agency staff is helpful in managing difficult behavior and maintaining children in their home. Some foster parents reported difficulties in maintaining regular contact with agency staff. Foster parents and child advocates noted the need for additional foster parent training and support. Children and youth spoke of the positive effects of therapeutic intervention and reported that therapists helped them to deal with stress, anger and sadness. Children and youth have reported that OCS workers and family members are supportive. Youth noted the need for greater awareness and training of foster parents and workers on the unique needs of older youth. Child advocates reported interagency collaboration, such as multidisciplinary teams and interagency coordinating councils, were a positive factor in addressing the needs of children. Foster parents are invited to participate in family team conferences and administrative reviews along with the children and families. The impact of this practice on placement stability has not been assessed.

Strengths and Promising Practices:

Louisiana's effectiveness in placing children in close proximity to their parents and home communities and with siblings whenever appropriate as well as in preserving connections are strengths that aid in stability of foster care placement. The Geographic Information System (GIS) tool is a related promising practice that can assist in facilitating placement stability by assisting staff in locating placements and other needed services and supports in close proximity to the child's biological parents, school, medical providers and community.

Dual certification of families as foster and adoptive families is a strength, as is the potential to supplement regular board payments with additional payments based on the special needs of children placed in the home. Foster parents received a rate increase in July 2008.

Expansion of the array of intensive in-home services, including IHBS and Multi Systemic Therapy (MST) are also strengths. In 2007, there were 16 families and 25 children served by IHBS in an effort to stabilize children's placements. In 2008, there were 36 families and 68 children served. From January 1, 2007 through March 31, 2008, 41 youth in foster care or recently reunified with their families were provided MST services. MST service availability continues to expand in Louisiana, becoming eligible for Medicaid reimbursement in December 2008.

Effective assessment and case planning utilizing the AFF, residential assessment, and other evidence based tools are a promising practice for assuring that child and family needs are addressed and placement stability is supported. Likewise, consistent, quality visits with the child and family in the foster home is a promising practice for facilitating effective needs assessment, communication, and support. The agency is setting targets for incrementally increasing the percentage of monthly visits by the caseworker with the child in the foster home and developing strategies for improving staff understanding and documentation of quality visits.

The semi-annual support visits by home development staff offer another opportunity to provide support to foster parents and address any concerns. The engagement of foster families in supporting youth in developing Youth in Transition Plans is also a promising practice in effectively meeting youth's needs within the family.

Louisiana's implementation of a Guardianship Subsidy Program in FFY 2010 pursuant to the federal Fostering Connections to Success and Increasing Adoptions Act is a promising practice for providing better financial and other supports to kinship families that allow children to be safely placed and maintained in the home.

Continued focus on developing more collaborative relationships with providers and other stakeholders within the communities is also a promising practice. Following CFSR Round 1, Louisiana developed a program to maintain stable placements called the Home Development Support Campaign. This campaign included development and distribution of inspirational posters focused on supporting foster parents, trainings provided on the top 10 ways staff and others could support foster parents, and the change in policy implementing increased Home Development staff contacts with foster parents. Relatedly, the agency in partnership with providers is moving toward a continuum of foster and residential care within each of the nine regions to support meeting the treatment and placement needs of children within their own communities with minimal moves whenever possible.

Barriers:

Louisiana's capacity to recruit, train, support, and retain highly qualified child welfare staff, foster parents, and providers is a barrier and an opportunity for improving performance on stability of placement. The need to continue to improve effective assessment and case planning skills and processes as well as to partner with foster families, relative caregivers, residential providers, schools, and communities in providing an array of services matched to child and family needs is a critical opportunity for improvement.

The decline in federal and state revenues leading to a reduction in support to family resource centers, including elimination of respite services, is a barrier as well as an opportunity for improvement as Louisiana strives to provide these services and supports through other means. The need for greater community mental health and other wrap-around services for children, youth, and families with complex needs is also a potential barrier.

The number of relatives and family members with negative criminal records clearances has also been identified as a barrier where children are initially placed with the relative caregiver while awaiting the criminal history clearance. The unavailability of kinship care assistance to non-certified relative caregivers has also been a potential barrier to greater placement stability.

Concerns have also been expressed regarding the early identification of Native American children. Agency policy requires that ethnic/racial categories be included on the CPI intake form. Sometimes workers may not pursue knowledge of Native American heritage with enough vigor and these categories do not get completed. Also, parents sometimes withhold Native American status from the agency and the courts (sometimes they later say that they don't want the tribe to know about OCS involvement) until the termination of parental rights process begins.

Item 7: Permanency Goal for Child. *How effective is the agency in determining the appropriate permanency goals for children on a timely basis when they enter foster care?*

Louisiana is generally effective in determining appropriate permanency goals for children. However, some challenges remain in assuring effective engagement of children and families in the case planning process and effecting changes in goals within a timeframe consistent with achieving Adoption and Safe Families Act objectives.

Policy:

The State's policy requirements regarding the permanency goal for a child is to provide a permanency plan to all families who are subject to an ongoing services case with Child Protection Services (CPS). Each child is assigned a permanency goal based on the circumstances necessitating child protection services, the child's needs for permanency and stability, and the Adoption and Safe Families Act requirements, including seeking TPR for those children in foster care for 15 of the most recent 22 months or for whom immediate termination is warranted consistent with state law. Reunification is most often the first permanency goal for a child entering care. The agency pursues reunification with a parent or primary caretaker until another plan is agreed upon and will continue to offer services to the parent related to the goal of reunification until the parent's legal status in relation to the child has changed. On a case by case basis, efforts to place a child for adoption or other permanent plan may be made concurrently with efforts to reunify when this is the most appropriate approach for the child.

Staff make efforts to place children with families who can provide permanent placements for them should they be unable to return to their parents' custody. This includes placing children with relatives who are willing to adopt or accept custody instead of providing short term care. Children who are not placed with relatives but are at risk of not being returned to their parents, are to be placed with foster parents who are dually certified as foster and adoptive parents and willing to adopt the child.

The case planning process is used to structure and document the ongoing efforts by agency staff, parents and others to work purposefully and in a timely manner to achieve permanency goals. A Family Team Conference (FTC) shall be held within 30 days of the date the child enters agency custody in order for a timely, and appropriate case plan to be filed with the court. Family Team Conferences are held every six months thereafter or more frequently as needed to assure the case plan is timely and appropriate. The case plan shall be updated and filed with the court at least ten days prior to every six month review hearing and whenever interim changes are made. Louisiana Children's Code (Ch. C.) Article 677 requires the court to render an order approving the case plan or give specific written reasons for finding that the plan does not protect the health and safety of the child or is otherwise not in the best interest of the child. Please see systemic factor Case Review System for a more detailed discussion of the case planning and review process for the agency and the court, including specific timeframes for on-going review and updating of the case plan. The AFF and Family Team Conference processes are designed to facilitate the development of timely and appropriate case plans. Monitoring is provided by agency supervisory oversight and review, court oversight and review, as well as Quality Assurance monitoring.

Please see Item 10 for discussion of restoration of parental rights option that became available in Louisiana in 2008 and allows for permanency placement of a child with his parent(s) following termination of parental rights when it is determined to be in the child's best interest.

Performance in CFSR Round 1:

This was an area in need of improvement for Louisiana in CFSR Round 1. In the 2003 On-Site Review, 20% of applicable cases were determined to be an area in need of improvement. A key concern noted was the finding that the goal of reunification was often maintained for a long period of time despite achievement of the goal appearing unlikely. SFY 2003 PCR findings indicated cases were rated a strength for this item in 85.6% of cases statewide.

Evaluative Assessment of Performance:

This is an area in need of improvement in Louisiana. Current peer case review findings reflect 84% of applicable cases (149 cases) being determined to be a strength for this item and 16% of cases (28) being determined to be an area in need of improvement. On Permanency Composite 3 relating to Permanency for Children and Youth in Foster Care for long periods of time, Louisiana's score of 97.1 under-performed the national performance standard of 121.7. However, Louisiana has demonstrated significant improvement in achieving timely reunification and adoption, out-performing the national performance standard for both Permanency Composites 1 and 2 in FFY 2008.

In FFY 2008, 75.1% of all children had a reunification goal and 16.3% had an adoption goal compared to 54.8% and 27.3% of children respectively having such goals in FFY 2001 data profile.

The ACF Data Profile provides information on reasons for discharge (first time entry cohort) for FFY 2006, 2007, and 2008. Discharge to reunification/relative placement rates are 95%, 95%, and 96.1% respectively. Median lengths of stay in foster care increased for this cohort from 10.6 months in FY 2006 to 11.6 months in FY 2007.

Statewide Quality Assurance data for FFY 2008 indicates initial permanency hearings were held timely and judicial determinations regarding reasonable efforts to reunify the parent and child or to finalize the child's placement in an alternative safe and permanent home were made in approximately 92% of the cases. See further discussion in systemic factor Case Review System.

Surveys conducted in 2004-2005 with judges, OCS workers, and CASAs as part of the 2005 Louisiana Court Improvement Reassessment asked about a number of issues related to court hearings that contribute to permanent, stable homes for children. Several related questions and responses are summarized below:

- When reunification is the approved permanent plan, approximately 40 percent of judges, OCS staff, and CASA's say the judge only "rarely" or "sometimes" specifies a time table for the child's return home.
- Among judges, 20 percent say that they only "rarely" or "sometimes" allow concurrent planning. Among OCS workers and CASA's, the figures are 7 and 10 percent, respectively.
- When reunification is the plan, 25 percent of the judges, 35 percent of OCS, and 41 percent of CASA's say that judges only "rarely" or "sometimes" arrange for gradually phased-in extended visits prior to reunification.

The Court Improvement Program continues to provide technical assistance to courts to implement processes which enhance the speed and quality of permanency reviews. Some courts have expressed concerns regarding the relative lack of preparation and specialized knowledge and experience possessed by assistant district attorneys providing representation on behalf of the state in child protection cases. This issue was documented in the Court Improvement Program Assessment and Re-Assessment. The lack of specialization parallels the fact that Louisiana has multiple courts exercising juvenile jurisdiction throughout the state ranging from specialized juvenile courts focused primarily on child welfare and juvenile delinquency cases to district courts with jurisdiction over criminal, civil, family, and juvenile case matters. City courts also exercise juvenile jurisdiction in certain areas of the state as agreed upon by the court and local district court. The Court Improvement Program is leading efforts to address this concern.

Strengths and Promising Practices:

- Clear practice shift toward reunification with parents/relatives since CFSR Round 1.
- Focus on Four implementation.
- Utilization of Structured Decision Making Reunification tool.
- Courts can utilize the Integrated Juvenile Justice Information System to monitor and assure permanency decision-making is occurring in a timely manner.

- Implementation of guardianship subsidy program pursuant to the federal Fostering Connections to Success and Increasing Adoptions Act of 2008.

Barriers:

- Engagement of youth and parents in case plan development and implementation, including active participation in the Family Team Conference and court processes as appropriate. See discussion in Item 18.
- Need for greater specialization and adherence to best practice standards by attorneys providing legal representation in child protection cases. Louisiana has taken significant strides forward in this area since CFSR Round 1 but additional work remains.
- Courts reluctant to change goal from reunification even when ASFA time in care requirement has been met and parents have not made significant progress in reducing risks. This issue varies from jurisdiction to jurisdiction. Courts generally express support for concurrent planning. The agency works with the agency attorney, child's attorney, and parent's attorney to determine the most appropriate case plan for the child and family. Support and reinforcement of practices, including concurrent planning, that inform and expedite decision-making relating to changes in goals are potential opportunities for improvement for the agency and courts.

Item 8: Reunification, Guardianship or Permanent Placement with Relatives. *How effective is the agency in helping children in foster care return safely to their families when appropriate?*

Close to 75% of children currently exiting care in Louisiana are reunified with parents or placed with relatives compared to 56% of children in CFSR Round 1. Louisiana's foster care re-entry rate is also very low. However, the timeliness of reunification is declining and falls below the national performance standard.

Policy:

DSS/OCS promotes Reunification, Guardianship and Permanent Placement with Relatives as an alternative to foster care. Family reunification is the initial permanency goal upon removal of a child, in most cases. To ensure children's safety, well being and permanency, the agency assesses factors that impact the ability of parents and relatives to provide care, protection and enhance healthy development. These factors include: parenting skills, mental health, family and marital functioning, home environment, and social support networks. To ensure a safe and successful family reunification, the agency facilitates a permanency planning process with families to promote stability and permanency. Families participate in an individualized, strengths-based, family-focused, culturally responsive assessment that includes service and permanency plan development. This process identifies resources that can increase service participation and support the achievement of agreed upon goals. Through the implementation of concurrent planning, the agency can determine: early assessment of the potential for reunification; full disclosure of options, expectations, and timeliness; early identification of potential family resources; early placement with a permanent family resource, and counseling for parents about relinquishment when reunification seems unlikely. If reunification is not successful within the time frames identified in federal and state law, then adoption or guardianship (transfer of custody by the court) may be considered.

Performance in CFSR Round 1:

This was an area in need of improvement in CFSR Round 1 based on Louisiana's performance on the national data indicator relating to the percentage of reunifications occurring within 12 months of a child's entry into foster care. Based on FFY 2001 data, 65% of children were reunified with the parents or caretakers within 12 months in Louisiana compared to the national performance standard of 76.2% or more of children. This was in contrast to the onsite review in which, in 100 percent of the applicable cases, reviewers determined that the agency had made or was making concerted efforts to achieve the permanency goal of reunification or permanent placement with relatives in a timely manner. There was evidence to suggest that the difference in findings could be attributed to the fact that physical reunifications often took place before "legal" reunifications either because caseworkers or agency attorneys did not complete the necessary paperwork for case closure in a timely manner or because the State had maintained custody for a short period of time to ensure provision of post-reunification services.

Three action steps were identified for improving performance on this item in the original PIP:

- (1) Expand utilization of currently available resources and services to achieve and support permanency.
- (2) Explore expansion of resources and services for families to achieve permanency.
- (3) Clarify court/legal issues to reduce barriers to permanency within 12 months.

Ten of eleven benchmarks relating to these action steps were achieved prior to re-negotiation of Louisiana's PIP following Hurricanes Katrina and Rita in 2005. Louisiana met its re-negotiated PIP improvement goal based on FFY 2005 performance on percentage of reunifications within 12 months being at 71.1%.

Evaluative Assessment of Performance: This remains an area in need of improvement in Louisiana. In FFY 2008, 65.3% of children in Louisiana exited to reunification in less than 12 months. This percentage has been on a declining trend since FFY 2006 and is comparable to Louisiana's performance in FFY 2001. Preliminary FFY 2009 data suggests the percentage is increasing slightly upward. The median months to permanency for children exiting to reunification in FFY 2008 was 9.6 months, which significantly underperforms the approximated national performance standard of 5.4 months or lower. Louisiana's performance on this measure has also been on a declining trend since FFY 2006. Again, preliminary FFY 2009 data reflects slight improvement. On the final measure relating to timeliness of reunification, Louisiana's performance on entry cohort reunification in less than 12 months declined from FFY 2006-2008 to 45.7% of children and did not meet the approximated national performance standard of 48.4% of children any of the three years. Preliminary FFY 2009 data reflects some improvement. Relatedly, findings from the latest round of Peer Case Review from 2007-2009 found Item 8 to be a strength in 88% (67 of 76 cases) of applicable cases.

In FFY 2008, 75.1% of children had a reunification goal compared with 54.8% of children in FFY 2001. Similarly, in FFY 2008, 72% of discharges from foster care were to reunification compared with 56% of discharges in FFY 2001. The percentage of children placed with relatives has more than doubled since FFY 2001 when 10.4% of children were placed in relative foster family homes compared to FFY 2008 when 21.6% of children were placed in relative foster family homes. Exits to reunification include exits to live with relatives.

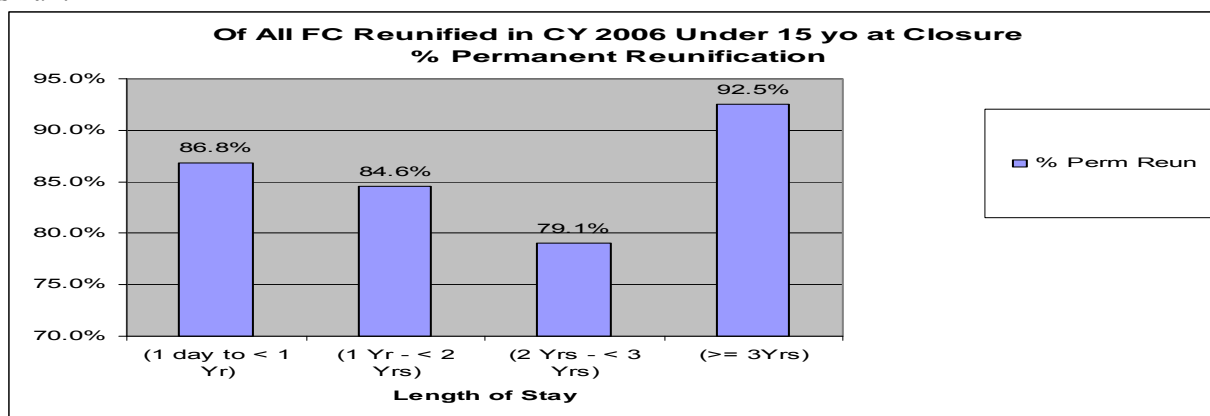
The agency has continued to strive to provide safety and permanency to children through effective case planning and service provision. Intensive work and case management services are offered to families to help them in the return of children to the home when appropriate.

Strengths and Promising Practices:

The permanency plan goal for many of the children in foster care is Reunification. In order to accomplish this goal, DSS/OCS earmarks funds (Reunification Assistance Funds) that can be used for families for purchase of items, such as deposits, rent and utilities. This has proven to be a valuable component in the rehabilitation process so that families can be reunited. Families are also referred to existing community services when appropriate and available.

The State's data indicates that although the time for reunification is longer, permanent reunification is occurring for the majority of children who exit the system. The difference in foster care re-entry rates (i.e. inverse of permanent reunification) is only marginally different for children in care for less than one year than those in care for one to less than two years as per the chart below. Judgments about children in care for longer than two years are more difficult to make because the numbers of children reunified after that time are

small.



Louisiana continues to advance improvements with a goal of achieving the high standard for substantial conformity set by the CFSR. The agency has implemented an array of processes and services to support early and permanent reunification. Unless otherwise noted, these are statewide programs. They are:

- ◆ The Family Team Conference Decision Making Process which in the past has proven to be effective in engaging family members, natural support systems and professionals to develop in-home safety plans or identify relatives for voluntary placement by the parents.
- ◆ Structured Decision Making Risk Assessment System plays a role in safety, permanency, and well-being outcomes by identifying the best use of resources to achieve these goals. The out of home Reunification Assessment integrates a structural assessment of risk, visitation, and safety into a decision of reunification.
- ◆ Family Resource Centers which provide preventive services and parenting enabling families to care for their children safely at home.
- ◆ Implementation of a TANF funded Kinship Care Program (LA-KISS) (March, 2000) to assist relatives caring for a child to receive benefits for a specified period of time. This program is available only in the Greater New Orleans area.
- ◆ DSS/OCS has Intensive Home Based Services contracts which utilize the provision of in-home services with children at risk of removal from their families. These contracts combined with in-home services in two regions of the state support efforts to safely maintain children at home.
- ◆ The Families in Need of Services (FINS) Program utilizes court intervention and court sanctioned interagency collaboration to provide services to at risk youth and their families.
- ◆ Infant Team Program which provides intense services such as infant mental health and treatment for children under the age of six (6) and their caretakers to enhance permanency for children in foster care. This program is currently available only in Orleans and Jefferson Parishes. The Capital Area Human Services District is also implementing a similar program focused on substance exposed infants and families.
- ◆ Zero to Three Program (Orleans Parish Juvenile Court) which is a federally funded pilot program that provides intense services and monitoring to ensure children under 3 years of age achieve permanency quickly. The program partners the judicial system and child welfare agency with community stakeholders and child advocates to provide services to abused and neglected infants and toddlers and their families.
- ◆ LA-YES (Louisiana Youth Enhanced Services) – DSS/OCS has partnered with the LA-YES Consortium which is designed to assist families to improve mental health services for youth between 3 and 21 years old. The program is available only in the Greater New Orleans area.
- ◆ Metropolitan Human Services District: Office for Addictive Disorders provides substance abuse assessments and treatment to OCS clients (children and parents) through drug screening, assessment, referral and drug abuse treatment. The Metropolitan Human Services District is located within New Orleans.
- ◆ The Task Force on Legal Representation in Child Protection Cases facilitates quality legal representation for children and indigent parents in child protection cases.

Barriers:

- Timely submission of court reports and training for child welfare staff on effective presentation in court. This issue relates to agency submission of court reports at least 10 days in advance of case review and permanency hearings as well as training for staff that adequately prepares them for the adversarial court process. Potential factors impairing timely submission include staff workloads, changes in the case related to the dynamic nature of work with children and families, and continued utilization of paper means of submission.
- The need for specialized training in child welfare and clarification of the roles of assistant district attorneys in child protection cases. Agency staff work cooperatively with district attorney offices to prepare and present cases in court. Assistant district attorneys generally represent the State and not the agency and may present independent judgments regarding child welfare cases to the court.
- The need to minimize continuances and implement time-certain scheduling to facilitate timely, effective participation of child protection caseworkers, foster parents, children/youth, and parents in court hearings. Please see systemic factor Case Review for further discussion.

Item 9: Adoption. *How effective is the agency in achieving timely adoption when that is appropriate for a child?*

Louisiana has made significant improvements in this area since CFSR Round 1, including out-performing the national performance standard for Permanency Composite 2: Timeliness of Adoption for FFY's 2007-2009. Between FFY 2001 to FFY 2008, Louisiana's performance on the federal performance measure – Exits to Adoption in Less than 24 Months -- more than doubled, moving from 11.6% of children in 2001 to 23.7% of children in FFY 2008 and 27.7% according to preliminary FFY 2009 data. Louisiana also performed very well on the two new measures relating to Progress Toward Adoption for Children in Foster Care for 17 months or longer, exceeding the approximated national performance standard for both measures in FFY 2008 and 2009. Facilitating timely adoptions amidst daily practice, system, and resource demands, however, remains challenging as documented by PCR findings from 2007-2009.

Policy:

The goal of the Office of Community Services Adoption Program is to provide permanency for children through adoption. The goal of adoption is pursued as a permanent plan when the court of jurisdiction determines the child's family is either unable or unwilling to resume care of the child, and the child's need for safety, permanency, and well being are best achieved through adoption. Foster Care adoption is a permanency option for children who cannot safely return to their biological families.

OCS Adoption Policies 8-100 and 8-205 outline the specific activities to be conducted by specific agency staff toward the goal of achieving a timely adoption for each child with this identified permanency goal. It also outlines interactions for special circumstances, such as when an adoptive family has not been identified for a child. Adoption Policy 8-210 identifies the specific responsibility of the adoption staff once the child is legally freed for adoption and once the case has been transferred to the Adoption Unit. The pre-adoption services to be provided by foster care staff are outlined as well.

It should be noted that neither foster care nor adoption staff act unilaterally in pursuing the adoption of a child. A team approach is an integral part of the adoptive efforts and achievement of a timely adoption. Potential adoptive resources are assessed when a child enters foster care. Efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parents' custody. This process involves placing children with relatives who are willing to adopt or accept custody instead of providing short term care. Whenever possible, children who are not placed with relatives but are at risk of not being returned to their parents, are to be placed with foster parents who are dually certified as foster and adoptive parents and willing to adopt the child.

If a child is not in a potentially adoptive home, the foster care worker shall make efforts, through concurrent planning and child specific recruitment, to identify a family to provide an adoptive home for the child. Efforts to locate a potential adoptive family in order to facilitate an orderly and timely placement, in or out-of-state shall be documented on the CR 8 and also included in the case plan.

The case planning process discussed more fully in systemic factor Case Review is used to structure and document ongoing efforts by staff, parents, and others to achieve permanency for the child. Case conferences are continued throughout the life of the case until reunification with the family is successfully accomplished or it is determined that the permanent goal for the child is adoption. Agency permanency planning staffings are held prior to the 12 month Family Team Conference/Administrative Review and Permanency Hearing or earlier when appropriate. It is recommended that a staff member from the Adoption and Home Development Units be present at these staffings (6-825). This policy further outlines other staffings and conferences conducted by the foster care worker and utilized in planning for the child's permanency goal of adoption, if applicable. The purpose of the staffings is to provide a forum for team discussion, to assess current case goal progress, and to decide the most appropriate permanent goal. Should the goal of adoption be decided at this staffing and the court concurs, assigned staff may then begin the process of legally freeing the child for adoption and formally preparing him for the adoption process. At this staffing, a decision should also be made when to assign Adoption and, if applicable, Home Development staff to prepare/recruit for adoption based on the child's needs. (OCS Adoption Policy 8-220).

In cases where the plan is adoption by the foster parents, the assigned worker is to visit the foster parents within two weeks following the decision to free the child for adoption. At this meeting the worker shall discuss adoption subsidy assistance (financial, medical and legal) that is available, and shall make every effort to answer any questions and supply information regarding pre and post-adoption resources available to the foster parents. If the foster parents do not plan to adopt or a foster parent adoption is contraindicated, the Adoption Specialist shall begin exploring all past caretakers of the child who may have an interest in adoption, as well as relatives and friends of the child and acquaintances, and contacts or friends that the foster parents know or had heard of, who may have expressed an interest. Non-foster parents identified as potential adoptive resources shall be visited as quickly as possible after the date the agency learns of their possible adoptive interest .

Children available for adoption for who no identified adoptive resource has been found within 60 days of being made available for adoption shall be registered on the AdoptUsKids internet site at the same time the child's photographic packet is submitted for inclusion in the LARE photolisting.

Among other tasks, achievement of adoption as a permanent goal involves working with agency legal staff to render the child legally available either via voluntary surrender or involuntary termination of parental rights (TPR). It must be documented that a voluntary surrender is explored with the parent(s) before pursuing termination of parental rights. Though it does not happen very often, Louisiana law does allow the agency to file for immediate involuntary termination of parental rights when parental abuse/neglect is extremely severe. In these cases the agency is excused from pursuing the goal of reunification at any time in the life of the case.

Ongoing assessment and identification of the child's current and future service needs and preparing an adoption subsidy must be completed prior to adoption finalization. Assessment and documentation of the service needs of the child occur throughout the life of the case. The length of time to complete this process varies depending upon the ready availability of the information necessary to complete the subsidy as well as the time required to secure required documents from the prospective adoptive parents and any providers.

Performance in CFSR Round 1:

In CFSR Round 1, this item was rated as an Area Needing Improvement. The FFY 2001 CFSR Data Profile indicated Louisiana's performance on the national data indicator measuring percentage of finalized adoptions achieved within 24 months was 11.6% compared to the national performance standard of 32% or more. In the 2003 on-site review, two (33%) of six applicable cases were determined to be a strength based on the finding that the agency had made concerted efforts to achieve a finalized adoption in a timely manner. In the remaining 4 cases (67%), it was determined that the agency had not taken steps to achieve a finalized adoption in a timely manner and in one case that the goal of adoption was not appropriate because the child was 17 years old and in a stable placement with a relative.

Stakeholders commenting on this item in CFSR Round 1 expressed the opinion that adoptions occur in a timely manner for young children, but not for older children. Most stakeholders reported that most adoption

delays are due to the special needs of children, particularly behavioral disorders. Stakeholders indicated that TPRs in one locality of the State may not be timely because some judges do not agree with TPR and give parents more time to meet their case plan requirements. Stakeholders identified two additional barriers to timely adoptions including Louisiana's forced heirship law and the adoption subsidy rate being only 80% of the foster care board rate.

Four goals identified in the PIP for improving Louisiana's performance included:

- *Initial and ongoing search, assessment, and reassessment of relatives throughout the life of the case or until a permanent family is identified;
- *Reduce delays in the termination of parental rights process;
- *Transfer cases from foster care to adoption timely;
- *Improve recruitment and retention of foster/adoptive families.

There were 13 benchmarks related to these goals, of which 11 were achieved prior to the re-negotiation of Louisiana's PIP following Hurricanes Katrina and Rita in 2005. At the time of re-negotiation, Louisiana had met its original PIP goal of 21.8% of adoptions being finalized within 24 months of the child's removal from home.

Evaluative Assessment of Performance:

Based on the state's performance on CFSR Permanency Composite 2, this is an area of strength for Louisiana. Based on Peer Case Review findings for 2007-2009, Item 9 remains an area in need of improvement.

On Permanency Composite 2: Timeliness of Adoptions, Louisiana's FFY 2008 and 2007 performance of 108.2 and 113.1 respectively exceeded the national performance standard of 106.4. The following scores were noted pertaining to the three components and five performance measures comprising Permanency Composite 2.

Component A: Timeliness of Adoptions of Children Discharged from Foster Care

For Measure C2-1: Exits to adoption in less than 24 months, the FFY percentage was 19.4 % in 2006, 30.1 % in 2007, and 23.7 % in 2008. The national median for this measure is 26.8 percent. The 75th percentile for this CFSR measure is 36.6 %. NOTE: We believe the interim year score of 30.1 %, the only year we met the federal standard, reflects a positive impact of Hurricane Katrina. A large number of foster/adoptive children evacuated out of both the Orleans area and out of the state of Louisiana with their adoptive family but their adoptions were not yet finalized. It became incumbent upon the state to get these adoptions finalized quickly to ensure safety and permanence. Special staff located outside of the devastated area, were exclusively assigned to assist adoption staff to achieve this result; these staff did not have routine duties to distract them from focusing exclusively on finalizing adoptions. **Relative to Measure C2-2: Exits to adoption, median length of stay**, the agency score was a median of 32.8 months in 2006, 29.8 months in 2007, and 32.4 months in 2008. The 25th percentile for this measure was 27.3 or fewer months. The national median for this measure is 32.4 months.

Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer

In Measure C2-3: Children in Care 17+ months adopted by the end of the year, the recent CFSR Data Profile shows mixed progress. State scores ranged from 21.6% in 2006, to 18.4 % in 2007, and 25.5% in 2008. The national median in this area was 20.2 % and the 75th percentile was 22.7% or higher. For this measure, the Data Profile indicates that Louisiana met this 75th percentile approximated national performance standard in FFY 2008.

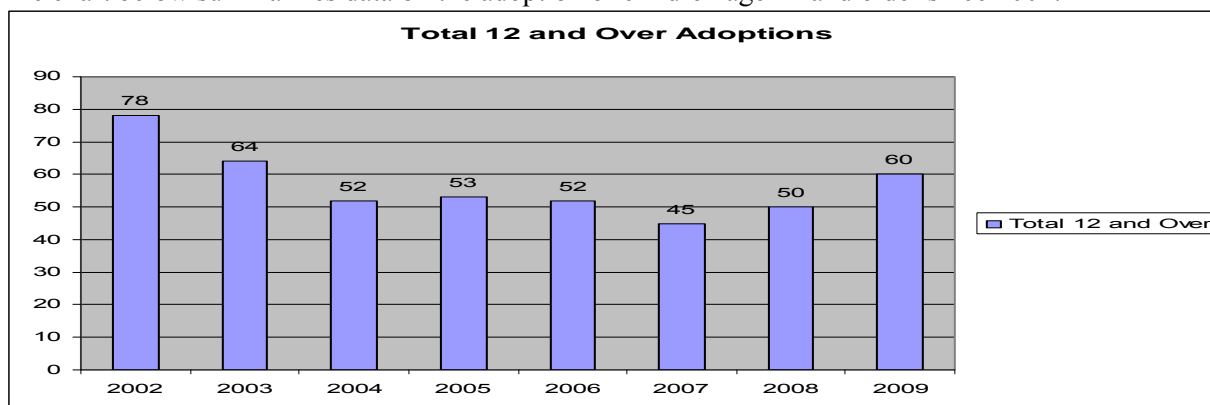
Another measure of progress in this area (**Measure C2-4) looked at achieving legal freedom for children within six months who had been in foster care for 17 or more months**. Children were freed according to this standard at a rate of 7.4% in 2006, 9.2% in 2007, and 11.3 % in 2008. The national median for this measure was 8.8% and the 75th percentile was 10.9% or higher. For this measure, the current CFSR Data Profile indicates that Louisiana's data is trending in the right direction and that Louisiana met this standard in FFY 2008.

Progress Toward Adoption of Children Who are Legally Free for Adoption

Measure C2-5 looks at foster children who became legally free for adoption in the 12 month period prior to the year shown and who were discharged to a finalized adoption in less than 12 months of becoming legally free. The national median for this measure was 45.8% and the 75th percentile was 53.7%. Louisiana achieved 50.5% compliance in 2006, 59.4% in 2007, and 53.1% in 2008. This indicates Louisiana met the national standard for FFY 2007, but not for the latest reporting period in FFY 2008.

In the latest round of Peer Case Review for 2007-2009, Item 9 was rated as a strength in 38% (28 of 73) applicable cases.

The chart below summarizes data on the adoption of children age 12 and older since 2002.



Factors influencing Louisiana's performance include:

The agency made efforts to overcome barriers to timely adoptions by doing the following: identification and remediation of delays in the termination of parental rights process, early and ongoing assessment of children's special needs, simplification of the adoption subsidy approval process, identification of issues related to judicial delays, addressing problems with specific juvenile courts with the assistance of the Court Improvement Project, improving timeliness of case record transfer from foster care to adoption staff increasing emphasis on locating relative placement resources, and providing dual certification of foster/adoptive parents.

The state recognizes that financial barriers may hinder individuals and families from adopting our children. Therefore, as part of agency services to children available for adoption, maintenance and special service subsidies are made available to address the basic and special needs of children who are adopted. The maintenance subsidy is 80 percent of the foster care board rate received by the child and also can include 80 percent of the special board rate provided to address the special needs of the child. Special services subsidies provide unspecified funding to cover the costs of on-going educational, medical, and mental health services for identified pre-existing conditions. Please see discussion of post adoption subsidy services in systemic factor Service Array.

In January 2009, field staff implemented new procedures as outlined in Foster Care Policy 6-625 for a more timely transfer of case record responsibility from foster care to adoption. This policy directs foster care staff to contact the Regional Adoption Unit within the next business day after a child is freed for adoption, and to notify the Adoption Unit by telephone, email or fax of the child's availability for adoption. Transfer of the child's case record, expense record, the case record copy of the life book, and surrender or TPR render date is expected to quickly follow. This policy is intended to move the child's case expeditiously from the Foster Care Unit to the Adoption Unit to facilitate meeting the goal of adoption within 24 months.

The agency implemented the Louisiana Adoption Child Assessment and Case Plan that aids the Adoption Specialist, caretaker, and child in planning services and provides direction for identified service delivery that focuses on changing behavior and/or circumstances that hinder the achievement of the adoption goal. It is in an electronic format that is user friendly. Feedback has been positive from the field staff. They have indicated it meets its goal in assisting them in better identifying children's special needs and planning services to address

those needs. The agency is more closely assessing and reassessing, at each family team conference, the child's progress toward the goal of timely adoption.

Strengths and Promising Practices:

The agency uses purchase of service (POS) agreements with private agencies within Louisiana and in other states in an effort to overcome geographic barriers and to expedite adoptive placements across geographical boundaries. The agency's utilization of POSs increase timeliness of adoptive family certification, preparation of the child and family for placement, provision of supervision, and facilitation of adoption finalization. OCS instituted the use of purchase of service agreements with licensed private adoption agencies at the end of FFY 1999. In FFY 1999 the average time to adoption was 50.88 months. In every FFY since use of these POS agreements were first implemented, the average time to adoption has steadily decreased. The average time to adoption in FFY 2007 was 33.6 months or a decrease in timeliness to adoption by almost 17.3 months over this 8-year period of time.

Use of the AdoptUsKids contract, which photolists children both nationally and statewide, facilitated adoptive placements of our children. Currently (as of April, 2009), there are 209 children photolisted on AdoptUsKids (e.g., 120 males/89 females; 60 white/148 African-American/1 other race). See "Key Collaborators" below for more detail on AdoptUsKids.

The agency continues to conduct the Louisiana Foster Care Adoptions Celebration, which is hosted annually at the Governor's Mansion in November of each year; as November is National Adoption Awareness Month. This celebration is used to recognize Louisiana's adoptive parents and to increase statewide awareness of adoption.

In 2008 a Post Graduate Adoption Competency Certification Program was made available to adoption staff. Dr. Gerald Mallon, Professor of Social Work at Hunter College and Executive Director of the National Resource Center (NRC) for Family-Centered Practice and Permanency Planning, with the support of Louisiana State University, provided the training. The course covered a wide array of adoption related issues affecting members of the adoption triad. It provided participants with the latest research and therapeutic strategies in working with adoption triad members and their families. At the initial certification there were 29 students. Of these, 23 were DSS/OCS agency staff and represented every region of our state and 6 were private practitioners from Baton Rouge and the surrounding metropolitan area.

In 2009 Dr. Gerald Mallon provided adoption staff training on talking to children who are available for adoption and who have ambivalent or negative feelings about being adopted. The training was entitled "Unpacking the No of Adoption." This training was delivered to approximately 70 adoption staff state wide. Plans are to continue to make this training available to adoption and foster care staff.

In 2007 OCS staff statewide were trained by the National Resource Center for Family Centered Practice and Permanency Planning (NRC) and Western Washington State Catholic Charities Agency on the "Connections for Permanency" initiative. Utilizing "family search and engagement" strategies staff began more readily to locate and engage relatives and other important adults in the child's life as contacts for the child as well as placement resources, including adoptive placement resources.

Factors pertaining to Recruitment and retention of families

The Home Development Section condensed the certification process required for foster/adoptive certification and has implemented a dual certification process which allows foster parents to adopt foster children without delays. The agency re-evaluated the waiver policy and created more realistic, safe and appropriate criteria for extended-relative certifications. Additionally, a more concerted effort is now made to identify fictive kin and other relationships that could result in a permanent placement.

In order to assist adoption specialists with the recruitment of families for children with no identified adoptive placements, nine Home Development Recruiters were assigned to OCS Regional Offices in 2007. Home Development recruiters have monthly mini-exchange meetings to share information on child specific recruitment activities and possible child family matches. The primary duties and responsibilities of these

recruiters are to coordinate and conduct general, targeted, and child specific recruitment initiatives in their respective geographical areas. The number of new foster/adoptive certified families per region for the 12 month time frame of January 1, 2007-December 31, 2007 was: Greater New Orleans/Jefferson 49; Baton Rouge 63; Covington 97; Thibodaux 36; Lafayette 119; Alexandria 99; Shreveport 77; Monroe 46; and Lake Charles 63. The total number of new certifications was 649 which was an increase of 181 from the previous year. The number of finalized adoptions increased from 424 in 2007 to 597 in 2008.

Denise Goodman, consultant with Casey Families, Inc., assisted the agency's Home Development Section with a training initiative entitled "Foster Parent Support." It provides all OCS field and state office staff the opportunity to develop skills needed to be more supportive of foster and adoptive parents, thereby improving retention and recruitment of foster/adoptive families.

Child specific recruitment of our children was begun on our OCS Departmental Website, www.dss.state.la.us in 2009.

Barriers:

Shortage of trained, experienced adoption staff due to high agency staff turnover rate.

Shortage of agency funding for adoption services and resources due to financial cutbacks in State government.

Effect of economy on potential adoptive families' ability to afford adopting children.

Some prospective adoptive families may be deterred from adopting because of perceived complex needs of children in the foster care system. Families will often adopt internationally rather than locally as they perceive these children will present fewer challenges.

Despite efforts to alleviate the following problems, they continue to challenge our agency. These problems are: 1) Delays in terminating parental rights; 2) Delays in transfer of cases from foster care to adoption; 3)* Shortage of families willing to adopt special needs children due to their moderate to severe emotional and behavioral challenges; 4) Disruption of adoptive placements before legal finalization; and 5) Foster care worker's attention to ongoing crisis cases in order to maintain stable placements also preventing them from timely completing the labor intensive work required to legally finalize an adoption case.

According to a 2009 survey of the youth members of the Louisiana Youth Leadership Advisory Council (LYLAC), youth felt the agency did a poor job in locating absent parents and biological family and that is was often incumbent upon them to take the lead role in trying to maintain connections. The youth also expressed that they did not understand the permanency planning process, were not included in the process, and basically did not know what permanency meant.

Key Collaborators:

See discussion of coordination with other agencies such as the DHH Offices of Citizens with Developmental Disabilities, Office of Mental Health, and Office of Addictive Disorders and the Department of Education in systemic factor Service Array. Other key collaborators with the agency are the systemic partners working to maintain families, protect children from child abuse and neglect, and make decisions regarding permanency for children. These partners collect and distribute general and child specific donations to our children as well as make presentations on their behalf. These collaborators and partners include the following: the court system, judges, prosecutors, defense attorneys, District Attorney Staff, Court Appointed Special Advocates (CASA), Children's Advocacy Centers, Law Enforcement, the child, biological parents, foster/adoptive parents, extended relatives, agency staff, private adoption agencies, Big Brothers/Big Sisters, Braveheart, civic organizations, and local non-profit organizations.

Agency and court representatives participate as members of the Children's Code Committee of the Louisiana Law Institute, an independent body created by the Louisiana Legislature to study and make recommendations for necessary changes in Louisiana law. Agency staff also serve as liaison to the Louisiana Adoption Advisory

Board (LAAB) which provides adoption-related training to both OCS staff and private adoption providers in the community.

See Casework Practices above for discussion of our agency's collaboration with the National Resource Centers. Louisiana also contracts with the Adoption Exchange Association (AEA) for AdoptUSKids.org, a service of the Children's Bureau. Louisiana children needing adoptive homes are featured on AdoptUSKids.org, a nationwide and statewide photolisting service, to broaden our search for available adoptive families. AdoptUSKids also provides our agency with technical assistance in featuring children and developing effective recruitment plans.

Item 10: Other Planned Permanent Living Arrangement. *How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have a goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal.*

This remains an area in need of improvement though substantial improvements have been made since CFSR Round 1. The most recent statewide Peer Case Review found this item to be a strength in 83% of the cases (29 cases) and an area in need of improvement in 17% of the cases (6 cases). In CFSR Round 1, Item 10 was rated as a strength in 69% (11 cases) of the applicable cases and as an area needing improvement in 31% of the cases (5 cases).

Policy:

The process to change the youth's goal to Alternative Permanent Living Arrangement (APLA) involves the review of the Out-of-home Reunification Risk Assessment, Visitation Plan, and the Reunification Safety Reassessment. Overrides of the system are built into the framework to allow staff more than perfunctory responses to decisions that affect the future of the youth and their families. It is always the expectation of the agency that the family will reunite if it is in the best interest of the youth.

In formalizing APLA as a permanency goal, there is a staffing that includes worker, supervisor, district supervisor, foster parents as appropriate, and other parties to confirm that is the most appropriate permanency plan for the child. The staffing confirmation form, case plan, and all subsequent reports to the court must document the reasons why APLA was determined to be in the best interest of the child and the compelling reasons why reunification, adoption, and guardianship/transfer of custody were not chosen as the child's permanency plan. APLA shall never be approved as the permanency plan for a child under 7 and only in exceptional circumstances may APLA be identified as the permanent plan for a child under age 12. Before APLA can be approved for a child under age 12, it must be demonstrated that no placement resources have been identified after comprehensive adoption services and recruitment activities have been provided statewide, as well as nationwide by registration on national exchanges and referrals to private licensed Louisiana adoption agencies; there has been careful review of all previous caretakers and family members; and continued efforts are detrimental to the child. As of January 1, 2010, only 13 children in foster care in Louisiana under the age of 12 have APLA as their permanent plan goal.

The court must approve APLA as the permanency goal for the child. Staffings continue quarterly until the permanent plan goal is finalized. APLA is formalized in a written agreement with the child's caregiver which is incorporated into the case plan and/or subsequent reports to the court.

The focus of the agency's work when APLA becomes the child's permanency goal shifts to preparing the child for adulthood, including assisting the child in identifying an individual with whom the child can have a positive, permanent connection into adulthood. Services offered are changed to reflect the need to plan for the youth's success in transitioning into services that best meet their individual needs and placement. If the youth needs services offered by other state agencies and/or community-based organizations, then referrals are made and monitored by OCS staff until the youth exits foster care.

Socialization Skills training is available from the contracted Chafee Independent Living Program (CILP) providers to foster youth aged 14-15. Foster youth aged 16-18 and youth adopted after age 16 are required to

participate in the Chafee Independent Living Skills programs offered by contracted providers available in each of the nine (9) regions of the state. These providers offer a variety of training modules and assessments to allow for individualization to youth needs. Each of the CILP providers is certified in the use of the Ansell-Casey assessments that are used to determine the youth's mastery of the skills taught during the sessions. In addition to these offerings, the CILP providers host one-day Reality City events in two locations in the northern and southern parts of the state. The Reality City concept allows for a practical application of the skills that the youth have learned in the independent living sessions. Examples of skills taught include budgeting, opening a checking account, and nutrition. Youth find the group sessions useful and former foster youth have responded that they learned how to budget which has helped them now.

The Office of Community Services offers independent living housing options for youth who qualify. Youth aged 16-21 are allowed to reside in agency-contracted supervised/transitional living arrangements, if they meet the criteria established by the agency and the independent supervised/transitional living contractor.

The State of Louisiana, Office of Community Services allows young adults aged 18-21 (Young Adult Program (YAP) to agree to continue to receive services as long as they meet the eligibility criteria for services. The YAP services expire upon attainment of the youth's 21st birthday. The OCS staff and CILP contractors also provide supportive services to the young adults. In order to remain qualified for YAP services, these youth must complete their GED/High School Diploma and enroll in a secondary educational/vocational educational institution and progress satisfactorily.

Two of the tools that OCS uses to aid in the transition are the Youth Transition Plan (YTP) and the Educational/Vocational Plan (YAP1). The Youth Transition Plan was implemented in April 2009. The purpose of the plan is to review all of the systems that the youth may encounter in their life. The plan is first administered to youth during their 15th birthday. Any life area that warrants additional services is noted and transferred to the youth's case plan. The plans are reviewed and updated on the Youth Transition Plan Review (YTPR) every six (6) months at the Family Team Conference (FTC) until the youth is 18 years of age.

The YAP1 is used to document the young adult's educational/vocational track and identify any needed services. The YAP1 is created within 30 days of the young adult's 18th birthday and updated at least every six months thereafter.

Chafee Educational and Training Vouchers (ETV) are provided to the youth and young adults enrolled in post-secondary educational programs, as long as they are progressing satisfactorily. The ETV benefits expire upon the young adult's 23rd birthday if the youth was receiving ETV at the age of 21. The chart below summarizes the number of Louisiana youth served through the ETV program.

Youth Served by ETV	
5-2006	159
6-2007	184
7-2008 (to 3/31/08)	163
8-2009	154

Act 436 of the 2008 Regular Legislative Session added provisions to the Louisiana Children's Code authorizing procedures for restoration of parental rights when such restoration is determined to be in the best interests of the child. Restoration of parental rights and reunification may be considered as a permanency option only after a staffing has occurred with the worker, supervisor and the District Manager in which it is determined that restoration of parental rights would be in the best interests of the child and is a feasible pursuit. The foster care worker is responsible for discussing the option of restoration of parental rights with the youth as a potential permanency goal as part of the case planning process. The youth's attorney or the department's attorney may file the motion to restore parental rights or parental contact with either one or both parents whose rights have been terminated in the court in which permanency hearings for the youth are conducted. Notice is provided to all necessary parties, including parents.

After the motion is filed, the foster care worker prepares and submits a confidential court report to the court. A home study should be conducted with the parent prior to preparing the confidential report to obtain verifications and aid in gathering information regarding ability and willingness (both legal and physical) of the parent to be involved in the life of the youth as a permanent connection or accept restoration of parental rights

and physical custody of the youth. Restoration of parental rights is not pursued if the parent is not in agreement with the plan. At the Motion Hearing, the court may, in the best interests of the youth, allow contact. Conditions of contact should be specified in the order. If the parent resides out of state, the court shall order compliance with the Interstate Compact on the Placement of Children (ICPC). The restoration of parental rights and placement of the youth in the custody of the parent without supervision is considered a permanent placement. Any other disposition by the court shall be made part of the case plan. If the court does not restore parental rights, the court should continue to review the appropriateness of such judgment at future hearings with the youth.

Performance in CFSR Round 1:

This was an area in need of improvement in CFSR Round 1. In the on-site review, item 10 was rated as a strength in 69% (11 cases) of the applicable cases and as an area in need of improvement in 31% of the cases (5 cases). Two action steps were identified in the PIP for improving Louisiana's performance on this item: (1) Identify and support permanent placements and contacts for children; and (2) Strengthen services to assist children in the transition to independent living.

Evaluative Assessment of Performance:

This remains an area in need of improvement though substantial improvements have been made since CFSR Round 1. The most recent statewide Peer Case Review found this item to be a strength in 83% of the cases (29 cases) and an area in need of improvement in 17% of the cases (6 cases).

Further improvements are reflected in the percentage of children for whom Alternative Planned Living Arrangement (APLA) was their permanency goal. For FFY 2006, 478 (9.1 %) youth had a permanency case plan goal of APLA. For FFY's 2007 and 2008 the numbers were 407 (7.6%) and 366 (7.2%), respectively. In FFY 2001, 13.7% of children in care had APLA as their permanency plan goal. In FFY 2006, 6 (0.3%) youth who had entered foster care for the first time had a case plan goal of APLA. In FFY 2007, the number decreased to two (0.1%) and was maintained at that level for FFY 2008. In FFY 2001, ten youth (.6%) entering foster care for the first time had a case plan goal of APLA.

In FFY 2008, approximately 10% of the children exiting foster care exited to a goal other than reunification, adoption, or guardianship. In FFY 2001, approximately 28% of the children exiting foster care exited to a goal other than reunification, adoption, or guardianship. There was also an overall decrease in the number of youth with emancipation as a permanency goal. In FFY 2006, 31 children (0.6%) had an emancipation goal, in FFY 2007, 26 children (0.5%) and FFY 2008, 22 children (0.4%). In FFY 2001, 2% (199 children) of foster children had emancipation identified as their permanency goal.

Louisiana's FFY 2008 performance of 97.1 on Permanency Composite 3: Permanency for Children and Youth in Care for Long Periods of Time underperformed the national performance standard of 121.7 by a substantial margin. Louisiana's performance in the two previous FFY's 2006 and 2007 was even lower. On the 3 individual measures comprising this composite, Louisiana exceeded the 75th percentile approximated national performance standard of 29.1% on C.3.1 Exits to permanency prior to 18th birthday for children in care for 24 months in FFY 2008 and based on preliminary FFY 2009 data appears to continue to exceed the approximated standard though performance appears to be slipping somewhat. On measures relating to exits to permanency for children with TPRs and emancipation of children who have been in care for 3 years or more, Louisiana did not meet the approximated federal standard nor the national median.

Strengths and Promising Practices:

- 1) agency tracking of trends for those opting to accept YAP services
- 2) innovative staff who locate community services
- 3) engaging youth as self-advocates
- 4) increased involvement in the Louisiana Youth Leadership Advisory Council on the regional and state levels
- 5) identified staff who work only with our youth aged 14-21 in each region of the state
- 6) restoration of parental rights option
- 7) Focus on Four

- 8) Fostering Connections for Permanency is another tool utilized by the staff. The process and training were developed in coordination with the National Resource Center for Family Centered Practice and Permanency Planning and the Court Appointed Special Advocates (CASA). The purpose is to develop permanent connections for youth as visiting resources and/or that will follow the youth throughout their lives.

Barriers:

- 1) budget constraints
- 2) lack of and/or insufficient community resources
- 3) staff and/or youth opportunities to apply innovative strategies
- 4) worker turnover

The agency is making a conscious decision for our youth's involvement in the development of policy and procedure at every level. They have participated in the CFSR process as well as planning a conference. Their participation has not been limited to items that just deal with youth, but those areas where a youth's voice has not traditionally been invited or advocated.

Key Collaborators:

The new and revised tools for addressing the needs of these youth were developed with input from a Transitioning Youth Task Force. The task force included representatives from the contracted independent living providers, field staff, and youth from across the state.

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

Item 11: Proximity of foster care placement. *How effective is the agency in placing foster children close to their birth parents or their own communities or counties?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

Throughout policy “proximity” is utilized in reference to the parent’s home; however, data regarding the child’s placement relates to the Court of origin as a proxy for the location of the parents due to staff and system limitations. If the parent later moves the agency does redefine proximity, unless it is with the specific intent of moving the child closer to the parent to achieve reunification and the benefit of such a move is considered to outweigh the benefit of maintaining a stable placement for the child.

In accordance with Public Law 96-272, the foster child shall be placed in the least restrictive (most family-like), most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. In most situations, the progression of consideration in the selection begins with a non-custodial parent and relative resource and moves to family foster care or other specialized types of foster homes. Placement of a child in a facility shall be made only when no available relative or foster family placements can meet the child's needs. Concerted efforts to locate family or relative continued throughout the life of the case. The Fostering and Connections Act require on-going contact and the SDM indicates how contacts are documented and FC policy provides information of search and engagement. The CLEAR search system will be in effect shortly to assist in locating parents and relatives.

A general scale for determining restrictiveness is as follows:

- Relative
- Certified Foster Family Home
- Residential

Children should be placed in their home parish or an adjoining parish unless there are clear and compelling reasons for the child to be placed at a distance from their families. If a child cannot be placed in his home parish or adjoining parish, other parishes in that region are to be contacted to locate a placement. The Home Development staff in the Foster Care worker's region is to be contacted for assistance. The number of certifications is up in the majority of regions but the overall certification numbers are down due to clean up of the data system. We do not have data to support if children are placed in close proximity due to recruitment efforts. The Regional Placement Specialist is to be contacted for assistance with more restrictive placements. Foster Care, Chapter 6, 3. Placement Considerations.

Performance In CFSR Round 1:

Item 11 was assigned an overall rating of Strength because in 100 percent of the cases, reviewers determined that OCS/DSS made diligent efforts to ensure that children were placed in foster care placements that were in close proximity to their family and community of origin, when appropriate.

Evaluative Assessment of Performance:

Child Placed in Close Proximity to Parent			
FF Year	Total #	Yes #	Percentage
2006-2007	6542	6512	99.5%
2005-2006	5449	5419	99.4%
2004-2005	4432	4415	99.6%

Case Compliance QATS Reports

CQI Peer Case Reviews
2008-2009 Item 11: Proximity of foster care Placement. Rated as a Strength: 98%

As evident by QATS reports from 2004 through 2007 and the CQI Peer Case Reviews for 2008-2009, reveal this item to be strength for Louisiana. The most recent statewide Peer Case Review found this item to be a strength in 98% of the cases (125 cases) and an area in need of improvement in 2% of the cases (3 cases).

Workers are diligent in assessing the child for placement in the most appropriate setting available, in close proximity to the parent's home, and consistent with the best interest and special needs of the child. GPS system assists workers in locating placements in close proximity to the parents.

Strengths and Promising Practices:

Please refer to Service Array, Item 35 for additional information on specific topics.

OCS policies and procedures recognize and underscore the importance of placing children in close proximity to their birth parents and in their communities whenever possible. OCS case planning and foster/adoptive home certification processes are areas of strength related to this item. Our case planning process requires identification of relatives and others significant to the child who might provide a placement resource or placement support to the child, and with an emphasis on those residing in or in close proximity to the child's community of origin. It also requires the identification and review of relative resources throughout the life of a foster care case from time of initial investigation through foster care exit. When a suitable prospective relative placement is identified, OCS foster/adoptive home certification process provides for expedited relative foster /adoptive home certification. While licensing requirements such as child abuse/neglect registry and criminal record checks are the same for relatives as non-relative foster home applicants, relative foster home providers are only required to complete 15 hours of pre-service training, or half the 30 hours required of non-related foster home providers.

Since the time of the last CFSR review, OCS has hired a full time state recruitment supervisor and 10 full time regional recruiters. The agency has a recruiter assigned to each of 9 regional offices. Their cumulative efforts to include submitting local newspaper articles and advertising in local papers, speaking at and participating in community forums and public events has increased public awareness of our need for foster adoptive parents at the community level. Moreover as the regional recruiters are housed in the same offices as our regionally based home development and adoption program staff, recruitment efforts are less fractured and the agency is better positioned to provide child specific recruitment support.

A promising practice related to item 11 is the utilization of professional marketing techniques in foster home recruitment. The incredible store of information at the disposal of large marketing firms and the proven results they are able to achieve using this information leads us to believe that professional marketing would be most helpful. Marketing information identifies consumers in a designated or defined geographic area, and down to the neighborhood and even street level. It profiles consumer traits, interests, habits and income and educational levels. All of which is useful information that can help inform as to the most efficient and effective recruitment strategies, materials and tools to use in a given area or with a targeted audience. Home Development recruitment efforts are geared toward meeting the increasing needs for child specific placements. Home Development recruitment efforts target specific geographical areas where there is a lack of homes.

AdoptUskids NRC has secured the services of a nationally prominent marketing firm who, for a discounted fee, will work with a state and with technical assistance provided through that NRC to develop professional recruitment strategies and materials that are tailored to meet an individual state's placement needs. The agency understands that Washington State has utilized this service and with good results. OCS plans on exploring this option in the coming months.

Barriers:

Placing children in close proximity to their birth families and in their communities of origin, while always desirable, is not always feasible. Matching a child's special placement needs to available provider's strengths, especially at the local level, presupposes an abundant supply of available placement resources statewide. Specialized certified foster homes such as Therapeutic Foster Care (TFC) and Alternate Foster Care (AFRC) homes, as well as emergency shelters and residential treatment facilities are limited in number and are not equally distributed geographically throughout the state. Therefore depending on resource availability, a child requiring a high level of specialized care and or supervision may need to be placed outside his community until a suitable placement resource can be developed or identified in the community of origin. So the lack of suitable available placements for all children entering care and in every community statewide is seen as a barrier. The number of children impacted by this barrier is unknown.

Another barrier is our Tracking Information and Payment System (TIPS). TIPS, which is used to report NCANDS and AFCARS, is now well over twenty years old. Though upgraded over the years, it cannot provide detailed data. Among other limitations, it lacks the ability to automatically identify and match children's geographic location of origin against available placement resources in that same area with any degree of precision. The Louisiana Department of Social Services is planning to embark on an agency wide streamlining and modernization effort which is to include the design, development and implementation of a SACWIS. The "Request for Proposal" for SACWIS is expected to be released early in 2010.

Perhaps the biggest barrier is financial. Louisiana experienced a large budget deficit last year, one necessitating travel and hiring freezes and also suspension of some contracts and services. It is anticipated the State will face a large budget deficit again this coming year and the following year as well. To what extent these budget deficits will have on agency staffing levels, available services, equipment and agency plans already in the works is yet unknown, however in moving forward it is certain to present OCS with some difficult choices and many challenges.

Item 12 Placement With Siblings: *How effective is the agency in keeping brothers and sisters together in foster care?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

According to agency policy, siblings should be placed in the same foster home if at all possible, unless an assessment of the sibling relationship indicates otherwise. However, sexual aggression between siblings may contraindicate placement together. Sibling placements are discussed during the removal conference in an effort to keep siblings placed together.

Chapter 6 Foster Care, Part 3, 6-300 Guidelines for Selecting a Placement/Replacement Resource

Visits between siblings in custody, including those available for adoption, are required unless they are placed in the same foster home. The only exception for visitation between siblings in custody is for youth 16 years of age and older who do not want sibling visitation, or for a sibling for whom visitation has been curtailed or discontinued based upon documentation that sibling visitation is harmful. The biological parents shall be encouraged to bring any children residing in their home for visits with siblings in custody.

The agency may provide transportation for siblings not in agency custody with the approval of the custodian. Sibling visitation shall continue to be held if parents do not visit, if the parent's whereabouts are unknown, or if one or all of the children are available for adoption and awaiting adoptive placements. Foster care staff is responsible for maintaining contacts between siblings placed in different placements.

When the sibling of a foster child is in custody of the agency and is being adopted, a Continuing Contact Agreement for the adopted child to continue to visit the sibling in foster care may be arranged. A Continuing Contact Agreement is dependent on the voluntary agreement of the adoptive parents. In addition foster care staff will determine if the agency should enter into a Continuing Contact Agreement if the prospective and/or adoptive parents approach the agency (worker for the child remaining in foster care) with a request to enter into an agreement. FC Persons with whom it would be in the child's best interest to maintain continuing contact should be identified in the Assessment of Family Functioning and entered into the case plan on an on-going basis. This information is determined by engaging the parents, the child (when developmentally appropriate), caregiver and significant others. The child's best interest is assessed in accordance with the permanent plan and the applicable concurrent plan. Continuing Contact is discussed at each FTC and if a formal agreement is agreed to, it becomes a part of the court record. The need for the formal agreement should be assessed on a child specific basis to determine when a situation is unique and the legally binding agreement would serve the best interest of the sibling in foster care. If is agreed upon to enter into a Continuing Contact Agreement, the District Supervisor shall sign for the agency. Chapter 6 Foster Care, Part 9, 6-915 Visitation and Continuing Contact with the Biological Family

Each OCS region develops specialized homes based on the needs of the region to provide a specialized type of care and service. These homes are subsidized by the agency. Families already certified by OCS may be converted to specialized foster family homes based on the needs of the region, the number of specialized home slots in the region and the results of the specialized home study. One type of Specialized Family Foster Home may have a maximum capacity of four children except for the large sibling group category. Family Foster Home for Large Sibling Groups are to have a minimum of 3 and maximum of 5 children in the home. Chapter 6 Foster Care, Part 5, 6-515 OCS Specialized Family Foster Homes

Both the Alternate Family Care Program (AFC), which OCS administers, and the Therapeutic Foster Care Program (TFC), which is privately administered, are designed to provide treatment in a family setting. Treatment foster homes are to provide therapeutic foster family care and comprehensive services to foster children with extraordinary physical, mental, or developmental disabilities or emotional/behavior problems. An AFC or TFC certification requires all children placed in the home to meet the extraordinary needs/problems requirement unless it is a sibling. In order to keep siblings together or an infant with his mother who is in foster care, related children may be placed in the same home with the child who requires Treatment Foster Home placement with the approval of OCS State Office, Division of Foster Care Services. Chapter 6 Foster Care, Part 5, 6-525 Treatment Foster Homes Alternate Family Care/Therapeutic Foster Care Program

Performance in CFSR Round 1

Louisiana's CFSR Round 1, Item 12: Placement with Siblings was rated as a Strength based on the finding that in 94 percent of the applicable cases, reviewers determined that the agency had made diligent efforts to place siblings together in foster care whenever possible. Stakeholders commenting on this item had also reported that siblings are placed together unless separation is necessary to meet the needs of the children. The most recent statewide Peer Case Review found this item to be a strength in 94% of the cases (104 cases) and an area in need of improvement in 6% of the cases (7 cases).

Evaluative Assessment of Performance:

Child Residing with at Least 1 Sibling on the Last Day of the Month			
FF Year	Total Case # Reviewed	Yes #	Percentage
2006-2007	665	556	83.6%
2005-2006	553	461	83.4%
2004-2005	603	468	77.6%

FC/AD QA

At the end of fiscal year 2007, OCS was seen as increasing the number of sibling placements at 83.6%. The current data system is not able to provide specific data regarding the number of siblings residing in the same foster home.

CQI Peer Case Reviews
2008-2009 Item 12: Placement with Siblings. Rated as a Strength: 94%

Workers are diligent in assessing the child for placement with sibling/s if this is in the best interest and special needs of the child as evident by the strength rating of 94% (104 of 111 applicable cases).

Number of Siblings Placed with a Child Residing in TFC Home					
# of Providers	FFY 2008-09	FFY 2008-07	FFY 2007-06	FFY 2006-05	FFY 2005-04
8	10	9	12	11	7

TIPS

The sibling count data reflects siblings placed with a child who resides in a therapeutic foster home. The sibling would have been placed in a regular foster home if not residing in the TFC home with their sibling.

Strengths and Promising Practices:

The OCS has demonstrated its commitment to increasing the number of siblings placed in the same foster home. Strategies have been identified for recruiting, supporting, and retaining qualified foster families. In an effort to address this item, a recruitment section has been implemented that works full time to increase the

number of homes in our community. By improving retention of existing homes and recruiting more homes, the pool of available choices for children and siblings will expand. Statewide recruitment and retention efforts such as full-time recruiters in each region statewide, Annual Foster Parent Appreciation, and semi-annual support visits continue to allow siblings to be placed together in safe and nurturing foster homes. The State will continue to seek new and innovative methods to increase performance standards of keeping brothers and sisters together in foster homes.

Barriers:

One main barrier that the State faces with regard to siblings being placed together while in foster care is the ability to retain foster homes that will accept and have space for sibling groups. Continued budget constraints, decline in supportive resources and finding viable respite services for foster families negatively impacts recruitment and retention efforts.

The current data system is not able to provide specific data regarding the number of siblings residing in the same foster home. The lack of tracking siblings can impact continuing contacts and permanency for a child with siblings.

Having a sufficient number of appropriate placements for siblings is a barrier. In TFC placements, siblings can be placed together; however, only one sibling is considered the TFC child and is reimbursed at the increased rate.

Item 13: Visitation with Parents and Siblings *How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

If the child is in a relative placement, the caretaker should arrange the child's visitation with grandparents and other relatives known to the caretaker. The parents may arrange for grandparents or other significant persons to visit or otherwise have continuing contacts during the child's home visits. Continuing contact to the extent possible should be the responsibility of family members, i.e., parent will include non-custody children in visits with the child in foster care, grandparents will send pictures to the child, older children will initiate letters or calls, etc. How does the agency track visitation between a child and parents in this type situation?

Visits should be held in the biological family or relative's home whenever possible. Visits may be held in the foster home/facility when it is part of the Visitation Continuing Contact Plan developed in the Family Team Conference. The contract, hours, place, etc., is discussed with the parents, child and caregivers. When there is concern for the child's safety or a need to control and/or structure the parent/child interaction during the visit, the office setting may be used. Supervisor concurrence shall be secured when the visits are held in the office. Detailed Visitation Contracts are to be drawn up in Family Team Conferences. Provision for changing scheduled visits by the biological or foster parents is to be included in the contract. A copy of the Visitation/Continuing Contact contract is to be provided for each person involved with the child, including the child's caretaker.

Depending on the case plan, transportation can be provided at the discretion of the worker. If the case plan is reunification and transportation is a problem, the worker shall assist in locating/providing transportation for visits for the parent or child. When the case plan is not reunification, it is not mandatory that the agency provide transportation for biological parents to visit. It is mandatory for the agency to arrange or provide transportation for foster children to family visits. OCS paraprofessional staff may also help with providing transportation. Foster and adoptive parents are responsible for providing or arranging transportation for the child to and from all medical or dental appointments, counseling sessions, and family visitations, as agreed upon in the case plan. Chapter 9, Home Development, Part 2, 9-230 Foster And/Or Adoptive Parents' Responsibilities for the Care and Development of the Child and Chapter 6, Foster Care, Part 6, 6-915 Visitation and Continuing Contact with the Biological Family

Parental Visits: A child placed in foster care usually needs to see his family immediately after placement, due to his feelings of abandonment and loss. The child's first visit with his parent(s) shall be held within five days of placement, except in special circumstances. If known, the CPI Worker will notify the parents and foster parents of the visit arrangements at the time of removal. Otherwise, the FC Worker is responsible for arranging and notifying the foster caregiver of the date, time, and place of the visit. The first family visit is supervised by the worker.

Visitation is a right of both the parent and the child. The first family visit between the child and his parents can be denied only with court approval. Any child who enters foster care due to abuse or neglect should not be forced to visit with his parents if he refuses to do so. However, a child's refusal to visit with parents should be reported to the court.

Court approval to withhold visits should be discussed on a case-by-case basis at the pre-removal or post-removal staffing. The request is made by the CPI Worker at the Continued Custody Hearing, if timely, or by the FC Worker.

In most cases of suspected sexual abuse, serious physical abuse, or severe emotional maltreatment, children should not visit with the alleged perpetrator immediately after coming into care. If it is determined that visits with the biological family are too damaging to the child and the visits should not be held, court approval is required. Visits may become more appropriate at a later time, depending upon the perpetrator's acknowledgement of the abuse/neglect and progress in treatment.

If the child has been removed from only one parent, it is critical to also contact the other parent. The worker is to attempt to involve the non-custodial parent in permanency planning for the child and arrange visitation, if appropriate. Discretion should be used in arranging visits if the child has had no or limited contact with this parent.

Parent visits shall occur at least every two weeks unless case circumstances prevent visiting or indicate otherwise. Approval for cancellations should only be granted by the supervisor in serious exceptional circumstances. In the first six months of placement and two months preceding the reunification date (particularly when the goal is reunification), every effort shall be made to hold visits more often and to increase the length of visits. The worker is to observe a parent/child visit at least once every month, documenting the parent/child interactions and relationships, on all cases with reunification as the case plan goal. If the worker is unable to supervise the visit, arrangements shall be made for another responsible party, such as a relative, foster parent or other agency staff member, to supervise. The Child Welfare Family Resource Center (CWFRF) staff also may be able to supervise the visit if a referral has been made to the CWFRF for services and supervised visitation is a component of the Family Service Delivery Plan. Purchased supervision shall be limited to those situations in which the child's or family's therapist or other licensed professional has a specific need as documented in the treatment plan. Frequency of visits with the imprisoned parent should be based on serving the best interests of the child. This visitation is often based on the requests of the parents especially if they do not want the child to visit in the prison setting.

If the parent's whereabouts are unknown, the worker will document this on the Visitation Contract as "Parents' whereabouts unknown". Visitation will still be scheduled when the parents' whereabouts are unknown or when the parents have had a pattern of failure to attend. However, in these cases, children will not be transported for visits, unless the parent confirms that they plan to attend. Chapter 6, Foster Care, Part 6, 6-735 Initial Visits and Chapter 6, Foster Care, Part 9, 9-915 Visitation and Continuing Contact with the Biological Family

Sibling Visits: Visits between siblings in custody, including those available for adoption, are required unless they are placed in the same foster home. The only exception for visitation between siblings in custody is 1) for youth 16 years of age and older who do not want sibling visitation, or 2) for a sibling for whom visitation has been curtailed or discontinued based upon documentation that sibling visitation is harmful.

Sibling visits should be offered at least quarterly, and preferably more often, if appropriate for case circumstances. Sibling visitation shall continue to be held if parents do not visit, if the parent's whereabouts

are unknown, or if one or all of the children are available for adoption and awaiting adoptive placements. When the sibling of a foster child in custody is being adopted, a Continuing Contact Agreement for the adopted child to continue to visit the sibling in foster care may be arranged. The biological parents are encouraged to bring any children residing in their home for visits with siblings in custody. Chapter 6, Foster Care, Part 9, 9-915, Visitation and Continuing Contact with the Biological Family

Performance in CFSR Round 1

In Round One of the CFSR, Item 13 was rated as a Strength because in 87.5 percent of the cases (12 of 24), reviewers determined that OCS made concerted efforts to ensure that visitation between parents and children and between siblings in foster care was of sufficient frequency to meet the needs of the child.

Evaluative Assessment of Performance:

Child Visiting with Mother			
FF Year	Total Case # Reviewed	Yes #	Percentage
2008-2009	631	430	68.1%
2007-2008	679	468	68.9%
2006-2007	614	420	68.4%
2005-2006	468	371	79.3%
2004-2005	531	383	72.1%
Child Visiting with Father			
FF Year	Total Case # Reviewed	Yes #	Percentage
2008-2009	419	215	51.3%
2007-2008	453	256	56.5%
2006-2007	383	225	58.7%
2005-2006	273	195	71.4%
2004-2005	334	197	59.0%
Child Visiting with Siblings			
FF Year	Total Case # Reviewed	Yes #	Percentage
2008-2009	506	376	74.3%
2007-2008	514	393	76.5%
2006-2007	528	372	70.5%
2005-2006	399	330	82.7%
2004-2005	447	339	75.8%

The data presented from Foster Care/Adoptions QATS Reports shows a decline in all areas of child visitation.

The decline in visitation may be influenced by a number of factors.

- Parents may have occupational and/or job search and children may have school conflicts which would reduce visit participation.
- Parents may not attend visits due to substance abuse.
- The number of absent parents may contribute to the data decline.
- Parents are experiencing a decrease and/or lack of agency transportation assistance due to:
 - * a reduction in the number of transportation workers
 - * increase in worker workloads.
- More single parent foster homes may contribute to a reduction in children attending visits.

CQI Peer Case Reviews
2007-2009 Item 13: Visiting with Parents & Siblings in Foster Care. Rated as a Strength 87%

The data from the 2009 statewide Peer Case Reviews, regarding Item 13, Visiting with parents and siblings in foster care is a strength at 87% (127 of 146 applicable cases) and area needing improvement in 13% (19 cases); this is not a strength according to second round improvement factors. Though this item is rated as a strength, the agency needs to continue to work on visitation as it is a critical outcome measure for children in out-of-home placement and an important factor in permanency issues. Parents, children, other key collaborators, and staff need to be engaged to see that visitation is a key component for maintaining connections and important in reunification and other permanency outcomes.

A July 2009, Focus Group with Children ages 8 – 12 stated they regularly visit with: brothers; grandmother; mom, dad, sisters & brothers; no one (freed for adoption); birth dad, sister and my dog; mom and sisters; mom, brothers & sisters.

A July 2009, Focus Group with OCS Staff responded to the following question:

How could family visits for children in foster care be structured to make them more beneficial?

- Have them in a more family oriented environment in the community vs. a McDonald's or Burger King or other fast food restaurant.
- More resources needed, especially for transportation.
- Foster Parents that are fostering can be a little more helpful/supportive with case plan for reunification and assisting with visits.

An August 2008 Focus Group with Children ages 8-12 stated they have regular visitation with their family members and frequent contact by telephone.

A Focus Group with Foster Parents in November 2004 made the following comments regarding visitation of the child with parents: 1) the instability of the parents themselves is the main problem and shows by not showing up for visits; 2) the OCS offices are the best place for visits because teens are afraid they might see friends at McDonalds, Burger King, etc and this can lead to teasing; and, visits should not be during school hours as this creates a major disruption in school.

A Focus Group with Parent in November 2007 made the following comments regarding their concerns and impressions: 1) visitation with their children was taken away until they started working on their plan; 2) they are completing more and more services and no extra visits are being provided; and, 3) one parent suggested that OCS increase their office hours to include Saturday and Sunday so parents are able to work and visit their children.

Strengths and Promising Practices:

Please refer to Service Array, Item 35 for additional information on specific topics.

Louisiana continues to move toward a practice change with the use of the SDM and the Assessment of Family Functioning (AFF) which are the driving instruments for the family's Case Plan and visitation contract. Family engagement and cultural competence are key factors and guides the development of the planning process. Plans are continually reviewed with the parents. Children are encouraged to participate in the plan development if age and developmentally appropriate. The visitation contract is an essential component of the case plan. Accurate and descriptive documentation of visitation interactions, relationships, patterns, and progress serves dual purpose for concurrent planning. Visitation provides evidence for reunification or termination of parental rights. Parents who visit regularly have the best chance of reunification with their children.

Visit Coaching, one of the three core services of the Family Resource Centers, was implemented in August 2009. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. During the visit, the coach actively recognizes the family's strengths in responding to their children and guides them in improving their skills.

Barriers:

There are challenges in terms of OCS in facilitating and maintaining consistent visitation for parents and siblings. Difficulties arise due to substance abuse issues, work and school schedules, transportation issues and ensuring that visits are purposeful and meaningful for the parent and the child. As appropriate, the agency needs to engage fathers to be involved with the children. OCS is currently reviewing policy and procedures to enhance and improve parental and sibling visitation.

Item 14: Preserving Connections. *How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

In accordance with State policy, any child who enters the foster care system shall be placed:

- In close proximity to the parent's home;
- With members of the child's extended family and adult siblings;
- With minor siblings who are also in out-of-home care;
- In the least restrictive placement based on the child's needs;
- Within the child's school district; and
- With caregivers who can communicate in the child's language.

This policy is based on the availability of resources and what is in the best interest of the child that needs out-of-home placement. Chapter 6, Part 3.

Chapter 4-700 B.2.; Chapter 6-630 and Appendix A ICWA; and Chapter 8-440 all address serving Native American children and their families. Louisiana follows the United States Code concerning Native Americans and the tribal codes.

Policy is being developed that will address the Fostering Connections to Success and Increasing Adoptions Act (H.R. 6893) concerning ensuring placement with relatives as well as kinship guardianship assistance payments.

An assessment of family functioning (AFF) is completed which includes a section related to the extended family. All efforts are made to identify and place children with their extended family or non-fictive kin. The practice is that the child will be able to stay first within their community and, secondly, with family if placement must occur outside their community. Chapter 6, Part 3.

Performance in CFSR Round 1:

In Round One of the CFSR, Item 14 was assigned an overall rating of Strength because in 87% of the cases, reviewers determined that OCS/DSS had made diligent efforts to preserve children's connections. The most recent statewide Peer Case Review found this item to be a strength in 93% of the cases (153 cases) and an area in need of improvement in 7% of the cases (12 cases).

Evaluative Assessment of Performance:

CQI Peer Case Reviews				
Outcome/Item Measured	2003-2004 Compliance %	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % As a strength (10 Regions)
Continuity of family relationships and connections is preserved for children	82.8%	81.8 %	77.8%	93%

2007-2009 Peer Case Review data had 93% (153 cases) rated as a strength and 7% (12 cases) rated as an area needing improvement.

During the two years that the Regional Recruiters have been in place, the number of new certifications and the number of community partnerships have increased. The Recruiters have established a visible presence in the local schools, churches, and other organizations and have used local media outlets for recruitment purposes.

A March 2005, Focus Group in Monroe with the provider's responses to relative placements was: The providers discussed a "problem" with the State placing a child with relatives instead of foster care. They felt that the child was not served as well going to live with relatives. The relatives do not always "screen" the child from unsafe individuals.

If the child came into care or was replaced within the last 6 months, has the child been maintained in the same school placement?			
FF Year	Total Case # Reviewed	No - # of Cases that have had Multiple Schools	Percentage
2008-2009	357	213	40.3%
2007-2008	274	173	36.9%
2006-2007	370	226	38.9%
2005-2006	277	156	43.7%
2004-2005	418	233	44.3%

The data presented in the previous chart, from Foster Care/Adoptions QATS Reports, shows a slight rise in the number of children within the designated time period that experienced multiple school placements. This slight increase is after 4 years of declining numbers. The data shows the number of children in foster care that experienced multiple school settings within the past 6 months. The data may infer that children have moved from a placement of close proximity or moved due to residential placement assessments.

FOSTER CHILDREN'S PLACEMENT PARISH IS SAME AS COURT LOCATION (As of 11/17/2009)

Region/ District	# FC Clients as of 11/17/2009	# Clients w/ Same Place-ment/Court Location	% Clients w/ Same Place-ment/Court Location
Orleans District	176	66	37.5
Baton Rouge Region	329	110	33.4
Covington Region	794	477	60.1
Thibodaux Region	320	133	41.6
Lafayette Region	834	389	46.6
Lake Charles Region	468	277	59.2
Alexandria Region	409	211	51.6
Shreveport Region	548	213	38.9
Monroe Region	454	170	37.4
Jefferson District	244	141	57.8
Out-of-State	84	0	0.0
Unknown	109	14	12.8
Other/Missing	15	0	0.0
STATE TOTALS	4,784	2,201	46.0

[WebFOCUS Fex/OCS Performance Measures/Standard Reports/Performance Production/FcCaseLd4/hurfc2_1](#)

Data shows 46% of children reside in the same parish as the court location so it can be assumed that connections can be maintained in the community, school and family. The agency information system cannot provide historical data.

A February 2005, Focus Group in Jefferson region with Law Enforcement individuals responded to the following question:

How do you find the agency uses placement with relatives?

- There are instances when the child has to move again because the relative placement did not work out, but this was through no fault of staff.
- The placements are usually appropriate.
- Staff may not be asking all the right questions to obtain a good criminal history on the relative.

A November 2005, Focus Group with the Beauregard Citizens Review Panel responded to the following topics: Permanency—Is OCS utilizing relative placements/seeking out fathers?

- OCS is seeking out fathers.
- Participants find the fathers are more resistant to working with the agency, but the agency always seeks them out.
- Usually grandparents are utilized as relative placements.

- More and more grandparents are taking custody of children.
- OCS is holding family meetings to find relatives for children (new effort).

On July 16, 2009, a Focus Group of 12 youth who were State Board Members of Louisiana Youth Leadership Advisory Council (LYLAC) was held in Lafayette.

The youth were asked: What might have OCS done differently to strengthen these important connections?

- encourage/increase family visits and provide family information
- therapy should be directed toward the permanency goal.
- use therapeutic relationship to work with family and connections
- need better communication
- need support from professionals to encourage family relationships

Native American Children in Foster Care 10/30/2009									
Original Court	Race		Number in Placements Types						
Location	TIPS Race 1 04	TIPS Race 2 04	Rel. Foster Home	Relative	Parent	Adopt	Foster Home	Psych Hosp.	Res.
Thibodaux	6	1	2	-	-	1	2	1	1
Lafayette	4	-	3	-	-	-	-	-	1
Lake Charles	2	3	-	2	1	-	1	-	1
Alexandria	4	-	1	2	1	-	-	-	-
Monroe	-	3	1	-	-	-	2	-	-
Totals	16	7	7	4	2	1	5	1	3

The TIPS system allows for a child's primary race, 01 to be entered as well as a secondary race, 02. Race 01 is to best describe the race of child and each household member. Race 02 is to have the code entered which indicates ethnicity such as Hispanic, if applicable. If the subject is not of Hispanic ethnic origin, this field may be used to record the other race of the child/family member is bi-racial. The 23 children noted on this particular date represent .5% of the total number of children in foster care. Thirteen or 57% of the 23 children resided in a relative foster home, a relative's home or with a parent and only 17% of the 23 resided in a different parish.

Strengths and Promising Practices:

Please refer to Service Array, Item 35 for additional information on specific topics.

In February 2005, OCS entered into an agreement with the Chitimacha Tribe of Louisiana, one of the four Federally recognized tribes, focusing on licensing of the Tribe's child care facility and providing that complaints of child abuse and neglect concerning the Tribe's child care center would be referred to OCS for investigation. Along with this agreement, OCS initiated contacts with Tribes to address basic ICWA provisions and Tribal concerns about OCS application of the Act's provisions.

In a meeting on April 18, 2005, which included social service directors of the four federally recognized Tribes, OCS program staff, DSS Bureau of Licensing Director and a representative of the Governor's Office of Indian Affairs several suggestions for improvement were made and discussed. Problems have arisen over foster parent and kinship placements with American Indian families. One problem is described as dual certification; that is, both OCS and a tribe have certified a family to foster. OCS has shown a hesitation to place children in dually certified homes. Some American Indian families have been denied certification to foster or adopt based on their inability to meet some licensing standards though specific denials are unknown. Regional Recruiters are now making regular quarterly contacts with tribal social services directors with the intention of ameliorating some of these issues.

The Agency seeks to provide services to prevent the breakup of American Indian families. Limitations exist in the availability of services, particularly since the tribes are located in rural areas. Overall, the agency is working toward building a continuum of services that focuses on prevention and the preservation of the family unit. The Assessment of Family Functioning addresses race and culture. Foster Care Policy also directs staff to policy related to placement of Native American Children. Foster parents receive training on cultural sensitivity regarding this specific population and others. Four federally recognized American Indian tribes are

located in Louisiana: Chitimacha in Lafayette Region, Coushatta in Lake Charles Region, Tunica-Biloxi Tribe and Jena Band of Choctaw in Alexandria Region. Tribal representatives serve on the Statewide Stakeholder Committee and on Lafayette, Alexandria and Lake Charles Regional CQI Committees. Tribal participation in these committees provides access to discussion of OCS program development and evaluation and a forum for engagement with other stakeholders for information about other available programs and benefits.

From 2005 to 2009, on-going collaboration with Tribes has continued as follows:

- OCS has policies and practices governing the identification of American Indian children, case planning, service delivery, family preservation and family support services. Policy also addresses tribal notifications, tribal jurisdiction, and foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement.
- Respect for and protection of the cultural heritage and best interest of American Indians.
- Ongoing staff training on the exclusive rights of American Indian Tribes such as notices of state proceedings and special preference for the placement of American Indian children.
- Formal and informal working agreements with American Indian Tribes. OCS has MOU's with the Chitimacha Tribe of Louisiana and the Avoyelles Tunica-Biloxi Tribe of Louisiana.
- Tribal participation in regional Continuous Quality Improvement (CQI) processes in Lafayette (Chitimacha Tribe), Lake Charles (Coushatta Tribe) and Alexandria (Tunica-Biloxi Tribe). Tribal members are able to be involved in program development, program evaluation and learn about program eligibility via this forum.
- Inclusion of American Indian Tribal staff in regularly scheduled OCS training.
- Providing Indian Tribes with Funding Announcements and Request for Proposals (RFP) on Federal Register.
- Receiving Technical Assistance (TA) with the National Resource Centers (NRC) through our Court Improvement Project (CIP) to improve our collaboration with Indian Tribes and identifying cases subject to ICWA.
- Initial and ongoing training to front-line staff to assure that ICWA policy is understood and implemented, and Tribal staff is invited to regularly scheduled OCS training.
- Quarterly contacts by OCS recruiters with tribal social services directors to develop placement resources within the Tribal community and outreach efforts by, CFCIP providers and ETV providers.
- Efforts to develop a continuum of services that focuses on abuse and neglect prevention and family preservation for all families, including Tribal families.
- Special provisions in OCS policy including family background investigation, pre-removal services, hearing notification to parent and tribe and special placement consideration that apply to children who are eligible for membership in a federally recognized Tribe.
- Regional Recruiters in the OCS Home Development Section assigned to regions where Tribes are located make quarterly contacts with Tribal social services director.
- Chafee Independent Living providers in regions where the Tribes are located make ongoing outreach efforts to the Tribes.
- OCS has notified all Tribes in the State, the Director of the Bureau of Indian Affairs, and the

Director of the Louisiana Intertribal Council that OCS is available and willing to negotiate in good faith with any Tribe or Tribal organization that requests the development of a Title IV-E agreement to administer all or part of the Title IV-E program, including the Chafee Foster Care Independent Living Program on behalf of Indian children, and to provide access to Title IV-E administration, training and data collection resources. The Chitimacha Tribe made preliminary inquiries, but decided not to pursue IV-E funding. No other Tribes or Tribal organizations have expressed interest.

The Office of Community Services has worked diligently to communicate to staff, out of home care-givers and service providers the importance of children remaining connected with their neighborhoods, schools, family, faith and friends. Placements are now focused on kin and connections.

During the Louisiana Legislative Regular Session, 2009, Act No. 297 was passed. This Act provides that: The governing authority of each public elementary and secondary school shall establish a policy to ensure that a child who is in foster care pursuant to placement through the Department of Social Services shall be allowed to remain enrolled in the public school in which the child was enrolled at the time he entered foster care if the

Department of Social Services determines that remaining in such school is in the best interest of the child. This Act is to maintain a child's connections in school and the community.

The Assessment of Family Functioning is embedded in the case plans and well as the Transitional Plans for older youth. This assessment attempts to update connections for the youth every 6 months in preparation for the Family Team Conference.

MAPP/GPS, the training for perspective foster parents and care-givers, provides instruction on the importance of maintaining connections and the role that this plays in stabilizing placements for children and youth. Foster families and caregivers are encouraged to maintain connections with the child and/or youth and are helped to understand the important role they play in maintaining relationships.

In 2006-2007, foster care and adoption workers throughout the State were trained on Connections for Permanency. Training is being scheduled again throughout the state from September, 2009 through December, 2009. This training will stress that when a child is initially known to the child welfare system then this is the time connections are to be sought.

A Memorandum of Understanding (MOU) has been executed between OCS and Louisiana CASA which will facilitate CASA volunteers reviewing case records with special attention on identifying permanent connections for the foster care/adoption workers to consider.

Services to youth who are aging out of the state's foster care system have received regular support through consultation, training and materials for the National Child Welfare Resource Center for Youth Development. This NRC continues to provide intervals of consultation to the State's provider network and for the State's administrative staff.

Eight dedicated regional foster/adoptive home recruiters, jointly trained in the areas of general, targeted, and child-specific recruitment, have spent the last 2 years flooding local communities with the message of need and strategies for communal involvement regarding potential foster and adoptive homes based on our children's culture, ethnicity, and special needs. The relationships have been established and are continuously being fostered by the regional recruiters in their communities. These relationships have created alliances with stakeholders throughout the State. The massive amount of free media, through publish service announcements, regular television, newspaper, and magazine articles that present the Agency's commitment to finding safe and nurturing homes for foster and adoptive children have become "the norm" in many areas of the State. The message of communal responsibility and accountability is more tangible to everyday viewers. This has resulted in a new allegiance in local communities by individuals and corporate stakeholders to share in the drive to provide safe and nurturing homes for all of our children who need them in their own community.

Communities count on and solicit recruiters to present in their churches, at faith-based forums, schools, civic and local non-profit organizations and businesses. Each recruiter has begun sending regional-specific newsletters and invitations to upcoming Orientation sessions to their faith-based and local resource partners at least quarterly. These communications share a need for certified foster/adoptive parents and a commitment by these community recruiters to share with them other ways to assist vulnerable children in their communities.

Louisiana is preparing for implementation of the National Youth Transitional Database requirements. This has afforded another opportunity for state-to-state interaction and partnership with the Office of Juvenile Justice, the state entity which now provides services to youth generally adjudicated to be in need of supervision. This partnership has the potential to assist the state with jointly conducted work around connections for children/youth.

"Nothing About Me Without Me" has been adopted as the motto for involving youth in the development of procedures and policies. The National Resource Center of Youth Development and the National Resource Center for Family Centered Practice and Permanency Planning have been instrumental in guiding our outreach to youth and the importance of family connections. A meeting with the 4 federally recognized tribes occurred in September 2009 in order to reach out with Chafee and ETV funds.

Youth are being involved in all aspects of our agency. They also have spoken at State conferences as well as at a national conference. The more involved the youth are, the more their voice is heard and this reinforces the message that youth are an integral part of the agency and the communities. A viable, operating youth advisory council composed of youth transitioning from care and youth who have aged out of foster care into young adulthood has been formed. The group known as LYLAC (Louisiana Youth Leadership Advisory Council) is forming regional youth leadership groups to increase participation and visibility for youth aging out of care.

Barriers:

Although Louisiana is making every effort to have a permanent connection for every child/youth that exits foster care, there are several barriers. Staff turnover makes it difficult to develop and maintain engagement with child/youth, community resources, families, and to excel in connections training.

Foster homes to meet the needs of the children continue to be a challenge in all regions. Having this available resource for the children will allow them to remain in their originating community to attend the same schools and churches and maintain friendships and relationships. Recruiters are working diligently to develop community relationships and present the agency need for foster/adoptive homes.

All agencies are experiencing budget constraints which have added to the burden of travel, resource development, and the provision of services for youth aging out of care.

Item 15 Relative Placement: *How effective is the agency with identifying relatives who could care for children entering foster care, and using them as placement resources when appropriate?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

In the permanency process, OCS makes a concerted effort to place children with relatives initially upon entering foster care. Generally, when a child can not safely reside in the home of the parent, a child should be placed in the home of a suitable relative if such placement is in the best interest. Children's Code Articles 622 and 627 provide rules for placement with a suitable relative who is the age of majority and who is willing to assume care of the child if such placement is in the best interest of the child.

Chapter 6 Foster Care, Part 3, 6-300 Guidelines For Selecting A Placement/Replacement Resource

For some investigations, the formal assessment of risk will reveal that a child is at serious risk of harm as the result of child abuse and/or neglect, and that it is necessary to remove the child from his parent/caretaker in order to protect him. The protection, in the case where removal is necessary, is secured by requesting the issuance of an instant order from the court with juvenile jurisdiction. This action includes when the child must be removed and is placed with a relative.

Chapter 4, Child Protection Investigation, Part 7, 4-710 Emergency Protective Action

The Foster Care Worker who is assigned to a child entering care should determine if the Child Protection or Family Service Worker identified relative resources prior to initiating the foster care placement. If not, the parent or caretaker from whom the child was removed and/or the child should be asked to identify relatives. The following methods that may be used to identify family or other significant adults who may provide permanency for the child:

- Ask the parent for names and contact information of all
- Seek the court's assistance in relative searches. Both the agency and courts do relative searches.
- Any relatives whose names are provided are to be listed, with all pertinent information, on the Family Face Sheet (OCS Form 1D).
- Relatives whose names are provided shall be assessed for placement possibilities if the non-custodial parent is not available or ruled out for placement.
- Relatives shall be reassessed prior to each FTC until a permanent placement is identified.

- The Foster Care Worker shall document assessment/reassessment efforts on: the CR-8, The Family Face Sheet (OCS Form 1D) or tracking form approved by the local region, and the Case Plan - in the permanent plan review section and as an ongoing action towards achieving the permanent placement goal.
- The court shall be kept updated on search efforts via court reports, court letters, or court testimony.

Chapter 6 Foster Care, Part 4, 6-425 Relatives and Friends as Caregivers

ICPC provides a valuable vehicle for locating placements in other states for children in foster care and those available for adoption. The ICPC Section operates as a part of the Division of Foster Care Services in state office. The Section receives requests for home studies from other states, tracks those requests to completion, and monitors the production and distribution of progress reports. The Section also receives requests from OCS field staff for out-of-state placements.

Performance in CFSR Round 1:

Item 15 was assigned an overall rating of Strength because in 86 percent of the cases, reviewers determined that OCS/DSS had made diligent efforts to locate and assess relatives as potential placement resources. Item 15 was rated as a Strength when the child's current placement was noted to be with a relative (8 cases), or when reviewers determined that OCS/DSS had made diligent efforts to search for both maternal and paternal relatives when appropriate (17 cases).

Evaluative Assessment of Performance:

Relative Placements				
FF Year	Total Children in Foster Care Placements	Relative Certified	Relative Non-Certified	Total Relative Placements
09/30/2009	4735	410	1065	1475
09/30/2008	4821	422	1058	1480
09/30/2007	5105	343	1209	1552
09/30/2006	4963	320	1116	1436
09/30/2005	4535	387	663	1050

Webfocus Report

The non certified caregiver can be approved as a home only for the specific child for whom the home evaluation was conducted and only for the time when the child is placed in the home. Non certified relative placements do not receive room and board payments; however, the family does receive a clothing allotment, mileage and school fees reimbursement in accordance with policy. The child receives all services offered to a child in foster care according to policy guidelines. The agency continues to have custody of any children in non certified relative placements in accordance with the case plan goals. All relatives are informed of the option of being licensed; however, they must be able to provide for the health, safety and well-being of the child and should appear to meet the eligibility criteria in Chapter 9 Section -9-210 for family foster homes per DSS licensing and OCS policy. Foster Care Policy 6-425 and 6-440 indicates the child specific applicant must agree to fulfill all responsibilities expected of certified family foster parents. There is no Review Board. The assigned foster care staff is responsible for visitation in the home with the child and the caregiver on a monthly basis. The child's placement is discussed at the Family Team Conference and court review hearings with the courts being notified of placement changes should re-placement occurs.

A March 2005, Focus Group in Monroe with the provider's responses to relative placements was: The providers discussed a "problem" with the State placing a child with relatives instead of foster care. They felt that the child was not served as well going to live with relatives. The relatives do not always "screen" the child from unsafe individuals.

The agency primarily focuses on obtaining a relative placement at the initial onset of the agency's involvement. Ongoing assessments are conducted by the Foster Care/adoptive workers. More relatives are becoming certified foster parents to receive the foster care board rate.

Relative Placements -and- EOFFY Number of FC Clients:

Region/District	As of 9/30/03	As of 9/30/04	As of 9/30/05	As of 9/30/06	As of 9/30/07	As of 9/30/08	As of 9/30/09
Orleans District	50	42	40	37	32	27	32
Baton Rouge Region	45	21	37	52	68	50	37
Covington Region	167	153	280	360	364	318	294
Thibodaux Region	57	57	54	106	105	133	121
Lafayette Region	145	142	220	289	273	336	342
Lake Charles Region	42	59	53	105	130	104	172
Alexandria Region	117	109	138	192	177	148	155
Shreveport Region	110	102	131	147	154	176	105
Monroe Region	39	36	35	48	55	61	104
Jefferson District	63	69	62	91	179	123	102
Other/Missing	13	3	0	9	15	4	7
STATE TOTALS	848	793	1,050	1,436	1,552	1,480	1,471
Foster Care Clients @EOFFY	4,253	4,103	4,535	4,963	5,106	4,821	4,731
%FC Population in Relative	19.94%	19.33%	23.15%	28.93%	30.40%	30.70%	31.09%

The total number of relative placements has steadily increased from 19.9% in 2003 to 31.1% in 2009. This is an increase of 11.2%.

Search for Relatives Last 6 Months			
FF Year	Total Applicable Cases #	Searched	Percentage Searched
2008-2009	1087	780	71.8%
2007-2008	1441	970	67.3%
2006-2007	424	407	96.0%
2005-2006	318	311	97.8%
2004-2005	280	275	98.2%

From QA -1 Data AR/FTC Reviews

In 2005, the agency had a high compliance of 98.2% which went to a low of 67.3% in 2008. FF year 2009 has a slight increase from 2008 of 71.8% which is a 4.5% increase.

If the child came into care or was replaced within the last 6 months, has the child been maintained in the same school placement?			
FF Year	Total Case # Reviewed	No - # of Cases that have had Multiple Schools	Percentage
2008-2009	357	213	40.3%
2007-2008	274	173	36.9%
2006-2007	370	226	38.9%
2005-2006	277	156	43.7%
2004-2005	418	233	44.3%

The data presented in the previous chart, from Foster Care/Adoptions QATS Reports, shows a slight rise in the number of children within the designated time period that experienced multiple school placements. This slight increase is after 4 years of declining numbers.

The most recent statewide Peer Case Review found Item 15 to be a strength in 82% of the applicable cases (124 cases) and an area in need of improvement in 18% of the cases (27 cases).

On July 16, 2009, a Focus Group of 12 youth who were State Board Members of Louisiana Youth leadership Advisory Council (LYLAC) was held in Lafayette. The youth were asked:

What, if any, steps might OCS have taken and that we didn't take that might have proved beneficial in reunifying you with your family of origin or aided you in achieving permanence with a suitable relative.

- waited too long for connection to biological family
- timing and completion of paperwork
- follow through with relative home studies

A February 2005, Focus Group in Jefferson region with Law Enforcement individuals responded to the following question: How do you find the agency uses placement with relatives?

- There are instances when the child has to move again because the relative placement did not work out, but this was through no fault of staff.
- The placements are usually appropriate.
- Staff may not be asking all the right questions to obtain a good criminal history on the relative.

A November 2005, Focus Group with the Beauregard Citizens Review Panel responded to the following topics: Permanency—Is OCS utilizing relative placements/seeking out fathers?

- OCS is seeking out fathers.
- Participants find the fathers are more resistant to working with the agency, but the agency always seeks them out.
- Usually grandparents are utilized as relative placements.
- More and more grandparents are taking custody of children.
- OCS is holding family meetings to find relatives for children (new effort).

Home Study Requests Made by Louisiana					
FFY	Total Number of Requests Made	Requests Completed in 30 Days or Less		Requests Completed in 31-60 Days	
		Number	Percent	Number	Percent
10/1/06 – 9/30/07	490	40	8%	113	23%
10/1/07 – 9/30/08	434	59	14%	110	25%
10/1/08 – 9/30/09	487	69	14%	112	23%

The table reflects the rate of home study completion when Louisiana was the State requesting a home study for foster/adoptive placements. The passage of the Safe and Timely Interstate Placement of Foster Children Act of 2006 has not dramatically changed the compliance rates.

Home Study Requests Received by Louisiana					
FFY	Total Number of Requests Received	Requests Completed in 30 Days or Less		Requests Completed in 31-60 Days	
		Number	Percent	Number	Percent
10/1/06 – 9/30/07	482	134	28%	137	28%
10/1/07 – 9/30/08	495	58	12%	144	29%
9/30/08 – 4/30/09	435	53	12%	113	30%

The table reflects the rate of home study completion within 30 days and within 60 days for Louisiana as the State completing a home study for another entity. As is evidenced by the percentages of home studies completed within 60 days, improvement in completion rate has occurred in each FFY. The decrease in numbers may be attributable to staffing issues.

Strengths and Promising Practices:

Please refer to Service Array, Item 35 for additional information on specific topics.

The agency has several procedures in place to conduct searches for both paternal and maternal relatives. Does the court review agency efforts to locate relatives at court hearings? Search efforts include the following: Completing and submitting the Form 200, Request for Federal and State Parent Locator Services to the Regional Eligibility Specialist for referral to Support Enforcement Services, completing a DSS Client System search to identify addresses or contact information provided for the client through other DSS programs, and Searching the Internet through search engines such as www.Google.com, www.Anywho.com, www.whitepages.com, or others sites to find information available through databases available to the public such as the telephone book white pages, (this search option may also be used in seeking the location of relatives). The Foster Care Worker may work with CASA per the region's memorandum of understanding to identify relatives.

H. R. 6893: Fostering Connections to Success and Increasing Adoption Act of 2008 legislation allows for title IV of the Social Security Act (SSA) to give state plans the option of providing for the state to enter into agreements to provide kinship guardianship assistance payments to grandparents and other relatives who have assumed legal guardianship of children for whom they have: (1) cared for as foster parents; and (2) committed

to care on a permanent basis. The agency has taken a proactive role in Fostering Connections with new policy to be implemented, workers are required to assess the case ongoing for relatives and to conduct a diligent search every 30-days. Implementation occurred in April 2009.

Louisiana Kinship Integrated Service System (LA-KISS) is to improve collaboration between OCS and OFS and to examine the impact of improved collaboration on outcomes for children in kinship care.

LaRapp (Louisiana Relatives as Parents) is a program to explore the needs of and support relative caregivers (concrete services, training, support groups, etc.)

The agency has demonstrated several strengths that will address external factors regarding relative placements. The state of Louisiana (OCS) recognizes that financial problems are the primary barriers that impede the relatives from becoming certified foster/adoptive parents. Therefore, the agency has partnered with the Office of Family Support to connect our clients with this agency. The Office of Family Support provides monetary funding for relatives that meet the income criteria. Home Development policy has been amended to decrease the certification process of relatives. The agency re-evaluated the waiver policy and created a more realistic, safe and appropriate criteria for extended-relative placements. Agency funds discussed below are available for these families.

The Office of Community Services is currently in the process of developing a uniform curriculum for the new Kinship providers. It will be implemented statewide in 2010.

Preventive Assistance Funds (PAF) are resources available to CI, FS, and IHBS staff. PAF allows OCS Workers to access funds to purchase items or services (or both) to prevent the removal of children from their families and placement in foster care.

Reunification Assistance Funds (RAF) are available on a limited basis to families for concrete services such as, but not limited to, food, rent, water, payment of bills, used washers and dryers, refrigerators, building supplies, etc.

Low Income Home Entergy Assistance Program (LIHEAP) is to provide immediate energy crisis services to families and individuals who, in addition to experiencing economic and social hardships, are faced with a home heating or cooling crisis.

The agency and Mississippi, in conjunction with ICPC regulations, are developing an agreement regarding the completion of relative home studies who reside across state lines for children in the foster care systems. This agreement will facilitate the timely placement of children.

Barriers:

Major barriers that the state faces with regard to successfully addressing or implementing relative placement is insufficient financial resources, lack of homes having adequate space, difficulty with criminal record compliance, and prior involvement with the agency.

Many times, children are placed in a relative home before the proper procedures are followed; though, children should not be placed until the Criminal records clearance is completed and received. These procedures include state central registry clearances and FBI clearances. Criminal record clearances are required on all adults in the home. This only occurs in emergency situations. In these instances, the placing worker ensures that the home does not pose any safety hazards to the children and that the placement is safe until the clearance can be obtained.

The safety and well-being of the child is of utmost importance in a child/specific/non certified placement. The worker completes Form 417 Checklist for Emergency child specific Placements and the 427-D Agreement Between OCS & Non-Certified Caretakers for Care of Foster Children. If the child was placed with a relative, other than a parent, or a non-relative on a temporary basis by the CPI or FS worker as an emergency removal, the FC Worker reviews the written preliminary assessment of the home and completes the home study

including following up as necessary on requests for fingerprint-based criminal record clearances and State Central Registry clearances. This delay results in a financial hardship for the caregiver. The agency has made relative placements and later finds out a family member has a criminal record that will not allow for us to approve the home or to obtain a waiver. This results in the children being replaced.

The agency has experienced situations where the relatives have parented the children and then are not in agreement to attending certification classes. They refuse to follow agency requirements, especially discipline techniques. FC Policy 6:430-The home study shall be reviewed by the foster care worker with the caregiver to determine if the information continues to be accurate and to determine if the home continues to meet the needs of the child, including safety, permanency and well-being. The foster care worker staffs with the supervisor regarding changes in the home and a decision is rendered regarding disposition. If there is a decision made to remove the child, the worker must plan with the family for the child's removal.

Item 16 Relationship of child in care with parents: *How effective is the agency in promoting or helping to maintain the parent-child relationship in foster care, when it is appropriate to do so?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

Visits between the child and parent(s) are required to be held within five days of the child's entering into foster care. The first family visit is supervised by the foster care worker to observe and to assess the family interaction and behavioral and communication patterns.

When visitation remains in the child's best interest, parental visits are required to be held at least every two weeks. Visits are required to be held in the biological family's home whenever possible. If safety concerns are present or structured visits seem more appropriate to the needs of the child, visits may be held in the office, but this requires prior supervisory concurrence. Policy emphasis is placed on visitation as a right of both the parent and the child. Hence, court approval is required for cancellation or limitation in cases where visitation has been determined to be too damaging to the child.

Parent visits shall occur at least every two weeks unless case circumstances prevent visiting or otherwise indicated. In the first six months of placement and two months preceding the reunification date, every effort shall be made to hold visits more often and to increase the length of visits. If the parent's whereabouts are unknown, documentation on the Visitation Contract is to state "Parents' whereabouts unknown". Visitation will still be scheduled when the parents' whereabouts are unknown or the parents have had a pattern of failure to attend; but children will not be transported for visits, unless the parent confirms plans to attend.

Any changes to the case plan that are made at or after the Family Team Conference (FTC) shall be discussed by all parties prior to being made, unless the change is only to correct typographical errors. Revised copies are then given to all parties who received a copy of the original case plan.

Chapter 6, Foster Care, Part 8, 6-830 Changes to the Case Plan

If the child cannot be returned home, the child's biological parents (if parental rights have not been terminated) shall be notified of the change in placement prior to replacement, if possible, or as soon as possible after placement. Chapter 6, Foster Care, Part 12, 6-1205 Replacement

Foster parents are also given responsibility for maintaining the child's connection to his parents. For example, foster parents are asked to take photographs of the child to give to the biological parents(s) and to place the child-parent photographs in the child's Lifebook. A lifebook is started with a child at the time of placement in foster care and should be continually updated throughout the child's foster care placement. A lifebook documents memorable events and activities for the child about himself and his family, past and present. The lifebook is part of the FTC and is reviewed to ensure the child has an account of his stay in foster care. If the foster parent does not maintain the child's lifebook it is the responsibility of the worker. Foster Care Workers are to make a copy of each child's lifebook and is to be updated. This is required in case the child's Lifebook is lost, damaged, etc. Chapter 6, Foster Care, Part 7, 6-715 Family History and Child's Lifebook

In order to prevent future delays in achieving permanency of children entering foster care, the paternity of children must be determined timely. When the paternity of a child is unknown because he or she was not born or conceived during a marriage or otherwise acknowledged by the biological father, an attempt to definitively determine the paternity of the child should be made. The worker should request information from the mother and other relatives concerning the paternity of the child. The agency will purchase paternity testing only if the agency needs this information in order to develop or implement the permanent plan for the child or to make an appropriate placement of a child. Article 625 of the Children's Code states that, at the continued custody hearing, the court shall direct all persons before the court to identify the name, address, and whereabouts of each parent. If a statement was not obtained from the mother under oath during the Child In Need of Care (CINC) proceedings as to the paternity of the child and the father's current whereabouts, it is recommended that this information be requested at a Case Review or Permanency Hearing. This statement from the mother will establish at least on the court record an attempt to identify the father and allow the agency to make a good faith effort to locate the person named under oath as the father and to request an order for child support, if needed. If the person identified as the child's father disputes paternity or his paternity is otherwise contradicted (more than one person identified as possibly being the father), paternity testing may be needed. Chapter 6, Foster Care, Part 4, 6-410 Establishing Paternity

Case plans are to be developed for each parent until the parent's rights are terminated, or the agency no longer has custody of the child. If a parent's identity is unknown or if there is no known address for a parent, the notice shall be sent to the parent in care of the legal counsel for the parent. If no legal counsel is assigned, then documentation should be made in the report to the court of diligent efforts to locate the absent parent in order to notify the parent of the right to attend and participate in the AR/FTC.

If a biological father, who has not legally acknowledged the child nor shown any interest in the child, refuses to visit and to work on a permanent plan for the child, the worker shall document this fact in the case record and court report. The worker shall send a certified, return receipt letter, confirming the above or obtain a signed written statement from this parent. It is not necessary for agency staff to visit these fathers although they are to be notified of Family Team Conferences, court hearings, and kept up to date about the child's situation in foster care such as a child's placement or runaway status. Periodic contact should also be made with the fathers to determine if they can provide the names of any relatives that may be interested in providing any type of supportive contact with the child. Case plans can be sent to the father but is not required as an effort to engage the father later on throughout the process.

Chapter 6, Foster Care, Part 2, 6-200 Worker Visits With Parents and Part 8, 6-825 On Going Family Team Conferences, Quarterly Staffing and Administrative Reviews

Chapter 4-700 B.2.; Chapter 6-630 and Appendix A ICWA; and Chapter 8-440 all address serving Native American children and their families. Louisiana follows the United States Code concerning Native Americans and the tribal codes.

The agency takes a proactive role in encouraging and supporting meaningful involvement of the parent through out the life of the case. Some of the efforts noted: encouraging parents to visit; providing feed back and tips to the parent to support positive visitation with their child(ren); providing training for staff on the importance of visitation; utilization of the Resource Centers in the past to address parenting and meaningful contacts; moving visits away from the office when safety and risk factors are reduced; some regions have worked with CASA to support visitation between parent and child(ren); celebrating birthdays and allowing parents to make the visit special for the child(ren); encouraging parents to take pictures of the visits; assisting with transportation when it becomes an issue; encouraging parents to participate in school activities or attend medical appointments for children when it is supported by the caregiver(HB or relative); encouraging parents to provide letters, cards and other items, (when appropriate and not counter productive for the child); especially when the parent resides out of state or is not in the same geographical location as the child(ren); reviewing with parents visitation and if there are changes or revisions that could be addressed to enhance quality visitation for parents and child(ren). Another support can be the therapeutic intervention involving the parent and the child in family therapy when deemed appropriate by the therapist. The agency utilizes various resources and methods to further the parent/child relationships. The agency to develops and/or strengthens the

child/parent relationship by the development and implementation of Visit Coaching. Children in foster care attend family events such as funerals. The agency supports permanent connections when they pose no risk or harm to the child(ren). The agency is to attempt to locate the non-custodial parent and /or the incarcerated parent and request they make an appropriate plan for the child. A case plan packet is submitted to the parent who is incarcerated and requires the parent to provide to the agency a plan and identify relatives who may be available to provide for the child's needs.

Performance in CFSR Round 1:

Item 16 was assigned an overall rating of Strength because reviewers determined that in 95 percent of the applicable cases, OCS made concerted efforts to support the parent-child relationships of children in foster care. Item 16 was rated as a Strength when reviewers determined that OCS had made concerted efforts to promote the relationship between the child and his or her parents. Item 16 was rated as an Area Needing Improvement in one case when reviewers determined that visitation between the mother and child was not sufficient to promote bonding and that OCS had not promoted more frequent visitation.

Evaluative Assessment of Performance:

Parent Advised of Child's Placement Change (if any occurred)			
FF Year	Total #	Yes #	Percentage
2008-2009	1964	1553	79.1%
2007-2008	2287	1635	71.5%
2006-2007	2299	1734	75.4%
2005-2006	1686	1394	82.7%
2004-2005	1380	1148	83.2%

CCQA-QATS

The Foster Care Quality Assurance report indicates that from October, 2008 to September, 2009, a total of 1553 cases or 79.1% of parents were advised of a change in their child's placement which is an increase of 7.6%. There data also shows a decrease of 4.1% from 83.2% in 2005 to 79.1% in 2009. Though this is area that is improving as indicated by the data, continued improvement is necessary. The data may be reflective of a lack of case documentation rather than staff not communicating with parents.

Parent Advised of Changes in Visitation Contract/Schedule (if any occurred)			
FF Year	Total #	Yes #	Percentage
2008-2009	1265	1153	91.1%
2007-2008	1384	1191	86.1%
2006-2007	1226	1087	88.7 %
2005-2006	822	749	91.1%
2004-2005	623	570	91.5%

CCQA-QATS

The data positively indicates the agency informs parents of changes in the visitation contract. The Foster Care Quality Assurance report from October, 2008 to September, 2009 shows a total of 1153 cases or 91.1 % of parents were advised of a change in their visitation contract which is an increase of 5%. From 2005 to 2009, there is only a slight decrease of .4% in parental notifications of visitation changes.

Questions:	Accessibility Degrees & %:				
How Effective Is OCS-----	Very	Usually	Sometimes	Rarely	Not
effective in maintaining continuity of family relationships?	14.2	51.7	28.3	5.8	0

The CASA survey had 120 respondents with 90% being CASA staff or volunteers. The survey was developed by CASA state executive staff and OCS utilizing SurveyMonkey. CASA respondents feel that OCS is 65.9% positively, 28.3% sometimes, and only 5.8% negatively maintaining the continuity of family relationships. This is a positive confirmation of the agency efforts to maintaining family relationships.

CQI Peer Case Reviews
2007-2009 Item 16: Relationship of child in Care with Parents. Rated as a Strength 75%

The CQI Peer Case Review for 2007-2009, reveal this item to be an area needing improvement for Louisiana with 75% (94 cases) of the applicable cases rated as a strength and 25% (32 cases) rated as an area in need of improvement.

Strengths and Promising Practices:

Please refer to Service Array, Item 35 for additional information on specific topics.

In Orleans Parish Juvenile Court, one section of court had a grant for Zero to Three (ZTT). The focus of the grant is to provide intensive services early on and to address and develop comprehensive approaches to swiftly and effectively meet the complex needs of young children. There has been an intense effort to increase the frequency and duration of visitation of parents with children. This initiative is committed to integrating research based practices into daily court practice and will provide positive outcome measures for this group of children. The program formally began in October 2006.

The agency has worked collaboratively with the Infant Team in four parishes in an effort to provide intensive services to parents and children to increase the permanency outcomes for children between birth and sixty months. The work of the Infant Team also focuses on the continuity of visits between mother and child and provides for treatment services for the mother.

Visit Coaching began in the fall of 2009. Staff from the Family Resource Centers will help the OCS worker and parent structure visits. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs. This service does not take the place of the worker's role in the visits and planning for the visits but should be a partnership between the OCS worker, the parents and the visit coach. The frequency and content of child/parent/sibling visits should become substantial and rewarding.

Barriers:

There is a problem with workers consistently documenting diligent efforts to locate fathers, assessing fathers for services, and providing ongoing services to them. The problem is most prevalent in Family Services cases where the father is not in the home. In Foster Care cases, if the whereabouts of the father is unknown, then there is inconsistent documentation in the case records that shows the diligent efforts that are required by policy and good practice.

Stabilizing and strengthening the overall child welfare workforce and reducing turnover is a critical challenge to be addressed in the short, mid and long term. Changing workforce demographics, including many baby boomer staff exiting to retirement and the need to create a workforce environment accommodating of the needs of a new generation of workers very adept with technology and multi-tasking as well as desiring consistent, continuous strengths based feedback and coaching, must be proactively and creatively addressed. To retain and foster continuous staff growth, the department in collaboration with its child welfare partners must continue to advance initiatives that build upon a culture of service and inspire continuous striving for excellence while also being respectful of work-life balance and the need to reward and acknowledge a job well done and extra efforts. Leaders and staff must believe the job is possible, vitally important, and that they, in collaboration with children, youth, families, and community partners, have the collective knowledge, skills, and passion to improve outcomes for the children, youth, and families being served.

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

Item 17: Needs and services of child, parents, and foster parent. *How effective is the agency in assessing the needs of children, parents, and foster parents and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

Either during or at the conclusion of an investigation, the Child Protection Investigator discusses service options with the family and Child Protection Investigation supervisor. If a child can remain in the home based on the risk assessment, services may be offered to the family which has then been referred to the Family Services program. A Family Services worker works with the family to maintain the child in the home. Intensive home based services may be required which is a more intensive intervention to maintain a child at home.

In March 2005, policy was issued to CI, FS, and FC staff which provided a mechanism to assist staff in the screening of OCS clients for potential substance abuse, mental illness and domestic violence. Specific data is not available during this period due to the hurricanes. In October 2009, Form 12, Alternative Response Family Assessment, has been revised with the 2005 GAIN-SS for screening adults and adolescents for substance abuse and mental illness; and, Structured Decision Making Initial Risk Assessment, implemented in 2008, to provide an ongoing process to assess for safety and risk regarding the child/ren.

The Structured Decision Making risk assessment process evaluates the potential risk of longer-term harm from abuse/neglect to the children residing in the home and any children who are out of the home but may return home. The worker is responsible for completing an assessment of risk. The Assessment of Family Functioning is used to document the initial assessment and the updates. The assessment of risk assists with the process of the development of the case plan. It identifies the areas of potential future harm and therefore the areas that need change in order to reduce the risk of future abuse/neglect. It should also be given careful and thorough consideration by the parents/caretakers in working with the worker to develop the goals and objectives of their case plan. Chapter 5, Family Services, Part 4, 4-410 Assessment of Safety and Risk to the Child

Assessment of Family Functioning/Case Plan (AFF) (which replaced OCS Form 60 Social Assessment Form) is a web-based instrument used in Prevention/Family Services, Foster Care, and Adoptions with minor programmatic adaptations. The Assessment of Family Functioning is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems. This results in an assessment and planning document consistent through all programs so that when a child moves from one program to another, all workers will be familiar with and using the same instrument. Chapter 6, Foster Care, Part 2, 6-205 Assessment of Family Functioning

If a child enters state's custody as a result of a valid child protection investigation, the foster child is placed in the least restrictive (most family-like), most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. Chapter 6, Foster Care, Part 3, 6-300 Guidelines For Selecting A Placement/Replacement Resource

Policy addresses initial mental health screening for each child entering the foster care system. The mental health screening, completed by staff, must be documented on the Child/Adolescent Initial Mental Health Evaluation form (OCS CE-1 Form) within 15 days from the date the child enters foster care. Refer to Item 23 for additional information. Chapter 6, Foster Care, Part 7, 6-702 Initial Mental Health Screening and History Refer to Item 23 for additional information.

Request for OCDD services and/or Medicaid Home and Community Based Waiver Services is to be made for foster children who have a developmental disability that results in impairment in three of the

six areas of major life activity The child's worker is to request services through the New Opportunities Waiver (NOW)/Children's Choice Waiver and designated waiver slots assigned by OCS. All adults and children in Louisiana who meet the developmental disability and financial eligibility criteria may request to be placed on the MR/DD Request for Services Registry (RFSR). From the MR/DD RFSR, individuals are offered the New Opportunities Waiver (NOW) and/or the Children's Choice Waiver. The Children's Choice Waiver is offered to children under age 19 on the MR/DD RFSR on a first come, first serve basis as waiver opportunities become available. In order to supplement the waiver program to benefit more foster children than those who would receive the Children's Choice Waiver /NOW, OCS assigns a limited number of waiver opportunities in addition to the DHH funded Medicaid waivers. The New Opportunities Waiver slots that are designated for OCS are only for foster children who meet the criteria for developmental services. Any waiver assigned by OCS to a foster child continues to be assigned to that child even after the child exits foster care. This waiver opportunity is not available to be assigned to another foster child, until the child who had received the waiver opportunity is no longer eligible to receive the service. Foster children are eligible for NOW and Children's Choice Waivers just as any other child who meets the eligibility criteria. OCS, Chapter 6, Foster Care, Part 7, 6-703 Early Intervention and Developmental Waiver Services

Louisiana follows the United States Code concerning Native Americans and the tribal codes. Chapter 4-700 B.2.; Chapter 6-630 and Appendix A ICWA; and Chapter 8-440 all address serving Native American children and their families.

Administrative oversight of the placement of youth in restrictive facilities was increased, requiring that mandated criteria be met along with screening and assessment of the child's needs be provided prior to approval of residential placement. A policy was also implemented to restrict admission to residential placements for children aged 10 and younger. This policy requires state office review with final approval by the Assistant Secretary, and has greatly reduced the inappropriate placement of young children in residential care. Policy for residential care also requires a regional quarterly residential staffing with a focus on outcomes and discharge planning for youth in residential care. These policies were implemented since CFSR Round 1 in 2008. Chapter 6, Foster Care, Part 5, 6-530 Referrals to OCS Residential Facility Resources

The use of emergency shelters shall be limited to those situations in which no other placement is available. At no time shall a child below the age of 10 be placed in an emergency shelter. However, if the child is a part of a sibling group, consideration can be made to keep the siblings together in the emergency shelter (depending on the age of the children) with prior approval from the Regional Administrator or designee. The length of stay in a shelter shall be 45 days or less. The worker will utilize this time to further assess the child's needs in order to locate the most appropriate foster care living arrangement. If additional shelter days are needed, two 30-day extensions can be approved. The Residential Placement Specialist is to approve the first 30-day extension. Any shelter days needed beyond the 75 days requires approval from State Office Division of Foster Care Services. At no time shall a child exceed 105 days of shelter care in a 12 month period, nor is a child to be removed for a short period of time and then returned to a shelter setting. Chapter 6, Foster Care, Part 5, 6-530 Referrals to OCS Residential Facility Resources

It is the philosophy of OCS that all children are best served in family settings and placement of children in residential facilities should be the placement of last resort and be considered an interim, short term placement for treatment. Prior to a referral of a child for a residential placement documentation of placement preservation efforts and support services as delineated in Section 6-1205 is required. Residential placement may normally be avoided through timely provision of support services to the child's family of origin or foster family and/or placement of the child in a treatment foster home. However, there are times a child may need to receive time-limited care in a facility offering supervised treatment services. When a foster child is placed in a residential facility outside the region of origin (court of jurisdiction) the responsibility for the child will transfer to the receiving region. Referral of a child for residential placement may not be made unless all Residential Referral Criteria have been met and documented. The worker shall forward the packet to the Regional Placement Specialist. Upon the Regional Placement Specialist's receipt of the referral packet, s/he will review for appropriateness and make written recommendations within three to five working days to the worker addressing the necessity of a residential placement and recommended placement type. Chapter 6, Foster Care, Part 5, 6-530 Referrals to OCS Residential Facility Resources

Each foster home is re-certified annually to evaluate their needs, accomplishments and identify areas that need improvement. Fifteen hours of in-service training is required annually to enhance skills and to provide updated information. Chapter 9, Home Development, Part 6, 9-670 In-Service Training

Office of Juvenile Justice reviewed and implemented the SAVRY assessment tool in the past year. The SAVRY assessment tool provides information upon which the agency can assess and provide services to meet the youth's treatment needs.

Performance In CFSR Round 1:

CFSR Case Review Finding (Baseline):	72%
Louisiana Data Annual Goal:	74%
Louisiana PIP Data Goal:	76%
Achievement Date:	6 th quarter

Method Of Measure: Peer Case Review and Quality Assurance Data

Item 17 was assigned an overall rating of Area Needing Improvement because in 28 percent of the cases, reviewers determined that OCS had not adequately assessed and/or addressed the service needs of children, parents, and foster parents.

The PIP of June 2, 2005 identified four action steps to address Child & Family Well Being Outcome 1, Item 17:

- * Strengthen Family Services program assessments to better target interventions
- * Assess and strengthen contracted in-home psychotherapy services to prevent foster care placement and to reduce time to reunify.
- * Develop, conduct, and evaluate joint in-service training for caseworkers, foster parents, and the four federally-recognized American Indian Tribes.
- * Include Social Service Directors of the four federally-recognized American Indian tribes in quarterly CQI Meetings.

The planned Action Steps were to strengthen the capacity of the Family Services program staff to perform assessments by lowering the caseload standard for this program area. Effective July 1, 2004, the caseload standard for Family Services was reduced from 20 to 15 families. The GAIN-SS was introduced in 2005 to improve case practice by screening for possible substance abuse, mental illness, and domestic violence. The agency took action to increase assessments through broadening the involvement of foster parents, staff, and American Indian Tribes in service assessments, service planning and service delivery. A number of initiatives have been implemented for inclusion of foster parents and Louisiana American Indian Tribes.

Evaluative Assessment of Performance:

OCS was striving to meet the needs of children, parents, and foster parents by the implementation of the PIP; however, the hurricanes redirected the focus of the agency for a period. In 2007, the agency intensified efforts to effectively meet the needs of children, parents, and foster parents by enhancing policy, program areas and teaming with other state agencies. Refer to Systemic Factor, Service Array for specific service details.

GAINS-SS was incorporated into OCS Form 12, Alternative Response-Family Assessment in October 2009. GAIN-SS is designed for use in general populations and assesses 20 symptoms/items within 4 domains: Externalizing; Internalizing; Substance Abuse; and, Crime/Violence. The policy focus is to improve case practice by all staff.

The agency measures its performance through a Quality Improvement process that includes a multi-tiered Peer Case Review (PCR) process. This process provides an opportunity for self-analysis and an in-depth examination of caseworker practice and child and family outcomes. The following chart provides baseline data on the outcome measure for well-being, Item 17.

CQI Peer Case Reviews				
Outcome/Item Measured	2003-2004 Compliance %	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % As a strength (10 Regions)
Needs and services of child, parents, foster parents	83.6%	88.3 %	81.0%	77%

The CQI data from 2007-2009 shows a decrease from previous Peer Case Reviews. During this same time period, four of the 9 regions received a rating for this item below 80% in Family Services which contributes to an overall lower percentage. The statewide review had a strength rating of 77% (232 of 300 applicable cases) and an area needing improvement rating of 23% (68 cases).

NUMBERS OF CLIENTS SERVED					
Child Welfare Family Resource Centers	Region	SFY 04 – 05 (7/1/04- 4/1/05)	SFY 05 – 06 (4/1/05-3/31/06)	FFY 06 - 07 (10/1/06- 9/30/07)	FFY 07-08 (10/1/07- 8/31/08)
VOA – Greater New Orleans	Orleans	59	321	583	299
VOA – Greater Baton Rouge	Baton Rouge	313	434	415	338
Southeastern Louisiana University (Discovery)	Baton Rouge	400	1,052	409	483
Bayou Land Families Helping Families (Contract terminated 8/31/05)	Thibodaux	243	223	0	0
Kingsley House	Thibodaux	133	104	149	147
Nicholls State University Dept. of Family & Consumer Science	Thibodaux	160	158	219	127
The Extra Mile, Inc.	Lafayette	120	623	1,243	533
Beauregard Community Action Association (Evolving Circles) (Contract terminated 8/31/05)	Lake Charles	211	105	0	0
Educational & Treatment Council	Lake Charles	64	1,126	259	251
VOA – North Louisiana	Alexandria	199	284	232	156
Community Support Programs	Shreveport	285	163	1,515	418
Project Celebration	Shreveport	184	202	482	126
ULM – Family Matters	Monroe	592	1,894	1,006	472
New Horizons Youth Service Bureau (Positive Steps)	Covington	127	205	654	302
Family Services of Greater New Orleans	Jefferson	11	10	0	0
TOTALS		3,101	6,904	7,166	3,234

Data gathered from the resource center database and from annual assessment reports submitted by the resource centers is provided in the chart above. Statistics obtained from the resource centers indicate that the resource centers served a total of 7,166 individuals from October 1, 2006 through September 30, 2007 and 3,234 individuals from October 1, 2007 through August 31, 2008. Reporting methods have been modified over the last three years, resulting in some inconsistencies in the count of unduplicated individuals served. Nevertheless, it is evident that a large number of individuals have utilized a service that provides services to prevent and to reunite children with their families.

Protective Daycare Provided to Children (all programs) by SFY (InfoPac)

7/1/05-6/30/06	3712	Hurricanes Katrina/Rita 8/05
7/1/06-6/30/07	4184	
7/1/07-6/30/08	3776	
7/1/08-6/30/09	3374	Hurricanes Gustav/Ivan 9/08 Significant decrease in FS cases

The objective of OCS funded day care is to provide safe, healthy, developmentally appropriate day care services to children as a means of ameliorating or preventing inappropriate or inadequate care and reducing the risk of full-time separation of children from their families. The program seeks to prevent removal of children from the current family with whom the child resides. This may be their biological, custodial or foster family. There was a slight increase in daycare provided in 06/07 (over 05/06), however, it decreased the following year (07/08) and significantly dropped in 08/09 (along with the number of cases served by FS).

Since September 2006, Multisystemic Therapy (MST) had served over 200 children with the majority referred for Prevention of out of home placement. Approximately 83% of cases are considered successful at closure. MST is now a Medicaid payable service, available statewide, which is not able to provide data regarding children and families associated with the agency.

In-house substance abuse counseling is provided in OCS regional offices through an interagency agreement with the Department of Health and Hospitals, Office of Addictive Disorders (OAD). **(Statewide)** During FFY 2007-2008, there were 1327 referrals received; 355 referrals were screened out and 410 referrals did not show; 792 assessments were completed and 635 were identified as needing treatment; and 427 clients were admitted to substance abuse treatment. Over this period of time, the referrals have increased and the need of services is evident. There have been numerous clients that have benefited from this service being available in the regions. Because of these services, OCS clients do not have to wait for a long period of time for substance abuse services. They are readily available for this client population.

The Louisiana Relatives as Parents Program (LA-RAPP) program provides services to grandparents and other relatives caring for related children. Based on review of LaRAPP approvals from the last state fiscal year and the TIPS system, the following has been ascertained: After receiving LaRAPP assistance:

- 29 children continue in the foster care system with 2 of the 29 were on runaway status.
- 8 exited the foster care system
- 6 were prevented from entering foster care.

Five (5) relatives have become, or are in the process of becoming certified foster parents from the 29 children remaining in care. This could be an indicator that these children may not exit the foster care system in the near future. This funding was overwhelmingly used to purchase furniture. More specifically, bunk beds and cribs were purchased so that children could be placed or continue their placement with relatives. Clothing, diapers, rent, water, groceries and daycare were also paid for with LaRAPP funds, but these requests were not the norm. The use of these funds does not appear to significantly facilitate the outcome of children exiting the foster care system for permanence with relatives. The funds do appear to assist in placing children with relatives, as opposed to having them remain in or being placed in foster homes.

Child Screening, Assessment, Referral, and Treatment (Child SART) Capital Area Human Services District The Infant, Child, and Family Center was established in August 2007 to provide comprehensive multidisciplinary assessment and mental health treatment services for high risk children birth to 6 years of age utilizing the Child Screening, Assessment, Referral, and Treatment (Child SART) model.

- Approximately 10% of the cases were no shows for scheduled appointments.
- Approximately 60 % completed neuro-developmental evaluations.
- Wait time from referral to intake was on average 1 week to 3 weeks, with the majority seen within one week of being contacted.
- Wait time from referral to a neuro-developmental was between 1 week to 3 weeks after initial referral.
- A total of 34 referrals were from Foster Care, 2 from Adoptions and 5 from Child Protection Investigations and 13 were from Family Services.

Resources for Human Development, Incorporated (LA-SAFE) The services are provided by the RHD/LA-SAFE Outreach/Case Management (OCM) Program and are to coordinate and deliver recovery focused outreach, intensive case management, transportation, and supportive counseling for substance abusing women and their children. LA-SAFE serves Plaquemines Parish and the West Bank of Jefferson Parish.

Annual Report-Quarters	1 st	2 nd	3 rd	4 th
Number of Children Maintained in Mother's Care	3	4	4	4
Number of Children Returned to Mother's Care	0	0	0	0
Quarterly Savings of Keeping Children out of State's Custody	NA	\$5,372	\$6,875	\$12,247

Foster Parents from Jefferson Region who participated in a stakeholders focus group in 2007 expressed contentment with agency services also describing their adaptability and resourcefulness in following up on the needs of the children in their homes.

CASA Survey

Questions:	Accessibility Degrees & %				
How Effective Is OCS-----	Very	Usually	Sometimes	Rarely	Not
in assessing need of children, parents, foster/adoptive parents?	9.2	40	37.5	12.5	.8
policies & practices in ensuring children are provided quality services?	3.3	54.2	39.2	3.3	0
in individualizing or tailoring services to meet unique needs of children & families?	9.2	37.5	35	15.8	2.5
in accessibility of services for families & children & foster children/youth in LA?	15.0	38.3	35	10.8	.8
in coordinating CW services with other systems?	10.8	39.2	38.3	11.7	0
AVERAGE %'s	9.5	41.8	37	10.8	.8

The CASA survey had 120 respondents with 90% being CASA staff or volunteers. The survey was developed by CASA state executive staff and OCS utilizing SurveyMonkey. Overall, 51% responded positively that OCS is effective, 11.6% responded negatively and 37 % responded that OCS is sometimes effective. The agency continues to strive in individualizing or tailoring services to meet unique needs of the children and families.

In the aftermath of Hurricanes Katrina and Rita, numerous resources were made available to Louisiana, both from our federal partners and from private foundations, to explore long-term reform efforts along with the immediate recovery efforts. As a result of that assistance, a Residential Care Subcommittee was formed to develop a process to decrease the number of children in residential treatment facilities and in emergency shelter care. That committee developed a plan to review the case record of and conduct an interview with each child placed in a congregate care setting. The interviews began in FY 2007 and ended in 2008, and with those record reviews and interviews a reduction in residential placement followed. In late 2008, the focus of the effort changed to the Residential Treatment System of Care Reform Project, and the residential review work, interviews and staffing of cases ceased. Children placed in facilities in the northern part of the state were not interviewed. Review of the status and placement needs of individual children and youth in residential placement was halted in order to focus a more systemic method of reducing the number of children and youth in residential placement.

2007-2008 Residential Interviews & Discharges		
Reviewed Agencies	# of Children Reviewed	Step-Down to Less Restrictive
1st Regional Agencies Group:	Total # From both Groups 193	Total # 78 40%
Lafayette	48	18
Thibodaux	57	36
Lake Charles	4	0
2nd Regional Agencies Group:		
Baton Rouge	58	15
Covington	26	9
Jefferson:		
Hope Haven	74	28 38%
1 st & 2 nd Groups Children's Discharged Placements		
Placement Type	Numbers	Percentage %
Home to Parent	19	24%
Foster Home	27	35%
Relatives	24	31%
Independent Living	5	6%
Lesser Restrictive Group Setting	3	4%
Hope Haven Group Children's Discharged Placements		
Placement Type	Numbers	Percentage %
Home to Parent	5	7%
Foster Home	10	14%
Relatives	6	8%
Independent Living	1	1%
Lesser Restrictive Group Setting	3	8%

A Louisiana Residential Review Commission was formed in 2008 which produced "A Blueprint for Transformation and Change: in Louisiana's Residential Programs." OCS will continue to work with the

Casey Foundation and others to examine treatment plans and modalities so that residential providers may begin to use evidence-based short-term interventions with demonstrated positive outcomes. Quality improvement programs in residential settings are being implemented and licensing revisions are being made.

The department formed a Licensing Regulation Task Force and contracted with a licensing specialist to complete revisions to child residential licensing standards to comply with Acts 388 and 400 of the 2009 Regular Session of the Louisiana Legislature. Act 388 mandates state central registry screening of current and prospective child care facility staff and volunteers. Refer to Item 41 for specifics.

The agency begins the process of assessing youth's transitional needs at age 15 to ensure that all foster children nearing the age of majority are prepared for adulthood. Two forms are used in this process, the Youth Transitional Plan (YTP) and the Youth Transitional Plan Review (YTPR).

The Youth Transition Plan Review form is used to document progress, updates to the plan and changes to the youth's transitional plan. The final transition plan is completed within 90 days prior to the youth's 18th birthday. Much of this information is covered in item 10 it does not need to be repeated.

Case Plan Describes Programs & Services from Transition Foster Care to ILP			
FF Year	Total #	Yes #	Percentage
2008-2009	1209	1092	90.3%
2007-2008	1350	1246	92.3%
2006-2007	1414	1324	93.6%
2005-2006	1142	1109	97.1%
2004-2005	1216	1175	96.6%

Strengths and Promising Practices:

Refer to Service Array, item 41 for additional information on services.

Louisiana has continued to take advantage of assistance provided by the National Child Welfare Resource Centers and private foundations to develop and implement a continuum of care to assure that needed services are available and that the services provided are evidence-based. We continue to offer Intensive Home Based Services (IHBS) and MultiSystemic Therapy (MST) through contracted providers.

The following case practices apply to Family Service (in-home services) and Foster Care cases. Family Service and Foster Care workers are responsible for making initial and ongoing assessments of the needs of children, parents and foster parents. These efforts begin at intake using Structured Decision Making and continuing with Family Centered Assessment and Case Planning.

Structured Decision Making is a comprehensive, research and evidence based tool used to assist workers in making reliable, valid and equitable decisions regarding the likelihood of repeat maltreatment as well as assist in expediting permanency of children. The family is re-assessed every 90 days from intake.

Family Centered Assessment and Case Planning processes guide workers in completing thorough assessments that provide individualized, culturally responsive, flexible and relevant services for families. To complete this task worker use The Assessment of Family Functioning (AFF) tool to engage family members and to gather information that is used in determining services to families and assists in the development of case plans. The AFF is completed by the assigned worker over a period of up to 30 days. The assessment is typed using the online Family Assessment Tracking System and must be completed by the 30th day after the case is opened. The assessment is reviewed and updated periodically.

Statistically the specific number of cases with domestic violence is unavailable to the agency; however, research shows a correlation between domestic violence and agency involvement. To prepare staff to address domestic violence within the families we serve, the agency has provided assessments and training. Refer to Item 35 for additional information.

In-house substance abuse counselors are provided statewide through an inter-agency agreement with the Department of Health and Hospitals, Office of Addictive Disorders. Though OCS no longer provides this service funding for families following reunification and case closure, the families would have to meet the criteria of the Office of Addictive Disorders. The services are available for both adults and adolescents. The services are component of post adoption services if it is a pre-existing condition and approved in the adoption subsidy but the parents select their own provider.

Additionally, mental health counseling services are available through contracted providers and private service vendors to children in foster care and their parents. In some regions mental health services for infants are available through the Infant Team Program. All children from birth to thirty-six months of age shall be immediately referred to the Early Steps Program when they enter foster care. The AFF determines if a referral to these services are needed for in-home cases.

Lorrie Lutz, a consultant with the National Resource Center for Foster Care and Permanency Planning, was instrumental in the implementation of the Family Assessment tool. She provided technical assistance to OCS staff in development and implementation of the assessment instrument. Between June 14, 2005 and August 20, 2006, she came to Louisiana three times and participated in numerous conference calls to help develop this family centered assessment and case plan instrument. Prior to the kick off of the pilot, she trained the workers in the Baton Rouge and Lafayette regions on how to use the form by going out with a worker and completing an assessment with the worker.

OCS is currently developing and will issue in early 2010, a Request for Proposal (RFP) for residential and therapeutic foster homes based on levels of care. In late 2009, a review instrument developed by Cuyahoga County Children and Family Services (Cleveland, Ohio) was utilized for all children residing in specialized foster homes, residential facilities, emergency shelters, supervised apartments, and psychiatric hospitals. The instrument addresses the areas of behavior, health, and development and assigns a recommended level of placement needed for each child. The information obtained in this process assisted the agency in identifying the types of placements needed for future planning and in the development of the RFP.

Barriers:

During the pilot of the Assessment of Family Functioning form in Lafayette Region, staff found the tool burdensome based on the number of pages, but they liked the information it provided and appreciated how the assessment guided case planning. This finding was consistent among staff members throughout the state as the Family Assessment form was implemented statewide.

Foster parents participating in a 2007 and 2009 focus group pointed out the Agency's need to continue its work to follow through with caseworker commitments to provide assistance and support to children placed in foster homes. The group also mentioned full and open communication of children's needs as an area requiring additional work.

A finding of the Peer Case Reviews is that Louisiana continues to have regions that are less consistent in making diligent efforts to assess and provide services to children and families in the in-home services cases.

Item 18: Child and family involvement in case planning. *How effective is the agency in involving parents and children in the case planning process?*

Policy:

Statewide, the Foster Care Worker is responsible for making efforts to identify and locate any absent parents, beginning as soon as the child enters the caseload for that worker. If search efforts were initiated during the investigative phase, the Foster Care Worker or designee shall continue with those efforts. The worker is to request information on unknown or absent parents from the child, from any known and available parents, from any known relatives of all family members, and from any other persons who may have information. Search efforts should include the following: Completing and submitting the Form 200, Request for Federal and State Parent Locator Services to the Regional Eligibility Specialist for referral to Support Enforcement Services, Completing a DSS Client System search to identify addresses or contact information provided for the client

through other DSS programs, Searching the Internet through search engines, and written information requests to other Agencies and individuals. After initial efforts are made to locate absent parents, follow-up efforts involving internet searches only are to be made prior to each Family Team Conference up to the termination of parental rights or closure of the case. Chapter 6, Foster Care, Part 4, 6-411 Locating Absent Parents

Prior to the FTC, the worker should engage the parent prior to the meeting to address the safety and risk issues that brought the family to the attention of the agency. The meeting is also to prepare the parent and the child for the FTC by reviewing what will be discussed and what decisions need to be made. This preparation should include engaging the parents, child, and child's caregivers to help develop the case plan. This includes non custodial and incarcerated parents. The case plan should be guided by information gathered during the Assessment of Family Functioning and by the Structured Decision Making assessment of risk level. The agency should attempt to locate the non-custodial parent and /or the incarcerated parent and request they make an appropriate plan for the child. A packet is submitted to the parent who is incarcerated and requires the parent to provide to the agency a plan and identify relatives who may be available to provide for the child's needs. This is coordinated with the social worker at the penal institution. Refer to policies Chapter 6, Foster Care, Part 2, 6-202 and 6-205. Chapter 6, Foster Care, Part 8, 6-820 First Family Team Conference

On-going Family Team Conferences should be held as needed and at any time to revise planning for the child and family, but shall be held at least every six months in conjunction with agency Administrative Reviews/Case Review. Case plans shall continue to be developed for each parent until the parent's rights are terminated, or the agency no longer has custody of the child. This includes non custodial and incarcerated parents.

The AR/FTC should be scheduled at a time and location that maximizes participants' attendance. The parents' schedule is the paramount focus for the time and location. If emergencies arise that prohibit the worker's or supervisor's AR/FTC attendance, efforts should be made when possible to reschedule at a time or place that is convenient for all participants to be available. In the supervisor's absence, the District Manager or his designee shall facilitate the conference.

The worker is responsible for notifying participants of the Administrative Review/Family Team Conference using Form 475 series at least 15 days prior to the AR/FTC. Mandatory notifications shall be made to the child's parents, the child and the foster parents/caretakers, CASA, and the parent's and the child's legal counsel of record. The notice shall be sent to the parents by certified mail, return receipt. If a parent's identity is unknown or if there is no known address for a parent, the notice shall be sent to the parent in care of the legal counsel for the parent. If no legal counsel is assigned, then documentation should be made in the report to the court of diligent efforts to locate the absent parent in order to notify the parent of the right to attend and participate in the AR/FTC. Chapter 6, Foster Care, Part 8, 6-820 & 6-825 On Going Family Team Conferences, Quarterly Staffing and Administrative Reviews

Performance in CFSR Round 1:

CFSR Case Review Finding (Baseline):	67%
Louisiana Data Annual Goal:	71%
Louisiana PIP Data Goal:	74%
Achievement Date:	6 th Quarter
Methods Of Measure: Peer Case Review and Quality Assurance Data	

Item 18 was assigned an overall rating of Area Needing Improvement based on the finding that in 33% of the cases, reviewers determined that OCS/DSS did not make diligent efforts to involve parents and/or children in the case planning process. A key concern was the lack of involvement of fathers. The item was rated as an Area Needing Improvement when reviewers determined one or more of the following:

- Mothers who should have been involved in case planning were not involved (8 [24%] of 34 applicable cases).
- Fathers who should have been involved in case planning were not involved (8 [38%] of 21 applicable cases).
- Children who were old enough to have been involved in case planning were not involved (11 [27%] of 41 applicable cases).

The PIP of June 2, 2005 identified two action steps to address Child & Family Well Being Outcome 1, Item 18:

- * Educate staff on strategies and policy to improve child and family involvement in case planning.
- * Explore use of community resources via state family resource center staff in engaging resistant clients in Family Services cases.

The planned Action Steps were to strengthen the capacity of family and child involvement in the case planning process. Form 402, Foster Care Handbook: Know the Facts-A Look at Foster Care was made available in 2004. The OCS YAP 2 Form has been developed as a flyer for use in informing foster children 16 years of age or older about the opportunity to join the Young Adult Program when they become 18 years old. Family Centered Assessment and Case Planning processes were introduced to guide workers in completing thorough assessments that provide individualized, culturally responsive, flexible and relevant services for families. The agency arranged for the family resource centers to provide services such as respite, supervised family visitation, information and referral, advocacy, parenting classes, psychotherapy, support groups and training to families served by OCS. There were 12 contracted resource center providers operating statewide through multi-year contracts.

Evaluative Assessment of Performance:

CQI Peer Case Reviews				
Outcome/Item Measured	2003-2004 Compliance %	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % Rated as a strength (10 Regions)
Child & family involvement in case planning	78.3%	78.6%	71.4%	76%

The CQI Peer Case Review for 2007-2009 reveals that 76% (213 of 279 applicable cases) had a strength rating and 24% (66 cases) had an area needing improvement rating.

The Assessment of Family Functioning (AFF) tool is used to engage family members and to gather information that is used in determining services to families and assists in the development of case plans. The revised case plan instrument serves as a direct link from the problems identified in the Assessment of Family Functioning to provide a focused, prioritized approach to assist families in achieving behavioral changes necessary for the safety and well being of their children. It is used by Family Service, Foster Care and Adoption workers on all new cases received. Stakeholder and staff comments are being considered by agency staff.

Mothers Attending AR/FTC			
FF Year	Total #	Attended	Percentage
2008-2009	4275	3077	72.0%
2007-2008	4827	3260	67.5%
2006-2007	4633	3192	68.9%
2005-2006	3832	2694	70.3%
2004-2005	3394	2223	65.5%
5 Year Increase of	6.5+%		

CC QA -I Data AR/FTC Reviews

Fathers Attending AR/FTC			
FF Year	Total #	Attended	Percentage
2008-2009	3028	1469	48.5%
2007-2008	3362	1563	46.5%
2006-2007	3214	1529	47.5%
2005-2006	2760	1403	50.8%
2004-2005	2476	980	39.6%
5 Year Increase of	8.9+%		

CC QA -I Data AR/FTC Reviews

Child Attending AR/FTC			
FF Year	Total #	Attended	Percentage
2008-2009	5415	4168	77.0%
2007-2008	5944	4285	72.1%

2006-2007	5805	4117	70.9%
2005-2006	4736	3539	74.7%
2004-2005	4571	3244	71.0%
5Year Increase of	6.0+%		

CC QA -1 Data AR/FTC Reviews

Foster Parent/Caregiver Attending AR/FTC			
FF Year	Total #	Attended	Percentage
2008-2009	6253	5185	82.9%
2007-2008	7055	5536	78.5%
2006-2007	6789	5433	80.0%
2005-2006	5489	4679	85.2%
2004-2005	5188	4042	77.9%
5Year Increase of	5.0+%		

CC QA -1 Data AR/FTC Reviews

Specific data focusing on the inclusion of the parties in the development of the case plan is not available; however, the parties' attendance at the AR/FTC data lends itself to the assumption that the participating parties were knowledgeable and in agreement with the case plans. Though the percentage is not high, overall there has been a steady increase in the participation of mothers, fathers, the child and foster parent/caregivers.

Questions:	Accessibility Degrees & %:				
How Effective Is OCS-----	Very	Usually	Sometimes	Rarely	Not
in ensuring each child has a written case plan includes required provisions & was developed jointly with all?	24.2	42.5	19.2	13.3	.8

The CASA survey had 120 respondents with 90% being CASA staff or volunteers. The survey was developed by CASA state executive staff and OCS utilizing SurveyMonkey.

CASA respondents felt that OCS is 66.7% effectively, 19.2% sometimes, and 21.8% rarely or not effectively ensuring a comprehensive case plan for the children and including the principal parties in the plans development. The Case plan may be changed with court approval. Birth parents can request a case plan modification at any point during the life of the case with the changes submitted to the court.

The following questions were asked of 12 youth who are State Board Members of LYLAC (Louisiana Youth Leadership Advisory Council) on July 16, 2009 at their quarterly meeting. Did you feel as though you had a say, or that your voice was heard in the decision making and case planning (FTC) processes?

- need to have voice in plans
- always had a say so
- had a voice but then the worker went back and changed things without my knowledge
- Didn't understand what was going on-not explained my level
- Need to explain the purpose of the questions
- Child's voice not listened to

The Youth Transition Plan (YTP) form is used by OCS staff to help the youth identify goals and services to guide a successful transition from foster care into independence. It is also used to conduct discussion of issues to be addressed in the youth's case plan. The initial YTP is completed at the time of the youth's 15th birthday or within 45 days of a 15 year-old youth's entrance into foster care. Completion of the plan is intended to reflect interaction and participation with the youth, case worker and others significant to the youth.

The YTP is reviewed every six months, using the Youth Transition Plan Review. The Youth Transition Plan Review form is used to document progress, updates to the plan and changes to the youth's transitional plan. The final transition plan is completed within 90 days prior to the youth's 18th birthday.

OCS CFSR Statewide Assessment OCS Staff Focus Group, August 7, 2009 – 12 LSSSA Members:
How does the agency and what are the barriers for including parents/families (mothers, fathers) and foster children in the services planning/decision process? Do youth understand and have an opportunity to participate in the services planning/decision process? Do parents and youth understand the process for "getting their kids back?" or "their kids returning home?"

- Try to include parents/families and children in the initial assessment, if we are able to find. Unfortunately, we don't always do a good job in getting information.
- Often the parents/families are angry because we took their child.
- Often parents don't think they need any of the services.
- The understanding of the youth is a function of their age as it relates to services planning/decision processes.
- There is a barrier when parents are separated or when the father is incarcerated.
- It can be good when parents can give us relatives to place with, but that can also be problematic sometimes. Relatives are often the hardest people to certify. Often they don't acknowledge the problem.
- Most of the time parents understand the process for getting their kids back home, but don't always accept what's required. The kids often understand as well; and some will even remind the parent what is required for them to come back home.

Focus Groups, Alexandria, Louisiana, August 5, 2009

Twelve youth were identified to participate in the focus group while other peers were in the background and participated as needed.

Written Case Plans: Describe how you have been engaged by OCS or OJJ to participate in developing your case plans (initial and ongoing)?

- Approximately fourteen youth (including those who voted from the audience) stated that they were actively engaged in developing their initial and on-going case plans.
- Some stated the plan was written and they were told what they would do while others stated their workers asked their input prior to writing the plan.
- Had the opportunity to ask questions about their case plans and receive feedback on what they did not understand.
- Most described their case plans as being "honest".
Describe any changes you have noticed in the past 5 years in how you are involved in case planning?
- Majority felt there had been noticeable changes.
- Changes were for the better
- Case plans were more honest and not just reflecting something that sounded good.
- Some members of the group felt the case plans were original
- Others felt case plans were standardized.
- Improved and flexible.

What are the strengths of the current case planning process?

The group came up with strengths and members of the audience voted as follows:

Easy to maintain (12)	Timely (7)	To the point (15)	Open-Minded (19)
Fair (8)	Inspiring (15)	Well supported (19)	
Thorough (1)	Private (21)	Honest (20)	
Successful (9)	Professional (4)	Dependable (14)	

A Baton Rouge Region Focus group of biological parents discussed involvement of the family in the case planning process. Group members discussed their involvement in specific case activities such as making decisions about appropriate placements and planning for medical treatment. A survey with parents conducted in preparation for the CFSR indicated they felt parental input was incorporated into the case plans.

As with the assessment phase, Case workers are expected to continue the case planning process during visits with parents and children by discussing progress and/or lack of progress in achieving case plan goals.

Strengths and Promising Practices:

Case workers develop case plans based on an assessment of a family's strengths, needs, reasons the child came into care and barriers preventing the child's return to the family. The engagement phase begins during the case worker's initial contact with family members. The Assessment of Family Function tool is used to engage families and collaterals in order to gather information about the child and family as it pertains to the reason the

agency is currently involved with the family. Information gathered through the assessment process is used in the development of a case plan to address identified concerns/problems.

The agency begins the process of assessing youth's needs at age 15 to ensure that all foster children nearing the age of majority are prepared for adulthood. Two forms are used in this process, the Youth Transitional Plan (YTP) and the Youth Transitional Plan Review (YTPR).

The Family Assessment Tracking System (FATS) was developed to provide an automated assessment tool and to collect data regarding family assessments and worker visitation.

Barriers:

One barrier that OCS faces in successfully addressing the involvement of parents and children in case planning pertain mostly to case workers inability to proficiently document the case planning process. Although case workers document their efforts to involve parents and children during the completion of the Assessment of Family Functioning tool and during the Family Team Conference meeting, there is no consistent documentation of case workers' efforts to engage parents and children on a continuous basis. Case workers are required to have at least monthly face-to-face contact with parents and children. These contacts are used for on-going assessment of safety and risk factors as well as to provide support and assistance in achieving case plan goals. However, there is no formal statewide Agency form that can be used by workers to document individual contacts and the efforts made to involve parents and children in the case planning process. OCS Regions across the state use various forms of documentation. This can lead to difficulties in determining the diligence efforts of the case worker in involving the parent and children in case planning.

OCS has specific policies related to case workers efforts to identify and locate absent parents. Case workers are responsible for beginning absent parent searches as soon as a child enters the worker's case load. This is an area where the agency continues to struggle to achieve consistent results. In both Family Services and Foster Care there appears to be issues pertaining to workers not documenting diligent efforts to locate fathers. This has resulted in fathers not being assessed for services and fathers not receiving the provisions of ongoing services. In the FS cases, when the father lives in the home there appears to be more of an effort to work with him. If the father is not in the home, there is a problem of inconsistency in practice and documentation with regards to the fathers. In Foster Care cases, if the whereabouts of the father is unknown, then there is inconsistent documentation in the case records that shows the diligent efforts that are required by policy and good practice.

Fathers need to be engaged during the planning process and when they do attend the AR/FTC. Without this engagement, continued involvement of the father may be doubtful.

Focus Groups, Alexandria, Louisiana, August 5, 2009

Twelve youth were identified to participate in the focus group while other peers were in the background and participated as needed.

What do you view as barriers to successful case planning?

- Not having a voice in placement whether it was a foster home or group home;
- Need to have a choice in who participates in the case plan
- Ability to change and negotiate the case plan.
- Workers not keeping their word and not listening to their input in deciding permanency goal.
- One named a barrier as poor communication between the worker and team: child was telling parent what the plan was and parent was listening to the child – miscommunication resulted as worker did not take lead in making sure all parties had the same information regarding the permanent plan.

What is your vision for overcoming those barriers or ideas for making positive change in case planning?

- Listen to input from youth;
- Look at the "best interest" of the youth;
- Involve caregivers in case planning;
- Talk individually to the youth;
- Focus more on the positives instead of the negatives.

Beginning July 1, 2009, changes occurred regarding the Family Resource Center (FRC) contracted services. Currently, nine contracted FRC(s) are only providing three CORE services: the Nurturing Parenting Program; Visit Coaching; and, Parent Mentoring services.

Item 19: Caseworker visits with child. *How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?*

Policy:

Please refer to Service Array, Item 35 for specific service information. Any child entering foster care or changing placements while in foster care must be visited, at a minimum, twice within the first 30 days immediately following the placement. If the placing worker was not the assigned Foster Care Worker, the assigned worker shall visit the next working day after placement. Visits are defined as face to face contact which affords the opportunity for free and private communication. Criteria for on-going visits are determined by Structured Decision Making. Chapter 6 Foster Care, Part 7, 6-735 Initial Visits.

Foster Care Workers are required to visit children at least monthly and privately, when age appropriate, to ensure the health, safety and permanency plan of the child. These visits allow child the opportunity to share concerns, if any, more openly and to discuss his/her care. Children with special needs placed in certified or non-certified foster homes are visited at least twice a month or more often based on the child's current level of special needs and the individual child's circumstances. This policy also requires workers to visit the foster home/facility in order to assess and monitor the care the child receives, including the child's safety, clothing, physical environment, educational progress, and health needs; ensure the child is receiving the monthly allowance allotted in the board rate; observe interaction between the foster parent/caregiver and child; listen to both foster child's and foster parent/caregiver's concerns; lend support; provide ongoing clarification regarding the reason for continued foster care placement; collect documentation from the school and service providers, such as physicians, from the caregiver to place in the child's case record; and provide recent information about the child's parents, and other significant individuals when available for reunification. When a child is the reported victim of neglect or abuse in the foster home, relative home, or residential facility a visit must be conducted within seven days of the report, whether or not the child has been replaced. Chapter 6 Foster Care, Part 9, 6-905 Worker Visitation with the Foster Child/Foster Parent/Caregiver

With the implementation of Structured Decision Making (SDM) in 2008, contact standards for both Family Service and Foster Care cases changed. SDM is a risk assessment tool designed to assign the level of risk of a case which dictates the number of worker face-to-face visits required for a child. All types of out-of home placements require one face-to-face visit per month with the child, where the child lives. Part of each visit should occur without the placement caregiver present. Structured Decision Making® System for Child Welfare Services Policy & Procedures Manual.

Certain case situations require visits more frequently than once a month. These situations include, but are not limited to:

- Replacement - a child, who is moved from one placement to another, must be visited twice within the first 30 days following replacement. A visit on the day of replacement or the next working day is mandatory by the child's currently assigned worker.
- Abuse/Neglect Reports - The child who has been the reported victim of neglect or abuse in the foster home, relative home, or residential facility must be visited within seven days of the report.
- Children with Special Needs Placed in Certified or Non-certified Foster Homes - Visitation at least twice a month between the worker and the child may occur based on the child's current level of special needs and the individual child's circumstances. This requirement does not apply to children placed in therapeutic foster homes or residential settings which provide professional level intervention.

Chapter 6 Foster Care, Part 9, 6-905 Worker Visitation with the Foster Child/Foster Parent/Caregiver

When the Foster Care Worker is the only worker assigned to a child in a private child placing agency (Private Foster Care, Diagnostic & Assessment, Supervised Apartments) or other Louisiana public agency or OCS

funded residential placements, the foster care worker responsibility is the same as when a child is placed in an OCS foster home. This includes visitation with the child.

Private Therapeutic Foster Care provider's TFC worker is expected to visit in the TFC home at least twice monthly. The Foster Care Worker visits the child and TFC parents at least once per month. It is recommended, at least quarterly, the two workers visit the TFC home together. Chapter 6 Foster Care, Part 5, 6-585 OCS Worker responsibility in private child placing agencies (PFC, TFC, D&A, SA) or other Louisiana public agencies or OCS funded residential placements.

When a Louisiana foster child is placed in an out of state placement, the FC Worker shall request the receiving state make monthly visits with the child in the child's placement. If the receiving state does not make monthly visits as requested, the FC Worker needs to document when visits were not made as requested and staff with the supervisor/DM to determine how to specifically address the concern regarding that case.

In extenuating circumstances, when the absence of the child's regularly assigned worker prevents him/her from making the minimum required monthly visits, the supervisor may temporarily assign another worker to make the visit(s), and shall document such temporary assignment on the CR-8 in the child's case record. The temporarily assigned worker shall document the visit(s) on the CR-8 in the child's case record. Supervisors or other supervisory staff within the region may also fulfill the role of a temporary assignment to complete visits in extenuating circumstances. When children are placed in child placing agency (non therapeutic) foster homes, the above assignment of workers for visitation is also applicable. Chapter 6 Foster Care, Part 9, 6-905 Worker Visitation with the Foster Child/Foster Parent/Caregiver

SDM is a risk assessment tool designed to assign the level of risk of a case which dictates the number of worker face-to-face visits required for In-home services with the child/ren per month:

- Very High to Low Risk Level—1 visit

All children are seen and interviewed in private during each visit for in-home cases per agency policy. Structured Decision Making® System for Child Welfare Services Policy & Procedures Manual

When OCS recommends that a foster child return home or is transferred to any permanent arrangement, there should be the belief and expectation that the parents or caregivers are ready to resume their parenting responsibilities. When necessary the agency may provide voluntary supervision of the home following the child's return or court ordered Trial Home Visits, to ensure the child's safety and assist by providing case specific resources to reduce child maltreatment recurrences. Chapter 6 Foster Care, Part 20, 6-2005 Trial Home Visits

All federal and state mandates are documented on the central visitation contact scheduled in the FATS system. Visit guidelines are stated in policy. If a child in foster care has siblings remaining in the home, visits are required for all children in the family because the safety and risk factors must be assessed on an ongoing basis. Chapter 6 Foster Care, Part 9, 6-905 Worker Visitation with the Foster Child/Foster Parent/Caregiver.

Policies for caseworker visits with child/ren for In-Home cases follow the Structured Decision Making® System for Child Welfare Services Policy & Procedures Manual. See Item 19 for additional information.

Performance in CFSR Round 1:

Item 19 was assigned an overall rating of Strength based on the finding that in 86 percent of the cases, reviewers determined that caseworker visits with children were of sufficient frequency and/or quality.

Evaluative Assessment of Performance:

Federal Visitation Review Results FFY2007 10/01/2006 – 09/30/2007						
Measure 1 Visit Once Per Month				Measure 2 Visit in Child's Residence		
	Contact Every Month	Children Reviewed	% Compliance	Contact Every Month	Children Reviewed	% Compliance
State	195	357	55%	1018	1247	82%
Alex	32	51	63%	179	209	86%
Laf	43	58	74%	238	266	89%
NO	4	13	31%	18	24	75%

Measure1—A case is determined in compliance only if child visited each and every month.

Measure2---Measure calculated only for children who were visited each and every full month in care during the review period.

Federal Visitation Review Results FFY2008 10/01/2007 – 09/30/2008						
Measure 1 Visit Once Per Month				Measure 2 Visit in Child's Residence		
	Contact Every Month	Children Reviewed	% Compliance	Contact Every Month	Children Reviewed	% Compliance
State	216	354	61%	1416	1625	87%
Alex	27	34	79%	193	200	97%
Laf	46	62	74%	314	327	96%
NO	2	8	25%	60	77	78%

Measure1—A case is determined in compliance only if child visited each and every month.

Measure2---Measure calculated only for children who were visited each and every full month in care during the review period.

Overall, since 2006 visitation once per month and visits in the child's residence has increased statewide and for Alexandria and Lafayette regions; however, Orleans has a decrease in compliance. As a result of the visitation review completed during the last fiscal year, Orleans initiated corrective action to improve our visitation with foster children. This was focused on during management team meetings, supervisory unit meetings, and individual conferences with foster care workers. It appears that we were successful in improving our compliance with federal visitation requirements. For the fiscal year from October 1, 2008 through November 30, 2009, Orleans Parish had thirteen (13) cases included in the visitation review. Of these, ten (10) cases were in 100% compliance (i.e. the children were visited in the home each month of the year). Three (3) children did not have home visits every month. Based on this information, Orleans Parish has an overall compliance rate of 77% during the current fiscal year as compared to 25% during the previous fiscal year.

CQI Peer Case Reviews				
Outcome/Item Measured	2003-2004 Compliance %	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % Rated as a strength (10 Regions)
Worker visits with child	70%	81.3 %	82.1%	83%

According to PCR results in June 2009, there is a problem with documentation in the records to indicate if the child was seen face-to-face and privately. There may be no evidence of information covered with the child during the visit. The CQI Peer Case Review for 2007-2009 reveal that 83% (250 of 300 cases) was rated a strength and 17% (50) cases rated as an area needing improvement

FC Worker Monthly Visit with Child (during last 6 months)			
FF Year	Total #	Yes #	Percentage
2008-2009	7162	5907	82.5%
2007-2008	8049	5973	74.2%
2006-2007	383	225	58.7%
2005-2006	273	195	71.4%
2004-2005	334	197	59.0%

FC/QA-1 Data

FC Worker Visit with Child in Residence (4 of last 6 months)			
FF Year	Total #	Yes #	Percentage
2008-2009	7151	5324	74.5%
2007-2008	8082	6429	79.5%
2006-2007	528	372	70.5%
2005-2006	399	330	82.7%
2004-2005	8082	6429	75.8%

FC/QA-1 Data

FS Worker Monthly Visit with Children (Ages 6 & under)			
FF Year	Total #	Yes #	Percentage
2008-2009	528	421	79.7%
2007-2008	662	487	73.6%
2006-2007	648	491	75.8%
2005-2006	473	362	76.5%
2004-2005	716	477	66.6%

FS Worker Visit with Children (Ages Over 6—Every 2 Months)			
FF Year	Total #	Yes #	Percentage
2008-2009	451	371	82.3%
2007-2008	566	449	79.3 %
2006-2007	584	496	84.9%
2005-2006	476	413	86.8%
2004-2005	777	575	74.0%

In 2005 and 2008, the state of Louisiana experienced major hurricanes. This created difficulties with visitation of children. If the child had to be relocated, visitations were limited or non-existent as some families and children were in other states. Additionally, if the child remained in the community, there may have been limited access to the child. Visits were not held according to agency policy in this period. An additional factor included the displacement of workers and office closures.

With the implementation of the Structured Decision Making Model, the number of visits varies according to the level of risk assessed in the home. For in home cases in rural areas where distance can be factored in, there may be difficulty in making face- to-face contacts as often as needed. Recent travel restrictions and scheduling may also have an impact.

Since the level of risk assigned to a case determines the number of visits required for a family through the Structured Decision Making Model, there is a chance of increased visitation upon completion of the risk assessment. The agency worker maintains case responsibility and must have contact with the family based on SDM contact standards. This promotes information sharing, as the contract service provider is able to assist with ongoing assessment of risk.

In Foster Care, a CASA worker, as an advocate assigned to the case, has face-to face visits which occur at a minimum of once a month and can be in the home or elsewhere in the community. In this instance, this is a quality visit that occurs with the child where substantial information is obtained and can be shared with the foster care worker; however, the foster care worker is still required to visit.

In both Foster Care and Family Services Programs, other in home services such as Early Steps and Early Childhood Support Services are in the home frequently for face-to-face contacts. These collaborations also serve as a purposeful visit and are another way to monitor the child in the home. While there is not a formalized process, the information is shared via the parent/foster parent/caretaker.

Strengths and Promising Practices:

The agency has worked to address face-to-face visits with changes in policy to guide visits that are purposeful and private to better ascertain the child's needs. The implementation of Focus on Four and Structured Decision Making Model are used as tools for assessment and planning. According to focus group held on April 27, 2004 in Baton Rouge Region, children reported visits from their workers. In cases where there are supervised visits with parents and children, there is opportunity for workers to have face-to-face contacts alone with the child. This along with appointments, court and other meetings allows the avoidance of the necessity of another appointment or more travel.

In several regions there is the transfer of learning to new workers where policy and training is done at the local level for the influx of newer inexperienced workers. This allows for a more detailed outline of what is expected during visits as well as the importance of face-to-face visits. Webfocus Dashboard will help with the monitoring of face-to-face contacts by supervisors and help to guide workers in this practice. This will identify children who have not received required contact, ensure contact occurs, documentation is updated and sufficient efforts are made. It will also minimize the repeat completion of forms that will be available online.

In September 2009 a memorandum was issued to advise staff that all case worker visits in Foster Care and Family Services are to be documented in FATS starting in October 2009.

Barriers:

Recruitment and retention of staff services are barriers to achieving this item. Loss of staff has an effect on case volume and the demands of workers. This would also impact the quality of contact that is being done with children during face-to-face visits.

When there is a Foster Care case of several children in one family placed in different homes, this requires in home contacts on each child in a different home. When the caseload for a worker is very high, it may be feasible to count the face-to-face visits when the siblings are together and visiting with the parents.

As with all state agencies, budget limitations pose an impact on workers as they attempt to manage extreme workloads which include seeing children face-to face. When the interaction does occur and there is no documentation, this continues to reflect that this item is not successfully addressed.

OCS, in accordance with Section 424(e)(1) and (e)(2) of the Social Security Act, is required to collect and report data on caseworker visits with children in foster care. In addition, OCS was required to provide targets to the Children's Bureau of the percentage of children in foster care to be visited during each and every calendar month of fiscal years 2008-2011 with the goal that by October 1, 2011, 90% of the children in foster care are visited by their workers on a monthly basis. The target percentage to be achieved by OCS in FY 2008 was to be at least 64%. Federal Visitation Review results for FFY2008 indicated that the actual percentage achieved for the visits was 61% -- a difference of 3%. Due to failure to meet the FY 2008 target percentage, the FFP rate for the title IV-B, subpart 1 Child Welfare Services program for FY 2009 was reduced by 1% -- from 75% to 74%.

Item 20: Caseworker visits with parents. How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?

Policy:

With the implementation of Structured Decision Making (SDM) in 2008, contact standards for both Family Service and Foster Care cases changed. SDM is a risk assessment tool designed to assign the level of risk to a case which dictates the number of worker face-to-face visits required for a family. The visitation frequency varies for in-home families and those parents with a child in placement and with a goal of reunification. The guidelines reflect policy regarding the minimum number of face-to-face contacts with the parent/caregiver and each child each month. Workers are to use judgment in each case to best determine whether more contacts are needed.

In-home services required face-to-face contacts with all caregivers per month:

- Very High Risk Level—4 visits
- High Risk Level---3 visits
- Moderate Risk level---2 visits
- Low Risk Level---1 visit

Families with a child in placement with the goal of reunification required face-to-face contacts with all parents in the home per month:

- Very High Risk Level— 3 visits
- High Risk Level---2 visits
- Moderate Risk level---1 visit
- Low Risk Level---1 visit

For cases with Moderate or High risk, one face-to-face contact may be completed by an IHBS or MST provider with the assigned worker maintaining case responsibility. For cases with Very High risk, two face-to-face contacts may be completed by an IHBS or MST provider with the assigned case worker also making visits. Structured Decision Making® System for Child Welfare Services Policy & Procedures Manual

The worker assigned to the parent's case should visit the parent(s) as soon as possible after the child has been placed in agency custody in order to initiate the Assessment of Family Functioning (AFF). When the case plan goal is reunification, the minimum number of face-to-face contacts that must be made with the parent/caregiver each month is determined by each family's SDM risk and safety level. These visits must be documented in the case record. Visits other than the SDM minimum worker visitation requirement, which can be applied to the overall visitation requirement, may be fulfilled by service providers who possess a LCSW or LPC credential or are IHBS, MST and LA-SAFE providers. All contacts are to be documented on the CR8, case plan, Assessment of Family functioning and included in the case summary.

If a parent is in prison or other residential placement for an extended period, visits with him/her may not need to be as frequent. Visitation in these situations shall occur at least once every three months, as long as the parent is located within the state and retains parental rights. Frequency of visits with the imprisoned parent should be based on serving the best interests of the child.

If a biological father, who has not legally acknowledged the child nor shown any interest in the child, refuses to visit and to work on a permanent plan for the child, the worker shall document this fact in the case record and court report. Workers do not visit these fathers; however, they are to be notified of Family Team Conferences, court hearings, and kept up to date about the child's situation in foster care such as a child's placement or runaway status.

If the child's case permanency goal is Alternative Permanent Living Arrangements, the frequency of visits is then determined based on the needs of the child for contact and information concerning his family. However, the worker shall visit with the parent, in the home, a minimum of once every three months, unless safety concerns contraindicate home visits. If the plan is adoption or transfer of custody to a relative or non-relative, monthly visits are required until the parent's case is closed.

Discontinuance of home visits shall be approved by the worker's supervisor and District Manager (DM) or ordered by the court. The discontinuance of visits must be documented in staffing notes and CR-8 entries. If the court orders the discontinuance of in-home visits, the order must be reflected in court documents in the case record. Chapter 6 Foster Care, Part 2, 6-200 Worker Visits with Parents.

When cases are referred to OCS funded IHBS the visitation is as follows:

- IHBS worker will make initial contact within 24 hours and a minimum of three face-to-face contacts within the first week.
- Ongoing contacts per family are expected to fall between 5 – 20 hours per week on as needed basis; in most situations, a worker will spend more face-to-face time in the early weeks of the intervention.

Performance in CSFR Round 1:

CFSR Case Review Finding (Baseline):

80%

Louisiana Data Annual Goal: 82%
Louisiana PIP Data Goal: 85%
Achievement Date: 6th Quarter
Methods Of Measure: Peer Case Review and Quality Assurance Data

Item 20 was assigned an overall rating of Area Needing Improvement because in 20 percent of the applicable cases, reviewers determined that the frequency and/or quality of caseworker visits with parents were not sufficient to monitor the safety and well-being of the child or promote attainment of case goals. However, the lack of sufficient visitation applied only to in-home services cases; 100 percent of foster care cases were rated as a Strength for this item.

The PIP of June 2, 2005 identified four action steps to address Child & Family Well Being Outcome 1, Item 20:

- Clarify agency policy impacting worker visits with parents to support parental involvement.
- Provide consistent efforts statewide in locating absent parents.

Policy was clarified regarding visitation. The Children's Code Committee reviewed and felt the existing diligent search requirements in the Children's Code were sufficient.

Evaluative Assessment of Performance:

Policy and practice has undergone many changes in this area in the last several years. With LIFTS initiatives and Focus on Four, emphasis has been put on quality of interaction between workers and families as well as quantity.

FS Worker Visit with Parent/Caretaker (monthly)			
FF Year	Total #	Yes #	Percentage
2008-2009	803	596	74.2%
2007-2008	995	707	71.1%
2006-2007	1017	705	69.3%
2005-2006	828	550	66.4%
2004-2005	1222	722	59.1%

FS/QA-1 Data

FS Worker Visit with Out of Home Parent			
FF Year	Total #	Yes #	Percentage
2008-2009	87	35	40.2%
2007-2008	90	32	35.6%
2006-2007	100	60	60.0 %
2005-2006	60	48	80.0%
2004-2005	143	78	54.5%

FS/QA-1 Data In Family Service cases statewide compliance for monthly contact with the parent/caretaker has steadily increased since FY 2005. This is a 15.1% increase from 59.1% to 74.2%. However, Family Service worker visits with the out of home parent have decreased 14.3%, from 54.5% to 40.2%, during the same time period.

FC Worker/Supervisor Visited with Mother as per Policy			
FF Year	Total #	Attended	Percentage
2008-2009	668	388	58.1%
2007-2008	697	390	56.0%
2006-2007	664	342	51.5%
2005-2006	515	319	61.9%
2004-2005	569	400	70.3%

FC/QA-1 Data

Compliance rates statewide for foster care worker visitation with the mother was a high of 70.3% for SFY 2005 and a low of 51.5% for SFY 2007. Since FY 2005, the state has seen a decrease to 58.1% which is a 12.4% decrease.

FC Worker/Supervisor Visited with Father as per Policy			
FF Year	Total #	Attended	Percentage
2008-2009	427	175	41.0%
2007-2008	474	187	39.5%
2006-2007	391	153	39.1%
2005-2006	296	141	47.6%
2004-2005	338	199	58.9%

Compliance rates statewide for foster care worker visitation with the father was a high of 58.9% for SFY 2005 and a low of 39.1% for SFY 2007. The state has seen a decrease to 41% since 2005 to 2009, which is a 17.9% decrease.

CQI Peer Case Reviews				
Outcome/Item Measured	2003-2004 Compliance %	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % Rated as a strength (10 Regions)
Worker visits with parent(s)	43.4%	72.9 %	71.2%	69%

In looking at the Peer Case Reviews for 2008-2009, 69% (159 of 231 applicable cases) of the cases were rated as a strength in this area and 31% (72) rated as an area needing improvement. This is a substantial increase of 25.6% since 2004.

Strengths and Promising Practices:

During the previous CFSR, this area was considered an area needing improvement. Since that time, policy has been revised to clarify the frequency of visits and considerations for special situations such as incarcerated and absent parents.

The agency also collaborated and developed an MOU with Court Appointed Special Advocates in searching for absent parents and extended family members. In the Covington Region a Memorandum of Understanding was developed with the local CASA to search for absent parents and/or extended family members.

In September 2009 a memorandum was issued to advise staff that all case worker visits in Foster Care and Family Services are to be documented in the Family Assessment and Tracking System (FATS) starting in October 2009.

Barriers:

SDM has redefined the requirements to increase the number of visits. The agency continues to adjust case loads to achieve the desired goals.

There is a problem with workers consistently documenting diligent efforts to locate fathers, assessing fathers for services, and providing ongoing services to them. The problem is most prevalent in Family Services cases where the father is not in the home. In Foster Care cases, if the whereabouts of the father is unknown, then there is inconsistent documentation in the case records that shows the diligent efforts that are required by policy and good practice.

Well-being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational Needs of the Child. *How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

Policy:

The child's educational needs are assessed beginning with the pre-removal staffing involving the Child Protection Investigation unit and Foster Care unit prior to the child being placed in state custody. The educational needs of children are discussed with parents when developing the Functional Family Assessment, Family Team Conferences (FTC), informal meetings with the Child Welfare Specialist, and special education and Individual Educational Plan (IEP) meetings initiated by the child's school. Policy requires an educational history and information be maintained in the case record of each child in foster care. These records are provided to the child or his legal custodian upon discharge from State custody.

The Department encourages parents to participate in activities focused on meeting the educational needs of their children. When the birth parent is unable or unwilling to participate in the development and approval of an IEP, the Child Welfare Specialist is responsible for ensuring the child's foster parent or a surrogate parent is available to assist in advocating for the child's needs. Families Helping Families, through LCTF, provide respite care program for families with children with disabilities as well as the PROMPT and PASSED parent education and support programs may assist the parents. Additionally, Families Helping Families offers a program of parenting support for parents with special needs. All group care or private providers are advocates for any child placed in these settings.

Policy requires Child Welfare Specialists to work with children in foster care, foster parents, other caretakers, and local school personnel to assure children in foster care participate in public educational resources. R.S. 17:238 requires the governing authority of each public elementary and secondary school to establish a policy to ensure that a child who is in foster care pursuant to placement through the Department of Social Services shall be allowed to remain enrolled in the public school in which the child was enrolled at the time he entered foster care if DSS determines that remaining in such school is in the best interest of the child. The Louisiana constitution provides for the establishment of and maintenance of a public educational system. Under Louisiana law, such public education is provided by city, parish, and other local school boards, by independently operated charter schools, by Special School District #1, and by the Recovery School District. Both state and federal law prohibits the governing authority of any public elementary or secondary school from denying enrollment in public school because a child is in foster care.

The Office of Community Services does not fund private school for a child in foster care or provide any monetary reimbursement for expenses associated with private school attendance. With the approval of the worker, a foster parent may choose to provide personal financial resources to enroll the child in a private school approved by the State Department of Education as meeting academic standards. Home schooling may be approved by the supervisor for the foster child, when it would meet the child's educational needs and would not be detrimental to the child's academic progress and socialization experiences. Chapter 6 Foster Care, Part 10, 6-1000 Educational Resources

Child Welfare Specialists, children's attorneys, and CASAs are responsible for advocating for children needing special education services in the local school system. It is the local Special Education Level and diagnostic services through the Department of Education and the Department of Health and Hospitals that are to ensure all educational needs of the child are met. The Departments are responsible for providing appropriate services when a child's behavior disorder and/or other conditions impair their learning ability as stated in the Education for Handicapped Children Act or State Department of Education Bulletin 508, or Section 504 of the Americans with Disabilities Act.

Pursuant to Act 745 of the 2008 Regular Session of the Louisiana Legislature, schools will provide a written notice to the parent or legal guardian upon a student's third unexcused absence or unexcused occurrence of being tardy and will hold a conference with the student's parent or legal guardian. A student shall be considered habitually absent or habitually tardy when the condition continues to exist after all reasonable

efforts by any school personnel, truancy officer, or other law enforcement personnel have failed to correct the condition by the 5th unexcused absence or 5th unexcused occurrence of tardy within any school semester. Act 745 states that the parent or legal guardian of any student in kindergarten through 8th grade who is considered habitually absent or habitually tardy shall, at first offense, be punished by a fine of not more than \$50 or not less than 25 hours of community service for the first offense. Child Welfare Specialists and foster parents /caregivers /placement providers are responsible for ensuring each foster child is in regular and timely attendance at school each day. Specialists have become educated on the importance of limited removal of students from class.

The OCS is responsible for educational expenses which cannot be obtained from other sources but are needed by the child. These expenses include limited tutoring for children grades 3 through 12, with the greatest educational needs; summer school; drivers' education; school supplies; school uniforms; school fees; and other supplies such as band instruments, athletic team uniforms, trips, and activities.

In March 2008, Youth in Transition Plans began to be developed for each youth in foster starting at age 15. These plans are more focused than previous plans and assist in not only developing plans for their future outside of foster care, but also assist the youth in developing an educational plan that can best meet their needs. Plans address requirements for obtaining a high school diploma or certificate, the GED program, vocational training programs, OCDD services as applicable when the child no longer is in OCS custody, Louisiana Rehabilitation Services, employment, the military service, Job Corps, the National Civilian Community Corps, Project Independence, or a college degree.

The Department of Social Services, in collaboration with local resource centers, provides partial financial assistance for youth showing motivation and ability to attend college. Funding is available for amounts not covered by grants or scholarships, for foster children and youth in the Young Adult Program (YAP) to attend a state university.

Currently, there is an ongoing collaboration and MOU between the Department of Social Services and Department of Education in response to House Concurrent Resolution (HCR) No. 228 of 2006. This is state level joint working agreement and letter of expectations that have been developed between the agencies. The working agreement and letter of expectations have been conveyed to the school district superintendents and to OCS staff to facilitate them working together to promote improved outcomes for children in foster care. This HCR requires a plan for better educational outcomes for Louisiana's foster children, which shall include:

- Maintaining current health and educational records for youth;
- Timely transfer of school records;
- Transportation and services delivery issues;
- Appropriate educational placements for children;
- A system of tracking educational success of foster youth including test scores; college and university acceptance rates; and high school, college and university graduation rates.

The OCS and Department of Education also work to ensure foster children are provided educational protections under the McKinney-Vento Homeless Assistance Act. In 2008, each OCS Region was provided educational training regarding McKinney-Vento, the IEP process, working with the school system, and educational issues pertinent to each region. Training was provided through the Advocacy Center and was made available to all Child Welfare Specialists, foster parents, and adoptive parents. Department of Education Homeless Liaisons in each region also provide assistance in registering children in school without education records upon entering foster care or when transferring school districts, in arranging transportation, and in purchasing uniforms for the children on behalf of relatives and other caregivers. Currently, school districts designate a liaison for the district to act as a contact person, outreach worker and advocate for homeless and highly mobile families and youth.

Act No. 297 of 2009 requires public school governing authorities and the agency to ensure children in foster care are allowed to remain enrolled in certain schools upon entering foster care. This bill states that a child cannot be denied enrollment in school if placed in the custody of DSS due to their permanent address. The bill

should assist the agency in decreasing the number of children transferred to a different school following placement in OCS custody and increase and maintain connections to family, friends, and community.

The Assessment of Family Functioning (AFF) determines agency involvement regarding the educational services and needs of children for families receiving in-home services.

Performance in CFSR Round 1:

CFSR Case Review Finding (Baseline): 78%
Louisiana Data Annual Goal: 79.5%
Louisiana PIP Data Goal: 82%
Achievement Date: 7th quarter
Methods of Measure: Peer Case Review and Quality Assurance Data

Item 21 was assigned an overall rating of Area Needing Improvement because in 22 percent of the applicable cases, reviewers determined that OCS/DSS had not made diligent efforts to meet children's educational needs.

The PIP of June 2, 2005 identified two action steps to address Child & Family Well Being Outcome 2, Item 21:

- * Identify and address critical educational problems and issues for children.
- * Improve communication across service delivery providers.

Louisiana is committed to improving the educational services provided to children in foster care. Collaboration efforts are being made with the Department of Education, Department of Health and Hospitals, local school representatives, foster parents, parents, caregivers, special education coordinators, and the child to ensure appropriate services are being provided to meet the educational needs of foster children. Since the June 2, 2005 Renegotiated Program Improvement Plan, Louisiana has identified critical educational issues and improved communication with educational providers.

Evaluative Assessment of Performance:

Louisiana's performance on this item has improved since CFSR Round 1. However, work remains to assure children receive appropriate services to meet their education needs.

CQI Peer Case Reviews over the years vary in compliance as shown in the data below. The percentages show a positive increase by OCS in addressing the educational needs of children in foster care. The 2007-2009 Peer Case review included a review of 172 applicable cases with 94% (162 cases) rated a strength and 6% (10) rated an area needing improvement for Item 21.

CQI Peer Case Reviews				
Outcome/Item Measured	2003-2004 Compliance %	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % Rated as a strength (10 Regions)
Appropriate services to meet educational needs	77.9%	85.0%	81.1%	94%

A comparison analysis of 8th grade LEAP test scores found close to 2/3rds of foster children testing in the bottom 2 levels on the English and Math sections of the test compared to approximately 40% of 8th grade children statewide in the 2005-2006 school year. A comparison of graduation rates likewise found foster children doing substantially poorer than school children generally. While it is not surprising that foster children would score lower on the LEAP test than the general population based on their child abuse and neglect histories, the margin of difference is striking as is the fact that a very high percentage of foster children are essentially not passing (children must score in the top three levels of the LEAP test in order to advance to the next grade level) and not graduating. The scores emphasize the need for a special focus within the educational system on the needs of foster children to order to remediate educational deficiencies, improve test performance, and increase graduation rates.

Leap High Stakes Standardized Test Scores (2005-2006)				
	English		Mathematics	
Levels	Foster Care Population (N=5532)	General Population (N=28203)	Foster Care Population (N=5461)	General Population (N=28231)
Top 3 Levels	37%	60%	34%	60%
Lower 2 Levels	63%	40%	66%	40%

Several focus groups have addressed educational issues. A focus group was held with nine foster children on April 4, 2005. The children discussed education related issues and expressed they received tutoring; their teachers assisted them when they needed help; and one child stated he was a tutor for other children. From a focus group with foster children on October 4, 2007, foster children stated they receive assistance and support from their case managers to reach their educational goals. A participant in this group was a youth that received her GED and was applying for enrollment in a Certified Nursing Assistant Program. In discussing Louisiana's challenges in meeting the needs of children and families at the September 10, 2009 meeting of the Office of Community Services Consumers & Community Stakeholder Committee, the majority of participants affirmed education as being a key driver for improving Louisiana's overall poor outcomes for children. Several participants noted that prevention efforts are necessary and should target very young children.

The DSS and DOE are currently working to improve the educational needs of children by working to ensure children are allowed to remain in their current school setting following placement in foster care. The above information, obtained from a sample of cases, shows that retention in a child's current school placement is currently a weakness within Louisiana. In 10/06-09/07, a review of all residential placements began and continues to date which may contribute in part to the decreasing compliance percentage. Local substitute family homes may not be available in the same area to meet the needs of the youth. This may contribute to the trend; however, other factors probably impact the data as well as the residential reduction e.g. behavior disruptions in schools, relative placements, etc.

If the child came into care or was replaced within the last 6 months, has the child been maintained in the same school placement? (FC/A QA-1)				
Date	Compliance	Yes	No	Applicable Cases
10/03 – 9/04	64.1%	662	370	1032
10/05 – 9/06	43.7%	121	156	227
10/06 – 9/07	38.9%	144	226	370
10/07 – 9/08	38.4%	163	262	425
10/08 – 6/09	36.9%	101	173	274

Agency policy requires health and educational records be attached to each child's case plan. These are assessed and updated throughout the history of the case. Quality assurance data indicate very strong compliance with this policy as reflected in the chart below. Educational needs of the children are also included in the child's case plan and are approved by the court. The data is obtained on all open Foster Care and Adoption cases every six months during the required case Administrative Reviews. Data from 10/05 through 06/09 shows a steady increase in compliance which may be attributed to the return of staff and children to the state.

Does the case plan include the health and educational records of the child? (CC QA-1)				
Date	Compliance	Yes	No	Applicable Cases
10/03 – 9/04	93.8%	6841	455	7296
10/05 – 9/06	94.1%	6563	413	6976
10/06 – 9/07	90.0%	7625	847	8472
10/07 – 9/08	91.3%	7652	730	8382
10/08 – 6/09	92.0%	5380	467	5847

In 2007, the First Annual Louisiana Literacy Conference was held. There were approximately 1500 participants in this conference. Participants included teachers, literacy coaches, and other school personnel. During this conference 94 attendees participated in a survey on the Educational Outcomes for Children in Foster Care. According to this survey, participants described their greatest challenges, when working with local child welfare agency as the following: Can this be summarized more, focus on the high points or take away messages.

- Tracking students and obtaining educational records when students transfer schools;
- Informing educators on who to contact when services are needed for a foster child;
- Educating foster children when they are absent often and keeping them on grade level;
- Not enough information is shared with the school about the child home environment and history of abuse/neglect;
- Communicating with the foster care worker regarding educational needs children.

Participants expressed it would be helpful if:

- Foster care workers would come to school and visit the children's classes unexpectedly;
- Enroll children in more after-school programs and extracurricular activities;
- Interact more with teachers and counselors;
- Involve parents and foster parents in the educational decisions of the child;
- Additional information was provided on reporting abuse/neglect of children, the impact of abuse/neglect on children, and educational performance challenges for children in foster care; and,
- If the agency would develop educational liaisons to assist in working with the school system, provide more in-service training to educator regarding working with foster children, and develop open communication with teachers.

Strengths and Promising Practices:

The Department of Social Services requires an educational history be maintained in each child's case record. The information may be difficult to obtain from the various statewide school systems which operate independently of the Department of Education. OCS and the Department of Education are working toward the development of an electronic educational record that may be shared between the Departments. The National Youth in Transition database is anticipated to start in October 2010, and will track the outcome of youth served beginning with the 2007-2008, school year. Once the appropriate data base is developed to track the educational needs and services provided to youth it will include all standardized test scores, including the Louisiana Educational Assessment Program (LEAP) scores; university and technical college acceptance rates; graduation rates; IEP statistics; differences between children identified as gifted; and changes within the child's school placement.

Pursuant to Act No. 297 of 2009, public school governing authorities and the Department of Social Services will work to ensure children in foster care are allowed to remain enrolled in certain schools when entering foster care. This will prevent children from missing days from school due to missing records, being placed in inappropriate educational settings, and delays in educational services to the child. The Foster Care GIS Mapping system is utilized to assist in locating foster homes/adoptive homes, educational and mental health resources within the child's community.

OCS and the Department of Education have a committee to explore issues related to educational outcomes for children in foster care which includes developing mechanisms for data sharing and surveying staff of both agencies in order to develop ways to cross train staff so that OCS staff understands such issues as the Individual Education Plan (IEP) process and school staff understand the unique issues of children in foster care and mandatory reporting responsibilities. The committee is also addressing transportation issues to prevent children having to change schools when they enter foster care if a placement within the school zone that meets the child's needs is not available.

Barriers:

The Department of Social Services currently does not have cumulative data to assess the appropriateness of a child's education. DSS in collaboration with DOE and other agencies continue to work toward appropriate means of gathering information to identify the educational needs of children.

The educational needs of children were noted as an area needing improvement. The Department has developed and is involved with a work group comprised of the Department of Education, Department of Health and Hospitals, The Advocacy Center, local Family Resource Centers, and the Department of Public Safety Corrections to address the special needs of children in care.

Agency staff must navigate the multitude of schools throughout the 64 Louisiana parishes. There are 69 public school districts which are independently governed by associated school board members and superintendents. There are additional public school districts which exist but operate separately and independently from the 69 public school districts. These school districts include:

- Recovery School Districts (RSDs): The Recovery School District is a special school district administered by the Louisiana Department of Education. Created by legislation passed in 2003, the RSD is designed to take underperforming schools and transform them into successful places for children to learn. These school districts are in the following parishes:

- Pt. Coupee: 1 school,
 - Caddo: 2 schools,
 - East Baton Rouge: 11 schools and
 - Orleans: 70 schools.

- University Laboratory Schools: 6
- Marine Institutes of LA. 9
- Special School District Instructional Programs:
 - Central LA Regional Programs: 4
 - East LA Regional Programs: 4
 - North LA Regional Programs: 3
 - Southeast LA Regional Programs: 3
 - Dept. of Public Safety & Corrections: 13
- Approved Special Schools: 5
- Office of Juvenile Justice Schools: 3

Within the State there are 380 non-public schools. This count does not include 19 non-public Montessori Schools. (This information was obtained from the LA Public, Non-Public and RSD School Directories on the Dept. of Education website.) Navigating within and among the many statewide school districts is a formidable barrier for OCS and the foster children we serve. The number of LA children attending private schools is not known by this agency.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical Health of Child. *How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

Responsibility for screening and coordination of services to address the physical health care needs of children in foster care begins with foster care/adoption staff of the Office of Community Services. The agency delegates the responsibility for the provision of routine medical care to foster parents and other caretakers though the agency has the ultimate responsibility for a child's needs.

Medical and dental care needed by foster children is paid by the parents or their private insurance coverage. If the parents are not able to provide payment and/or do not have private insurance coverage, medical bills are paid using the Medicaid card. If the Medicaid card will not fund the medical expense, then payment using TIPS should be explored. Children and youth in foster care are Medicaid eligible. Chapter 6, Part 11, 6-1110 Medical and Dental Care for the Foster Child

OCS procedures include initial and annual medical screening for children in the foster care system. Medical services include physical examination, dental, vision, speech and hearing diagnostic, screening and treatment, if indicated. Diagnostic and screening services are also accessible through EPSDT (Early Periodic Screening, Diagnostic and Treatment Services) benefit. The worker documents medical and dental care on the Form 98-B, Cumulative Medical/ Educational Record, and appends a current copy to the case plan at time of development or update.

The Foster Care Worker is responsible for making arrangements by a Kid-Med physician or clinic to have a medical exam completed within seven calendar days of custody, unless a complete physical exam was obtained within 30 days prior to entering custody; no follow up services, additional injuries or medical problems are suspected. The medical examination must include screening for communicable diseases, identification of medical needs and referral for services. The child shall receive all necessary mental and physical health services. KidMed providers can be located by calling the KidMed Referral Assistance Hotline at 1-877-455-9955. The majority of providers do not have a wait list; however, a provider in a rural setting may have extended appointment dates. Chapter 6, Part 11, 6-1105 Ongoing Medical & Dental Care

If an exam was completed prior to the child entering care, the child shall be referred to a Kid-Med provider for the assessments listed below:

- Dental assessment within 30 days of the child entering custody or 60 days prior to entering custody. This is not a dental exam by a dentist but a screening that is done by the Kid-Med provider. Children over three coming into foster care will need to be seen by a dentist within 60 days of entering custody unless the child was seen by a dentist within the last year. Referrals are made to dentists who are in enrolled in the Medicaid dental program which can be identified on the DHH website. There are not any known wait lists.
- Assessment of the need for age-appropriate immunizations within 30 days of entering custody.
- Hearing and vision screenings and lead-exposure screening or testing within 30 days of entering custody or 60 days prior to entering custody.
- A developmental screening for children under five within 30 days of entering custody or 60 days prior to entering custody. Chapter 6, Part 7, 6-700 Medical Evaluation & History

Communicable Disease Testing and HIV: When there is reason to believe that a child in the custody of the Department of Social Services has been infected with the Human Immunodeficiency Virus (HIV), the foster care worker shall refer the child to a physician for a professional opinion regarding whether testing is reasonably necessary to properly diagnose and treat the child. Policy does not address obtaining the consent of the child. Foster parents/care givers are provided information and are actively involved.

If the physician recommends testing, the worker is to assure that it is scheduled and completed. Based on the medical provider's recommendation, testing may be repeated in one year as a follow up precaution or as deemed necessary by the medical provider, based upon the possibility of exposure. Access to treatment shall be provided promptly and in accordance with local medical treatment procedures. Chapter 6, Part 11, 6-1115 Communicable Disease Testing and Treatment for Foster Children Human Immunodeficiency Virus (HIV)

Routine Medical Exam: Examinations shall be obtained according to the physician's recommendations for children up to one year. Medical exams are required for all foster children over one year of age. These exams are to be completed within 14 months of the previous physical examination. Kid-Med screening may substitute for the annual physical examination. The Cumulative Medical/Educational Record (Form 98-B), list of prescribed medications, and a record of the child's immunizations shall be attached to the case plan for every Family Team Conference.

Immunizations: Each child shall have those immunizations recommended by the Kid-Med provider or by the attending physician. The worker is responsible for seeing that immunizations continue on schedule. Should a child need to be placed in another placement, the worker is to provide the medical and immunizations information to that caregiver.

Dental Care and Orthodontia: All foster children over 3 years of age shall have a dental checkup by a licensed dentist within 60 days of entering foster care and annually, thereafter. These examinations are to be completed within 14 months of the previous dental exam. Orthodontic services must be authorized for payment by Medicaid. Chapter 6, Part 11, 6-1105 Ongoing Medical & Dental Care

The Assessment of Family Functioning (AFF) is a summary of the family's protective capacities, concerns, and problems, as perceived by the family and other collaterals. In reviewing one of the 12 domains relative to the child's health needs, the worker is to document responses obtained from engaging the child and caregiver in discussions regarding the child's physical, emotional and developmental needs; identify stressors and how each is handled; explore child's history of developmental progression, sexual involvement, abuse and traumatic experiences; document the caregivers' and the child's awareness of the child's physical, emotional, and developmental needs; address how the parents provide emotional support to the child; address the parent's and child's awareness of resources to address identified needs. Chapter 6, Part 25. Forms Manual, Assessment of Family Functioning Instructions

The Family Service Worker is responsible for the identification of problems in the family system which relate to the safety, permanency and well being of children in the family. This includes identifying strengths, which might be built upon in working with the family. Services are provided and/or coordinated to address the family's needs. The FS Worker assists the family in problem resolution and maintaining a safe environment in which a child can reside and may serve as both direct and indirect service provider. For indirect, the FS Worker refers the client to and/or arranges for various types of services which are based upon the family assessment. Chapter 6, Part 5, 5-200 Role of the Family Service Worker

The written case plan based on the Assessment of Family Functioning is developed for each family. The assessment of risk assists with the process of the development of the case plan. When failure to thrive, malnutrition, inadequate food or medical neglect of children under the age of six was validated during the investigation, the worker should plan to closely monitor the child's safety, their progress and the parent/caretaker's receptivity and compliance with the case plan. Chapter 6, Part 5, 5-205 Time Frames, Frequency and Nature of Contact

Medical examinations may be paid for by OCS in Family Service cases only for children and only when this is absolutely necessary in order to provide information to the court to make a decision as to the Agency's disposition of the case, or to insure the safety of a child. Before authorizing payment the Family Service Worker shall make every effort to obtain the needed medical service from a state charity hospital, Title XIX provider, contract physician, or to have it paid for by the clients themselves. If there is a need for diagnostic tests in addition to a medical examination and routine urinalysis, the approval of the Regional Manager or his

designee must be obtained in order for OCS to assume responsibility for payment. Chapter 6, part 5, 5-915 Medical Examinations

Performance in CFSR Round 1:

Item 22 was assigned an overall rating of Strength based on the finding that in 95 percent of the applicable cases, reviewers determined that OCS/DSS had adequately addressed children's health needs. This item was rated as a Strength in 39 (95%) of the 41 applicable cases (30 of the 39 cases were foster care cases). Item 22 was rated as an Area Needing Improvement in 2 (5%) of the 41 applicable cases (both were in-home services cases).

Evaluative Assessment of Performance:

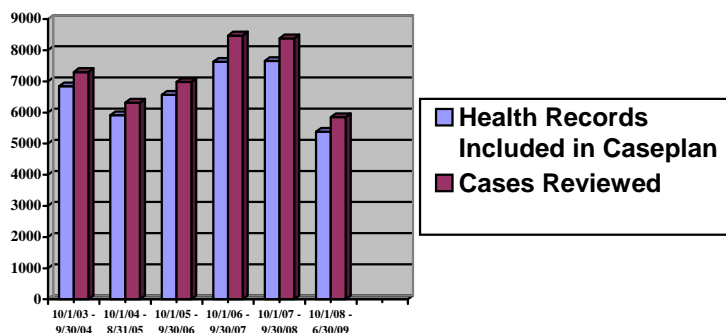
A recent review of data was utilized to determine compliance with agency policy and procedures established to ensure effective service delivery to children and families served through the Louisiana child welfare agency. Quality assurance and compliance data was examined in areas such as whether or not initial physical and dental examinations were completed in accordance with agency policy; and whether annual physical and dental examinations were completed and documented in the child's case file and addressed in case plans.

Physical & Dental Examinations				
FF Year	Initial Physical %	Annual Physical %	Initial Dental %	Annual Dental %
2006-2007	65.1	67	42.4	58.8
2005-2006	69.5	74.5	58.7	64.2
2004-2005	77	82.1	62.3	74.6
2003-2004	69.9	76.9	57.1	69.9

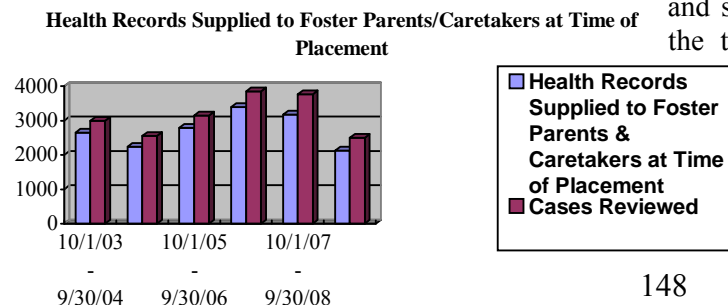
FC/QA-1 Data

According to quality assurance review data from 10/1/03-9/30/04, 69.6% of 401 case files reviewed, included documentation of completed initial physical examinations; 76.9% of 675 case files included documentation of annual physical examinations; 57.1% of 326 case files included documentation of initial dental examinations; 69.9% of 592 case files reviewed included documentation of annual dental examinations. The decline of performance may be attributed to the relocation of medical and dental providers following the storms. Current data is not available.

Case compliance review data reflected overall compliance in that health records of children were included in case plans in at least 90% of the 43,582 cases reviewed during the period beginning 10/1/03 and ending 6/30/09. Below is a chart of the findings for the six-year period following the previous Child & Family Services Review:



Case compliance data review data reflected overall compliance in that health records were reviewed, updated, and supplied to foster parents and other caretakers at the time of a child's placement or replacement in foster care. Below is a report of the findings for years 2003-2009:



The Office of Community Services previously implemented an agency Peer Review Process. This process has been in place for some time and allows staff from local, regional and state offices to participate in statewide case reviews. The 2007-2009 Peer Case review included a review of 237 applicable cases (out of 300 cases total). Of those, 85% (202 cases) were rated a strength and 15% (35 cases) were rated an area needing improvement.

CQI Peer Case Reviews			
Outcome/Item Measured	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % Rated as a strength (10 Regions)
Mental/Behavioral Health of Children	86.8 %	74.4%	85%

In preparation for these reviews, focus groups are conducted in an effort to receive consumer feedback to assist in evaluating the effectiveness of service delivery. The following summaries will provide samples of consumer feedback received in the area of well-being.

A focus group was attended by eight foster parents in the Thibodaux Region, Lafourche Parish Office on November 18, 2004. The foster parents reported that workers are aware of and maintain updated physical/mental health and education records, including documentation of child's progress. This information is documented and copies are acquired from foster parents. Foster parents stated that workers provided much medical, physical and mental health information to foster parents upon child's initial placement.

A focus group was conducted in the Lafayette Region on May 16, 2005. The session was attended by seven youth, ages 13-17. The youth reported receiving necessary medical services including routine medical care, dental care, orthodontia, eye surgery, and physical therapy.

During a focus group attended by four biological parents on June 20, 2005 in the Baton Rouge Region, parents reported that the Office of Community Services provided special medical care for their children that they were unable to provide. The parents reported involvement in the selection of the providers of services to their children. They reported that the Office of Community Services has included them in the planning of medical treatment for their children and allows them to be present when the children receive medical treatment.

A focus group was conducted on October 20, 2008 in the Thibodaux Region. The group was attended by a group of four certified foster families. Three of the families lived in the Baton Rouge Region and one family resided in the Thibodaux Region. The families expressed concern over the large number of doctors who will not accept Medicaid as a method of payment to treat children. The families were also concerned that orthodontic services are not readily available for children in foster care.

A focus group of child advocates was convened on July 28, 2009, at the Lafayette Regional Office. The group was attended by eight representatives from community agencies, including CASA, Intensive Home Based Service providers, Victim Advocate Center, Parish School System, Early Childhood Supports & Services, Citizens Review Panel, Family Resource Centers, and an Adoptive Parent. The group spoke positively regarding agency processes, such as the child protection investigative processes and support services provided to families (i.e. Family Services Program and Intensive Home Based Services). An example presented was when an OCS worker was present at the emergency room and also during the entire process when sexual abuse investigations are conducted through the Child Advocacy Center. OCS maintains good communication with agency partners. Ideas for improved service delivery included increased support to foster parents and OCS staff; improved training and better communication with foster parents; assistance to foster parents and workers to address the needs of children; reduced worker caseloads to allow more time for children and foster parents; children are not always receiving medical follow-up; children are heavily medicated, and this must be addressed; funding for education for youth transitioning out of foster care needs to continue; more clinical support for staff; and, more accurate screening and comprehensive assessment for each child in foster care.

A group of eight boys and girls, ages 8-13, participated in a focus group in the Lafayette Regional Office on July 28, 2009. The children reported regular medical visits with doctors as needed for check ups and immunizations. The children further discussed medical conditions for which they are receiving treatment, such as asthma, heart condition, sleep disorder, etc. The children are being followed by family doctor or pediatrician, dentist, optometrist, cardiologist, and psychiatrist. The children indicated that their needs were being adequately addressed. According to the children, agency staff, foster parents and other caretakers are attentive to their needs and make sure they receive the medical care needed.

Strengths and Promising Practices:

The agency is involved in collaborative activities with community agencies and organizations in an effort to ensure ongoing quality improvement and excellence in service delivery to families. Agency partnerships extend to The Department of Health and Hospitals and its offices, (Office of Mental Health, Office of Public Health, Office of Citizens with Developmental Disabilities); The Department of Education; The Office of Juvenile Justice; Family Resource Centers; Agency Enrolled Mental Health Providers; Foster Parent Associations; Youth Advisory Associations; Citizen Review Panels; Residential Facilities and other Healthcare Providers, both public and private.

The Department of Social Services/Office of Community Services (OCS), entered into an agreement (Memorandum of Understanding), with the Department of Health & Hospitals/Office of Citizens with Developmental Disabilities (OCDD) on May 6, 2005. The agreement establishes policies and procedures to guide the referral of children, age 3 and older, who are receiving services through the Office of Community Services and may have a developmental disability. These children are referred to the Office of Citizens with Developmental Disabilities for determination of developmental disability, assessment for supports and services, assistance in locating placements and joint planning for children who are approaching the age of majority. Items addressed in the agreement include Purposes of Referrals from OCS to OCDD; Referral Procedures; Referral Information; Response to Referrals; Transfer and Follow-Up Procedures and Execution of the Agreement.

SART is now called Infant, Child and Family. The Infant, Child, and Family Center was established in August 2007 to provide comprehensive multidisciplinary assessment and mental health treatment services for high risk children birth to 6 years of age utilizing the Child Screening, Assessment, Referral, and Treatment (Child SART) model. Targeted families would be the ones with children who have been exposed to Fetal Alcohol or other drugs. This service is available for both in and out of home cases. Staff consists of infant MH trained SW, occupational therapist and pediatric/neurological evaluation /treatment. Dr Rhonda Norwood is in charge of the program. This program is provided by the Capital Area Human Services District. Refer to Item 35, Service Array for additional information.

Barriers:

Barriers to service delivery were identified and discussed by consumers and agency partners. These included the lack of transitional services to address educational, mental health, emotional, recreational, social skills, and physical health needs; lack of communication among service providers (such as therapists and physicians); inaccessibility of Medicaid providers in some areas; increased caseloads; agencies are facing funding constraints, preventing comprehensive screening and provision of wrap-around services.

The input of data in the TIPS physical and dental case events is irregular which results in an unknown degree of compliance and results in suspected data. The information is to be updated during the time period of the FTC and whenever there is a medical and/or dental necessity by the care giver and the worker. Whenever a child is placed information regarding medical and dental services is to be provided by the worker.

Item 23: Mental/behavioral health of the child. *How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

Policy addresses initial mental health screening for each child entering the foster care system. The mental health screening, completed by the worker, must be documented on the Child/Adolescent Initial Mental Health Evaluation form (OCS CE-1 Form) within 15 days from the date the child enters foster care. The instrument addresses mental health/behavioral symptoms and child/family mental health history, including outpatient and inpatient mental health evaluation and treatment. Symptoms are rated based on severity, which results in further evaluation, if symptoms are moderate to severe. Clients qualify for mental health evaluation and treatment services if symptoms are present that would likely result in a diagnosis, according to the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). 6-702 Initial Mental Health Screening and History

If no mental health center and/or Medicaid payable resources are available, community agencies such as Family Services agencies shall be contacted. Often these agencies can provide treatment services that might be more appropriate for the children and families involved with the agency, e.g. services closer to their home, allows for continuation of services, etc. In the event the previous resources are not available, an OCS Mental Health Provider Network of licensed LCSW, LPC, LMFT, Psychologist or Psychiatrist has been established according to established guidelines. If indicated, psychologists should be utilized for testing and psychiatrists for medication and/or medication management. Advanced Practice Registered Nurses are enrolled in the OCS Provider Network for purposes of medication management reviews, when there is a collaborative agreement and consultation with a licensed psychiatrist. Medication management reviews are suggested for all children receiving psychotropic medications. FC Network providers are credentialed by the OCS to effectively address issues relating to grief/loss, separation & attachment, child abuse & neglect, childhood trauma, and infant mental health. Providers that specialize in providing post adoption services are available in the regions. Providers complete an initial enrollment application, submit supporting documentation, and complete a credentialing renewal process in two to three year intervals. A database of statewide credentialed providers is accessible to staff throughout the state, <http://webapps.dss.state.la.us/CEPWeb/>. Each OCS Region should have a designated clinical liaison to assist with clinical related issues and provide training for staff and mental health providers.

Chapter 6, Part 11, 6-1130 Psychotherapy Group &/or Individual Treatment & Counseling & Outpatient Services

Treatment for resolution of emotional, behavioral or psychiatric problems is available for foster children when indicated, based on an assessment with a diagnosis from the American Psychiatric Association's Diagnosis & Statistical Manual of Mental Health Disorders (DSM) by an LCSW, LPC, LMFT, Psychologist or Psychiatrist, medical necessity, and reduction of risk. Treatment services must include the biological family, the foster family, and other caregivers, as appropriate. The goal of OCS is to restore clients referred for outpatient mental health treatment, to an acceptable level of functioning in the family and/or community and in accordance with the case plan goal. All treatment provided to OCS clients, is to be addressed in the case plan for the family and child. Mental health evaluative and treatment services should not be used to validate reports of abuse or neglect. Chapter 6, Part 11, 6-1130 Psychotherapy Group &/or Individual Treatment & Counseling & Outpatient Services

Children for whom psychiatric or psychological evaluations are indicated should not require comprehensive re-evaluation more frequently than once every three years. Exceptions include a major change in the child's functional level or if necessary for referral or admission to a residential facility, in which case a follow up evaluation may be obtained. Evaluative updates for children residing in foster home placements are to be by a diagnostic interview. Children in residential placements may receive updates via diagnostic interview and a full evaluation after three years. When a re-evaluation or an updated evaluation is indicated, the previous evaluator should conduct the update. Chapter 6, Part 11, 6-1125 Psychiatric, Psychological, Social Evaluations

When medication management is indicated, each session shall consist of a face-to-face interview with the child, caretaker and/or worker to discuss the child's progress and/or any problems noted, and to review the effects of the medication(s) on the child, behaviorally and physically. Written documentation of the medications prescribed, treatment needs, an account of the child's progress or lack of progress, and future goals for treatment should be included in a written report. The provider must submit the Medication Progress

Report to the child's OCS worker on a quarterly basis. The Medication Management Report is utilized to ensure the efficacy of the medication and to monitor appropriate blood levels. The Medication Management Report, Outpatient Treatment Report, Evaluation and Assessment Narrative Report, Closing Summary Report, etc are utilized in case planning and decision making activities. To Chapter 6, Part 11, 6-1130 Psychotherapy Group &/or Individual Treatment & Counseling & Outpatient Services

In accordance with the permanency planning process, an evaluation or clinical assessment of the biological family, parents or guardians may be necessary to determine the parents' capacity and potential to provide care for the child, or to examine bonding and attachment between parent and child. Whenever possible, the evaluations/assessments shall be obtained through the local mental health clinic of the Office of Mental Health or other public resource such as the department of psychiatry or psychology of a state hospital or university. Family focused evaluations and clinical assessments can be authorized for up to three sessions to include an initial diagnostic interview and report, a follow-up diagnostic interview and a family evaluation session or a psychological testing session for a psychological evaluation. Payment can be made for evaluation only, not for ongoing treatment by a psychologist or psychiatrist for CPI cases. Chapter 4, Child Protection Investigations Part 10, 4-1005 Payments for Medical Examinations, Mental Health Evaluations, and Professional Services; PPM 04-15 Clinical Evaluation Program (CEP) Transition; Chapter 6, Part 11, 6-1125 Psychiatric, Psychological, Social Evaluations

In rare instances, a psychological or psychiatric evaluation and/or clinical assessment is needed for a foster parent who is caring for a child. Such evaluations may be completed on a limited basis. These evaluations and/or clinical assessments are to include: a description of the presenting problems and symptoms and include the DSM diagnosis; an assessment of the family's needs and strengths; a statement of the treatment goals; and, the treatment prognosis. Chapter 6, Part 11, 6-1125 Psychiatric, Psychological, Social Evaluations

Children in Therapeutic Foster Care homes and residential facilities have a treatment plan developed by the service provider which includes therapy to address the child's needs. In addition to therapy offered by Therapeutic Foster Care providers and residential facilities, occasionally OCS payable treatment services may be requested. When additional therapy sessions are necessary, the same process for obtaining outpatient treatment services shall be followed. Approval for treatment services for children in TFC homes and residential facilities must be completed by the Residential Placement Specialist for the Region. Chapter 6, Part 11, 6-1130 Psychotherapy Group &/or Individual Treatment & Counseling & Outpatient Services

Performance in CFSR Round 1:

CFSR Case Review Finding (Baseline):	74%
Louisiana Data Annual Goal:	76%
Louisiana PIP Data Goal:	78%
Achievement Date:	7 th quarter
Methods of Measurement: Peer Case Review and Quality Assurance Data	

Item 23 was assigned an overall rating of Area Needing Improvement based on the finding that in 26 percent of the applicable cases, reviewers determined that OCS was not effective in addressing the children's mental health needs. The concerns identified pertained primarily to service provision and to ongoing assessments. OCS was found to be more consistent in meeting the mental health needs of children in the foster care than it was in meeting those needs for children in the in-home services cases.

The PIP of June 2, 2005 identified one action step to address Child & Family Well Being Outcome 1, Item 23:

- * Maximize service delivery to children to better meet their mental health needs.

The planned Action Step and corresponding benchmarks were to improve the assessment for and provision of mental health services for children in foster care and those who remain in their home settings. Mental health services can be provided through mental health centers and/or Medicaid payable resources, community agencies such as Family Services agencies. The Mental Health Clinical Evaluation Program (CEP) was implemented in 1998 in New Orleans and became a statewide OCS administered provider network for a managed care program for mental health services in October 2004. CEP services are available, according to guidelines for children and families from all programs, CI, FS, FC and Adoption.

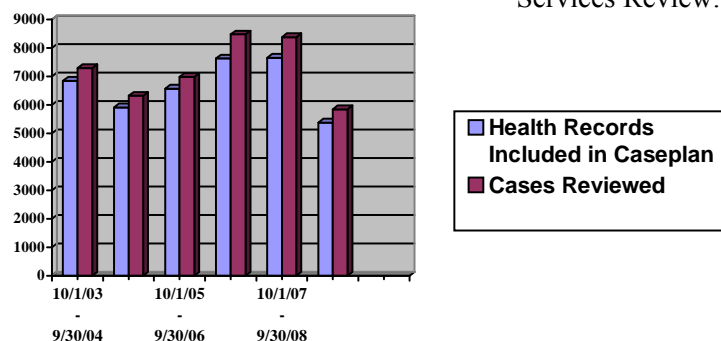
Evaluative Assessment of Performance:

CQI Peer Case Reviews			
Outcome/Item Measured	2004-2005 % Rated as a strength	2005-2006 % Rated as a strength (2 Regions)	2007-2009 % Rated as a strength (10 Regions)
Mental/Behavioral Health of Children	86.8 %	74.4%	86%

The 2007-2009 Peer Case Review included a review of 173 applicable cases, of which 86% (149 cases) were rated a strength and 14% (24 cases) were rated an area needing improvement..

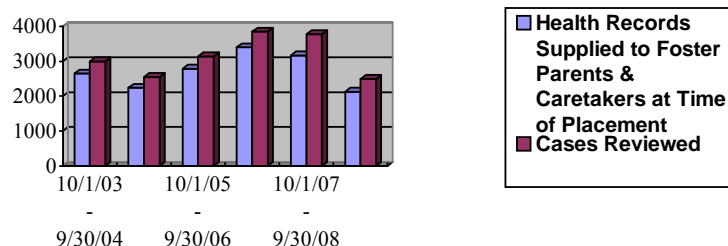
During the CQI Peer Case Review, the records were reviewed to determine if the agency conducted an assessment of the child(ren)'s mental/behavioral health needs either initially (if the child entered foster care during the period under review) or on an ongoing basis to inform case planning decisions. The assessment is also applicable for in-home services cases for all children in the home who meet the case applicability requirements. The cases were also reviewed to determine if the agency provided appropriate services to address the child(ren)'s mental/behavioral health needs.

Case compliance review data reflected overall compliance in that health records of children were included in case plans in at least 90% of the 43,582 cases reviewed during the period beginning 10/1/03 and ending 6/30/09. Below is a chart of the findings for the six year period following the previous Child & Family Services Review:



Case compliance data review data reflected overall compliance in that health records were reviewed, updated, and supplied to foster parents and other caretakers at the time of a child's placement or replacement in foster care. Below is a report of the findings for years 2003-2009:

Health Records Supplied to Foster Parents/Caretakers at Time of Placement



CASA Survey

Questions:	Accessibility Degrees & %:				
How Effective Is OCS-----	Very	Usually	Sometimes	Rarely	Not
in assessing need of children, parents, foster/adoptive parents—physical and mental health?	9.2%	40%	37.5%	12.5%	.8%
policies & practices in ensuring children are provided quality services?	3.3	54.2	39.2	3.3	0
in individualizing or tailoring services to meet	9.2	37.5	35	15.8	2.5

unique needs of children & families?					
How accessible are services to families & children & foster children/youth in LA?	15.0	38.3	35	10.8	.8
in coordinating CW services with other systems?	10.8	39.2	38.3	11.7	0
Averages:	9.5	41.8	37	10.8	.8

The CASA survey had 120 respondents with 90% being CASA staff or volunteers. The survey was developed by CASA state executive staff and OCS utilizing SurveyMonkey. The previous chart presents CASA survey results that show OCS, usually or sometimes meets the therapeutic needs of families & children, foster children/youth, and foster/adoptive parents.

FC Psychiatric Hospitalizations via OCS TIPS				
FF Year	Children	Units	Average Units per Child	\$
2008-2009	134	4468	33.3	2,315,091
2007-2008	121	2849	23.5	1,221,441
2006-2007	114	2956	25.9	886,800
2005-2006	76	2,207	29.0	651,300
2004-2005	40	679	16.9	203,700
2003-2004	52	631	12.1	189,270

TIPS Major 200

Though the agency expenditure for psychiatric hospital beds has increased substantially, it is the increase averages in units (days) per child which needs consideration. This may be reflective of:

- family's difficulty accessing psychiatric care outside the Child Welfare system;
- the children entering foster care maybe with increased and severe needs;
- the decrease in available Medicaid psychiatric beds statewide;
- the decrease in OCS funded residential beds; and/or,
- the lack of therapeutic foster homes to meet the needs of the children.

In September 2009, OCS increased the payable per diem following a Medicaid denial for psychiatric hospital placements from \$300.00 to \$537.94.

Children in Foster Care Therapeutic Services via OCS TIPS		
FF Year	TIPS Code	Children
2008-2009	400's	1631
	600's	1490
Total		3121
2007-2008	400's	2066
	600's	1576
Total		3642
2006-2007	400's	2195
	600's	1626
Total		3821
2005-2006	400's	2014
	600's	1646
Total		3660
2004-2005	400's	52
	600's	2228
Total		2280
2003-2004	400's	2385
	600's	2424
Total		4809

The OCS Mental Health Provider Network evaluations are payable with TIPS major/minor 400 codes. Therapeutic services are obtained and payable with the TIPS major/minor code 600/631. The preceding chart notes therapeutic expenditures for children in foster care which shows a decrease in the number of evaluations and those receiving therapy. The following chart provides data regarding children with the goal of adoption which also presents decreases. MST, a Medicaid payable, and IHBS, a contractual payable, services may

account for a portion of the numerical decreases. The expenditures data in the preceding and next chart was obtained via the OCS Tracking Information Payment System (TIPS) which presents individual billable sessions (by case Identification Number) which differs from a Medicaid or contractual payments. OCS does not have the number of specific individuals utilizing the Medicaid or contractual services.

Children with Adoption Goal Therapeutic Services via OCS TIPS		
FF Year	TIPS Code	Clients
2008-2009	400's	57
	600's	376
Total		433
2007-2008	400's	90
	600's	390
Total		480
2006-2007	400's	65
	600's	401
Total		466
2005-2006	400's	51
	600's	258
Total		309
2004-2005	400's	52
	600's	510
Total		562
2003-2004	400's	62
	600's	547
Total		609

Focus group participants included children (ages 8-12) & youth (13-17), young adults, biological parents, foster parents, staff, child advocates and other community partners. Community partners included representatives from various agencies, such as Parish School System, Child Advocacy Center, Family Resource Centers, Office of Mental Health, Judicial System, CASA, Citizens Review Panels, Law Enforcement Agencies, Volunteers of America, Louisiana Youth Enhanced Services, Counseling Agencies, YWCA, OCS Mental Health Network Providers, Medical Provider, and Parent Training Providers. The Focus Groups have been incorporated into the Peer Case Review process. Overall comments included:

- Children and youth reported that therapists helped them deal with anger, sadness and stress.
- Children and community partners expressed concern regarding numerous psychotropic medication prescribed for children in foster care.
- Children and child advocates stated follow up medical care is not always provided.
- Child advocates further stated that children are grieving, and should not be routinely placed on medication to address behaviors.
- Child advocates spoke of an ideal child welfare system as one that ensures comprehensive assessment and wrap-around services for children.
- The advocates suggested increased support and clinical related training for foster parents, case managers and supervisors.

Strengths and Promising Practices:

Review Service Array, Item 38 for additional services and information.

Children and clients of the Office of Community Services may receive services, such as Mental Health Rehabilitation and Multi-Systemic Therapy through DHH Medicaid statewide vendors.

Intensive Home Based Services, Early Childhood Supports & Services, and School Based Services are also accessible through the Departments of Education and Health and Hospitals or OCS contracts.

The agency has negotiated agreements with the Louisiana State University Health Sciences Center/Department of Psychiatry and the Tulane University School of Medicine to deliver infant mental health services and behavioral health services for children. The Department collaborates with community agencies and organizations to coordinate service delivery efforts.

The agency, entered into an agreement (Memorandum of Understanding), with the Department of Health & Hospitals/Office of Citizens with Developmental Disabilities (OCDD) on May 6, 2005. The agreement establishes policies and procedures to guide the referral of children, age 3 and older, receiving services through the Office of Community Services who are suspected of having a developmental disability.

Barriers:

Barriers to service delivery were discussed with consumers, agency staff and agency partners. An area of need was identified relative to the comprehensive assessment and wrap-around service provision for children in the foster care system. All agencies are facing budgetary constraints which result in more stringent eligibility requirements, reduction in services and/or delays in services to children and families.

Child advocates stated that children with mental health conditions and substance abuse issues are at risk. A concern was expressed that emergency beds in hospital settings and rehabilitation clinics are not available. Foster parents and child advocates expressed concern regarding the effects of budgetary issues on foster parents. In view of these concerns, the agency assesses community and mental health services available within each community. Availability of resources varies from community to community; however, no waiting lists exist for mental health services as these services are available statewide through the OCS network providers. Refer to Item 35 for additional information.

Attachment and re-attachment disorders must be addressed for permanency and well-being to be achieved. A group of service providers expressed concern that foster children are seen by a psychiatrist for medication management only. They further stated that sometimes a psychiatrist is given poor information as to the child's behavior. This may result in misdiagnosis, particularly as it relates to attachment issues. Service providers felt that children in foster care suffer from severe attachment issues and a lack of attention to these issues will result in many problems later. They suggested beginning play therapy with very young children, even with non-verbal children who have experienced trauma.

Psychotropic medication and management continues to be an area that needs to be addressed. Discussions between OCS state office foster care, residential services, and clinical services staff have ensued in an effort to facilitate the development of procedures for medication administration and training/consultation of medical, clinical, child welfare staff and surrogate caregivers. Training and consultation would be provided to clinical teams at residential facilities, district managers and regional program specialists (including placement specialists), of the Office of Community Services. OCS District Managers and Regional Program Specialists are currently responsible for reviewing clinical assessments, psychiatric/psychological evaluations, and mental health treatment reports to determine the need for continuing treatment of clients. These managers are also responsible for authorizing payment of treatment for child welfare clients. The training and consultation with regional management staff would provide skills and information to assist them in guiding and training frontline and supervisory staff. As a result, case management and supervisory staff would be knowledgeable and confident to effectively coordinate mental health services for children and to advocate for change when the need arises. Information would be shared with staff and caregivers relative to the evidence based use of medications in the treatment of specific mental health conditions. Information would be made available regarding significant side effects, benefits and risks associated with the use of medications, as well as alternatives to the use of medication (such as evidence based therapies and behavior management strategies). Budgetary constraints have impacted implementation.

SECTION IV. SYSTEMIC FACTORS

A. Statewide Information System

Louisiana achieved substantial conformity with the systemic factor of Statewide Information System.

Item 24: Statewide Information System. *Is the state operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?*

Policy:

Louisiana uses a combination of seven automated data systems. Among these are four major mainframe systems, three smaller web-based automated forms and a web-based reporting system. Overall, Louisiana has added more functionality to the information system since the 2003 CFSR at which time the statewide information system was found to be in substantial conformity.

Performance in CFSR Round 1:

Item 24 was rated as a Strength because the CFSR determined that the State is operating a Statewide information system that readily identifies the status, demographic characteristics, location, and placement goals for children in foster care. Stakeholders commenting on the Statewide information systems reported that TIPS and the OJJ system, Juvenile Information Records Management system (JIRMS) can track the status, demographic characteristics, location, and goals of children in foster care. Stakeholders expressed the opinion that information in TIPS is usually entered in a timely manner and is accurate. Stakeholders noted that there are “checks and balances” in the system designed to promote accuracy. For example, a supervisor must sign off on the information before data entry occurs. However, some stakeholders expressed concern about the accuracy of information regarding case events, specifically purchase of services information, and information pertaining to judicial activities and medical services. Stakeholders reported that training is provided on TIPS to all relevant staff, although some staff continues to perceive the system as not being “user friendly.”

Stakeholders identified the following as important features of TIPS:

- A “tickler” feature that is essential to effective case management.
- The ability to generate numerous reports, which are useful to field workers and managers.
- The provision of access to other State OCS/DSS data systems, such as child support, prison, TANF, and Medicaid, thus enabling workers to compile background information on families (e.g., locating absent parents, service provision).

A key problem identified by stakeholders was that TIPS and JIRMS do not interface.

Systems Descriptions

TIPS (Tracking, Information and Payment System) is a computerized on-line, statewide interagency information management and payment system which is capable of tracking client information and generating payments on behalf of the Department of Social Services clients. The TIPS system serves as the State of Louisiana's legally mandated Central Registry and houses the Louisiana Adoption Resource Exchange (LARE). The major OCS program areas included in TIPS are Foster Care, Adoption, Adoption Petition, Family Services (or in home cases), Services to Other Agencies, Young Adult Program and Families in Need of Services. TIPS has been in existence since January 1988 while LARE was developed in 1995.

The system tracks all placement services for foster children. It tracks all support services paid for through the TIPS system. As such, there is no differentiation in tracking placements and services between foster children placed in relative and non-relative placement settings. It does not track all services, as children and families are served through community support systems and contract services, such as faith based educational services, community mental health, etc.

As such, the system does not differentiate between foster care and in-home services on tracking capacity. However, there are fewer federal and state funding sources in the child welfare system dedicated toward in-home services. These services rely more heavily on community and contract services, so are tracked less frequently in the state systems.

ACCESS (A Comprehensive Enterprise Social Services System) serves as the electronic case record for child abuse and neglect reports and investigations. This fully web enabled system serves as the electronic intake and investigation record. It is the first installment of what is to eventually be Louisiana's SACWIS system. Specific data from ACCESS are migrated to the TIPS system for establishing related service records and for NCANDS reporting. Louisiana is a state based, not county based, child welfare system. Its Information Systems are state based and available to all staff across the state based on security levels. Because of that, data pertaining to a child who runs away from Cottonport, LA and is located in New Orleans, can be seen and utilized equally by the worker in Cottonport and New Orleans.

JETS (Juvenile Electronic Tracking System) tracks client status, legal status, demographics, location, and goals for youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). Beginning in May of this year, the two previously separate systems OJJ was using (JIRMS and Case Management) were combined. This reduced the amount of time the probation officers spent inputting the same information in both systems. JETS is not specifically linked to TIPS, ACCESS or any other DSS child welfare IT system. However, foster children in OJJ custody are given a TIPS number and integrated into the AFCARS reports.

FATS (Family Assessment Tracking System) is a smaller web-based system for recording family assessments and case plans. The system is housed on a SQL server and available to staff over the agency's intranet. FATS was developed as an electronic forms application to be used until the completion of the SACWIS system.

SDM (Structured Decision Making) is another smaller web-based system that provides electronic risk and reunification assessment forms. This system is hosted by the Children's Research Center on a yearly subscription basis. This functionality will also be built into the SACWIS system.

QATS (Quality Assurance Tracking System) provides quality assurance tracking and reporting of specific compliance instruments as part of the state's quality review system. The system is expanding its use to provide information on staff utilization.

Webfocus Quality Assurance and Outcome Reports provides a dashboard for reports on various performance, outcomes and management data. It has drilldown capacity to the client level on most reports and is accessible to workers at all levels.

System Functions

TIPS functions as the primary statewide information management and payments system for the Department of Social Services, Office of Community Services (DSS/OCS). TIPS meets federal and state requirements for tracking the demographics, location, legal status, and goals for all children in state foster care. There is no differentiation between how children in paid and unpaid placements are treated within the TIPS system, or in inputting data. The state has a report available to all staff about foster children indicating if there is no placement input in TIPS for that child (this report is discussed in more detail in the Quality Assurance section). Private foster care placement agencies do not have authority to change the placement location of a child without state worker approval. While this is possible, it is an extremely rare occurrence. With an assigned TIPS number, a child can be readily located on TIPS. Provided correct information has been entered, both the foster parent and the provider agency is identifiable for a specific child.

Clients are tracked throughout their involvement with the agency with TIPS providing client-specific and aggregate-level data on the DSS/OCS client population among the various programs. Client investigative, program, services, and placement data is kept indefinitely and is available as far back as 1983, depending on the program and type of information required. Investigation data is maintained in both the TIPS and ACCESS systems with abuse and neglect report data residing only in ACCESS. Links with other state social services and health agency systems provide interagency client search capability.

In combination with the FATS system, TIPS assists case management of clients among DSS/OCS's programs. The FATS system records and tracks family assessments and case plans while TIPS tracks case events, client history, financial information, provider availability and enables DSS/OCS to obtain data needed for program

planning and policy decision making. A tickler system within TIPS tracks the provision of selected services and case review requirements. TIPS provider tracking allows a search capacity for available placements. It provides the required Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data System (NCANDS) data.

On May 1, 2009, the DPSC/OJJ combined two previously separate systems into one (JIRMS and Case Management). This combined system has the capability to generate all standardized forms and contains an on-going narrative history of all activities on cases and creates a quasi-paperless case record system. The system also records and tracks the location of youth at all times as well as Individual Service Plans, Administrative Reviews, Permanency Planning Hearings, and Termination of Parental Rights letters.

OCS Caseworkers and OJJ probation officers primarily collect required data and input into the system with clerical or supervisory support. Both the TIPS Policy Manual and JETS Manual guide data input processes. FATS information is entered by the caseworker who then prints the assessment and case plan directly from the system.

TIPS produces over 600 reports and has the capacity for on-demand reports which include worker tickler reports, supervisor reports, outcomes and aggregate data reports on clients, financial reports, and management reports concerning the various programs. Infopac software makes this pyramid of reports available to staff at the state and local offices. In recent years OCS has used WebFocus software to provide a dashboard of drilldown reports available statewide. All federal data measures are included on this dashboard. The Quality Assurance section of this report addresses the use and impact of these reports in more detail. The reports are utilized during staffings by caseworkers and supervisors.

Through reporting tools, TIPS produces statistical summaries of client population, cross-program comparisons, trend analysis related to the numbers of clients, placement reasons, average lengths of stay, average medical and dental cost per foster child, data for good fiscal management and resource allocation, and analysis by geographic areas. It also aids the State in long-term planning and forecasting future needs. ACESS, through use of the Webfous reporting tool provides similar reports relating to federal outcome measures and statistical analysis of child protection reports and investigations.

Louisiana uses legislatively mandated Budget Performance Indicators (BPI) and General Performance Measures to measure child welfare performance outcomes. These measures relate to federal outcomes. Data for these measures is provided using TIPS and JETS reports. Aligned with BPIs, TIPS generates outcome measures and related variables. Also, the outcomes for the Consolidated Child and Family Services Plan are measured through TIPS and quality assurance systems.

ACESS and TIPS reports are utilized by each region for administration of services, caseload coverage, and outcomes. At the field level caseload reports track children and families served by each worker. Other reports provide a tickler system for case events. Aggregate caseload and overdue reports are available for administrative staff at all levels.

Staff are trained through a variety of systems. There is ACESS specific training as part of the change management system. There is less TIPS system training as support staffs do more of the TIPS data entry across the state. Training has been offered in all regions to teach and encourage staff to utilize the reporting side of the information systems to improve practice. Louisiana recently started a pilot project with individual training, to reduce paper work through the utilization of dashboard reporting technology. Louisiana utilizes a centralized help desk system to allow IT support staff capacity to “remote in” when helping fix computer issues. Issues which cannot be fixed through remote processes are referred to the IT field support staff for on site repair.

OCS continually receives requests for child welfare data and information from stakeholders and the general public. The data is used by consumers as background information for state and federal legislation, grants, training, and local public funding of community programs. Requests are met through TIPS reporting and the Webfocus dashboard reports.

JETS generates monthly caseload reports, upcoming six month Administrative Review (AR) reports and upcoming Judicial (Permanency Planning) Hearing reports for every caseworker. One report reflects the amount of days every youth was in an out-of-home placement and eligible for Title IV-E benefits. This report is forwarded to DSS/OCS for verification and payment. For AFCARS reporting, a JETS report is sent to DSS/OCS with the names of all IV-E eligible youth. Other reports are used by management for the general operation of the program.

JETS is used to ensure that juveniles committed to DPSC/OJJ receive appropriate and timely services. Cases are randomly selected and reviewed monthly in each Region to ensure IV-E guidelines are met. Deficiencies are reported to the Regional Manager, Program Manager and Deputy Assistant Secretary over Community Based Services. Regions are given 30 days to correct deficiencies.

For DSS/OCS, TIPS and ACESS provide information to the quality assurance system and generate random samples for several layers of the peer case review, quality assurance instruments, and continuous quality improvement processes.

All workers and supervisors have computer access to case level TIPS, FATS, SDM, and JETS information relative to individual system security. TIPS is a seven day per week/24 hours a day computer operation networked to 65 state/regional/parish offices, providing on-line services to approximately 1,200 devices, either through the state's Wide Area Network (LANET) or directly to several state and federal agencies or selected contractors. ACESS is available via the world wide web and operates seven day per week/24 hours a day. FATS and SDM are web-enabled and available to staff on the LANET or to mobilized workers via Virtual Private Network (VPN). TIPS has the capacity to provide VPN connectivity to outside office locations on a 24 hour basis. JETS data is available on a 24 hour basis through laptops.

The DSS/OCS Continuous Quality Improvement (CQI) process relies upon the TIPS and ACESS systems to identify cases and provide demographic, program, legal, and placement data on cases reviewed. Data from the DSS/OCS QATS system also provides policy compliance data used for the regional Peer Case Review process. DPSC/OJJ has seven Program Specialists who review all cases due an administrative review for IV-E compliance. They use JETS to check accuracy of information and ensure cases are in IV-E compliance.

The Department utilizes standard back-up procedures for its systems. The back-up processes are specific to the storage location and the system type. These procedures and back-up systems are successful as evidenced by no lost data any main child welfare system. This success is even more impressive given the history of four major hurricanes in two seasons, in which no data was lost.

The data quality varies depending on the facets studied. Louisiana AFCARS files have passed the edits testing every submission. The AFCARS and NCANDS data is stored and reported from the TIPS system. While child protection investigation data is initially stored in ACESS, the integration process double-stores it in TIPS pending SACWIS functionality completion. As noted in the Quality Assurance section, Louisiana moved to improve the speed with which foster care placement settings were input into TIPS. There are areas for improvement. The details and comprehensiveness of assessment are variable. This appears at times to be a clinical issue. At other times, it appears to be a data entry issue (e.g. the data is in the case notes, but not entered into data fields.)

Focus Groups:

In focus groups relating to information systems, participants were asked, "If you could change one thing about our information system, what it would be?" After responses were recorded, the groups selected their top six answers. They are listed below in order of importance.

1. Integrate the passwords of all systems
2. Systems need to be unified rather than fragmented
3. Create a user guide for systems
4. FATS needs to be more user friendly – difficult to maneuver
5. Expand capacity for policy, program planning and evaluation
6. Easier reporting from the system

The focus groups were provided a list of 150 attributes to choose from in order to answer the question, “A satisfactory child welfare information system is one which is” Each participant was allowed to select five attributes. The top six attributes from the focus groups are listed below along with notes on how participants describe what each of the attributes meant in relation to the agency’s information systems.

1. Easy to Use – user friendly, flows along with work
2. Accessible – can get to it from home, up 24/7
3. Comprehensive – includes all in one system and not several systems
4. Efficient – helps make work efficient, does things for you
5. Informative – can get information from system to help with work, tells you when you need to do things
6. Relevant – applies to work with clients

Finally, the group was asked to provide feedback on what we need to do to our information system to make it fit the above attributes. Most of the answers were a repeat of the first answers provided above including integrating the systems into one with one password and making it available over the web. In addition, some participants stated that the system should be connected to other systems in other agencies that serve the same client population.

Strengths and Promising Practices:

The Department is currently engaged in a technology modernization project that will integrate current systems into one comprehensive SACWIS compliant system and more. The new system will combine TIPS, FATS, and SDM systems while adding new functionality of an electronic case record and meet the tracking and reporting functions of the National Youth in Transition Database (NYTD). This will address many of the concerns and recommendations reflected in focus groups.

Modernization has begun the process of providing mobile technology to frontline child welfare staff. This will allow staff accessibility to information systems from home or in the field using WiFi. Modernization will pilot full mobilization with a group of selected staff over the next year.

Modernization also involves connectivity to other existing systems to support services. This includes connectivity to Department of Health and Hospitals as well as OJJ and other departments to help enhance service delivery for individual clients. Citizen portals are being developed to guide mutual clients to services across the spectrum of state agencies.

The Louisiana Supreme Court, Court Improvement Program is incrementally implementing an Integrated Juvenile Justice Information System (IJJIS) in courts across the state. IJJIS offers courts the opportunity to utilize technological tools to improve timely processing and effective decision-making in individual cases as well as better understand how the court system impacts outcomes for children and families generally. The Department and the Louisiana Supreme Court are also working to finalize a Memorandum of Understanding that will provide CIP staff direct access to the Department’s Webfocus reporting system. Through this system, CIP staff will be able to review real-time performance and outcomes data by court of jurisdiction. Current plans entail the use of a common portal for all child welfare staff for all systems, when the enterprise solution is complete. The SACWIS portion of the enterprise solution includes linkages to the court child welfare systems.

Negotiations are also underway for a Memorandum of Understanding with the Picard Center for Child Development and Lifelong Learning at the University of Louisiana Lafayette to provide access to data across multiple state agencies that also have agreements in force with the Picard Center. A key objective for the Memorandum of Understanding is to provide DSS with access to data and indices regarding educational services and success relating to children within the child welfare system.

Barriers:

There are several barriers in the child welfare IT systems.

1. There are multiple systems across multiple platforms supporting child welfare practice. This leads to storing duplicate data elements across systems with concomitant duplicate data entry for field staff.
2. Louisiana has not successfully stopped the creation of duplicate clients within and across systems. This appears to be a function of three issues. One, the name search functions could be improved. Two, workers

need to spend more time using available search systems to find existing clients before creating a duplicate one. Three, the fragmentation of IT systems enhances the possibility of duplicate clients both across and within systems. 3. Finally, the child welfare IT systems are not perceived by first line staff as supportive and helpful in managing case practice.

B. Case Review System

Louisiana achieved substantial conformity with systemic factor Case Review System.

Item 25: Written Case Plan.

Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate, and the child's parent(s), that includes the required provisions?

Louisiana Children's Code (La.Ch.C.) Article 675 requires the case plan be designed to place the child in the most appropriate family-like setting available, consistent with the best interests and special needs of the child. The case plan should also set forth a description of the placement, and a plan for assuring the child receives the care the courts have determined and is provided any special assistance the child may require. Furthermore, the case plan should document any efforts made by the agency to return the child to their home or to place the child permanently. Louisiana requires the case plan include an assessment of the child's relationships with immediate family, including grandparents, and efforts to preserve those relationships. Finally, Louisiana law mandates the documentation of reasons why termination of parental rights would not be in the best interest of the child.

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item for both foster care and in-home cases, including timeframes for developing and updating case plans and requirements for the participation of parents and children
 - Child Welfare In-Home Policy Requirements and Monitoring System
 - written service plan (OCS-2) developed during face to face contact between the worker and clients within 30 days of assignment of case in Family Services
 - approval of initial service plan by the case supervisor
 - approval of service plan by the court for court ordered services
 - mandatory supervisory consultation and review of case plan progress within 90 days of case open
 - new written service plan at 6 months from case open date if case remains open
 - District Supervisor approval for case to remain open more than 6 months
 - monthly case supervisor review of case progress after 6 months to determine ongoing progress and need for continued intervention
 - ongoing mandatory 90 day supervisory consultations until case closure
 - worker consultation with supervisor and service providers to assess family readiness for case closure
 - worker review with client(s) of progress made and maintaining current functioning without agency intervention
 - Child Welfare Out-of-Home Policy Requirements and Monitoring System
 - initial risk assessment using the Structured Decision Making (SDM) assessment tool through completion or review if previously completed by referring worker within 3 days of child entering custody to identify risk factors impacting foster care entry
 - written service plan (OCS-2FC) developed during face to face contact between the worker and each client (parents and children) as well as the foster caregivers within 30 days of assignment of case in Foster Care with behavioral change requirements based on identified risk factors
 - plan formalized in initial Family Team Conference meeting within 30 days of assignment of case in Foster Care
 - plan must specify reason(s) for child(ren)'s removal, reasonable efforts to prevent removal, overall permanent goal, behavior changes required to achieve goal, planned actions to achieve behavior change, services to be accessed/provided, each participant's responsibilities, time frames for actions and plans for providing for each

- child's daily care and cultural, familial, social/relational, educational/developmental, physical and mental well-being while in state custody
- approval of initial service plan by the case supervisor
- legally mandated (Louisiana Children's Code Articles 673 & 674) filing by the agency of the initial and any subsequent case plans with the court and copies to counsel for parents and children and unrepresented parents at least 10 days prior to any scheduled disposition, permanency or review hearing
- legally mandated (Louisiana Children's Code Articles 688) distribution by the agency of the initial and any subsequent case plans to any CASA representative at least 10 days prior to any scheduled disposition, permanency or review hearing
- legally mandated (P.L. 96-272 and 105-89) review and approval (Louisiana Children's Code Articles 677) of service plan by the court
- on-going assessment of behavioral change and progress in achieving case goals with updates as needed during each contact with each client and the foster caregivers with copies of any revisions signed by the client and provided to all original participants (contacts occur a minimum of monthly with children, parents, and foster caregivers with an exception for parents to quarterly contact if the child's case goal is Alternate Permanent Living Arrangement or no contact if the court has ordered no contact or if the parent's rights have been surrendered or terminated)
- supervisor and worker reunification risk reassessment every 90 days for as long as the case goal remains reunification to determine ongoing risk of harm in the family
- mandatory case supervisor and worker consultation/staffing and review of case plan progress and behavioral change by the parents at least quarterly with case record documentation of meeting to include review and updating of case information in the agency data system
- minimum 6 month review, revision, and update of written case plan with a Family Team Conference meeting to formalize all changes (OCS-2A used when case goal is adoption and parental rights have been terminated instead of the OCS-2FC)
- agency administrative review of case planning process (P.L. 96-272) held simultaneously with 6 month Family Team Conference meeting
- Quality Assurance Specialist review of case records prior to the Family Team Conference meeting
- Quality Assurance Specialist attendance at Family Team Conference as Administrative Review body not involved in case management or services
- agency permanency planning staffing (confirmed in writing) to review permanency planning options prior to 12 month case plan and administrative review meeting and permanency hearing, with additional staffings at 6 month intervals thereafter until permanency is achieved, including District Manager, case supervisor, case worker, and foster caregiver (Regional Attorney must be present for staffing to be used as a termination of parental rights staffing)
- District Manager for the case must review case record prior to each permanency planning staffing
- inclusion of independent living services for youth by at least age 16 to meet each adolescent's specific needs to make the transition from foster care and self-help skills, daily living skills or communications skills for youth 16 and over for whom independent living is not realistic (collaboration required with Office for Citizen's with Developmental Disabilities for youth unable to realistically achieve independent living)
- youth transition plan developed with youth beginning at age 15, updated at each Family Team Conference and within the 90 days preceding the youth's 18th birthday
- worker assessment of and review with the parents or other caregivers' of the youth or child's needs and services/resources available prior to case closure
- Juvenile Justice Custody Cases Policy Requirements and Monitoring System
 - The juvenile and his parent or guardian is provided the opportunity to participate in the decision-making process

- An individual service plan is developed within 14 days of initial placement into a non-secure program
- Signatures of the child, parent, and all other involved parties are obtained on the service plan
- Copies of the individual service plan are provided to the parent, child, facility, and court
- The service plan is reviewed by the officer, juvenile, parent and a facility representative and they must indicate whether or not they agree with the plan.
- The supervising officer discusses the youth's progress with the youth and a facility representative during monthly face-to-face contact (Details of the discussion are documented)
- The placing officer advises parent(s)/guardian(s) of the youth's progress and receives feedback on the family's involvement in the treatment program during monthly face-to-face contact
- Quarterly progress reports on each youth are provided to Community Based Services
- An Administrative Case Review must be held within 6 months of initial placement
- A computer generated six month placement administrative review notice is sent to staff
- A copy of the individual service plan and the Administrative Case Review report must be provided to the parent/guardian, facility and child's attorney within 15 days after an Administrative Case Review
- A second case review is held and individual service plan developed 5 months from the date of the initial case review if the child remains in non-secure placement
- The individual service plan and the Administrative Case Review report are given to the parent/guardian, facility and the child's attorney at least 15 days prior to formal judicial reviews and Permanency Planning Hearings
- The individual service plan and the Administrative Case Review report from the second case review is filed with the Clerk of Court at least 10 days prior to the Permanency Planning Hearing

How the policy requirements described above are reflected in practice

- All policy guidelines for each program and agency are required to be implemented through case worker practice.
- The Structured Decision Making web based program has the capacity to develop reports on timely risk assessment completion
- Staff compliance with policy guidelines is insured through supervisory monitoring and court review.
- Failure to adhere to agency guidelines is addressed through staff development and performance planning or corrective action at as many levels as necessary.
- Court orders support and supplement agency service plans, encourage parental action and address agency practice issues when necessary
- Collaboration with other agencies, CASA representatives, the legal system, foster caregivers, relatives, parent(s)/guardian(s) and the children support the successful implementation of the policy guidelines

Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes

- There were no changes regarding this Item specific to the state PIP from 2003
- Coordinated statewide changes to the child welfare in-home and out-of-home case planning process were initiated in 2007 through the implementation of the Focus on Four process, which included concentration of case planning efforts on consideration of four assessment measures: (1) the assessment of safety issues in the family environment; (2) the assessment of

factors creating risk to the child(ren) in the family environment; (3) the assessment of the current functioning of the family in the provision of care to the children, including protective capacities; and (4) the assessment of behavioral changes required by the parents to resolve safety issues and reduce risk factors, including planned actions to achieve behavioral change and time lines for accomplishing the actions. On-going staff development and support are being provided in the continuing skill building to appropriately manage this assessment process in working with families.

- Policy changes are currently underway in the juvenile justice system to implement the change in the individual service plan process from the initial plan being developed within 30 days to being developed within 14 days of initial placement into a non-secure program.

Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the engagement of parents and age-appropriate children in case plan development

Case Compliance QA 1 Data Report

Initial Case Plan Developed Within 60 Days Of Foster Care Entry			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	97.9%	1721	7319
10/01/04 to 9/30/05	98.7%	1561	6615
10/01/05 to 9/30/06	95.9%	2074	6993
10/01/06 to 9/30/07	97.3%	2361	8480
10/01/07 to 9/30/08	Data not available		
10/01/08 to 6/30/09	Data not available		

A Written Case Plan Was Developed/Finalized For The Current Administrative Review									
Timeframe	Statewide Compliance Rate			Applicable Cases			Total Cases Reviewed		
10/01/03 to 9/30/04	99.6			7300			7300		
A Case Plan Coinciding With The Current AR & FTC Was Completed On The ...									
	Child	Mother	Father(s)	Child	Mother	Father(s)	Child	Mother	Father(s)
10/01/04 to 9/30/05	99.8%	99.3%	95.7%	6617	4257	4001	6617	6617	10018
10/01/05 to 9/30/06	99.7%	99.3%	97.6%	6988	5003	4763	6988	6990	11041
10/01/06 to 9/30/07	99.6%	99.3%	97.9%	8471	6065	5865	8471	8467	13100
10/01/07 to 9/30/08	Data not available								
10/01/08 to 6/30/09	Data not available								

- The system for measuring and monitoring compliance with case plan requirements (for example, that every child has a current case plan that was developed within the timeframes required). The monitoring processes and measures of effectiveness related to case plan requirements have already been discussed above.
- Methods and supports for engaging both parents and age-appropriate children in case planning, including efforts to involve non-custodial parents, such as through family team meetings or by offering flexible meeting times
 - Child Welfare In-Home Cases
 - Case planning activities are completed with the custodial parents and age-appropriate children during face-to-face contacts
 - All parents involved in the care and custody of the child are engaged in the case planning process

- Any non-custodial parent or parent not involved in the daily care of a child is not routinely engaged in the case planning process
- Parents may be seen away from the home, if it is impossible to arrange an appointment in the home or case circumstances warrant separate contacts with the parents
- When a parent's employment requires significant travel or time away from home case planning involvement and contacts may be less frequent than the regular contact requirements with approval of the supervisor and documentation in the case plan
- When a parent/caregiver is living with a paramour who is neither a perpetrator of abuse/neglect nor a biological parent of any of the children in the home, the frequency of worker contact with the paramour and any need for involvement in case activities is addressed in the case plan document
- Recommendations of involved stakeholders and service providers are considered in case planning activities and adapted as appropriate
- Child Welfare Out-of-Home Cases
 - A family case plan is developed for all parent(s)/guardian(s) in the same household
 - A separate case plan is developed for all known parents living separately
 - Unknown parent(s) are addressed in case planning with any known parent(s)/guardian(s) in relation to efforts to identify and assess the unknown parent(s)
 - Ongoing, diligent efforts are made by agency staff throughout the life of a case to identify unknown parents and locate parents whose whereabouts are unknown for the purpose of case plan engagement
 - Ongoing, diligent efforts are made by agency staff to locate any missing or runaway children to engage in case planning activities and provision of care and services for the duration of court required custody
 - Case planning activities are completed with the parent(s)/guardian(s), age-appropriate children and foster caregivers during face-to-face contacts
 - Worker contacts are arranged with parent(s)/guardian(s), children and foster caregivers based on convenience of the parent(s)/guardian(s), children and foster caregivers
 - Family Team Conferences are scheduled with consideration of accommodating the schedules of all involved parties, and when a parent or child is unable to attend the worker reviews the formalized plan document with that parent or child individually to acquire agreement, comments, and the individual's signature
 - When necessary to support the interests, safety, involvement, engagement or schedule of an individual parent or child, separate formal Family Team Conferences are also held
 - Recommendations of involved stakeholders and service providers are considered in case planning activities and adapted as appropriate
- Juvenile Justice Custody Cases
 - Children and parents are invited to participate in service plan development
 - Progress is routinely reviewed with children and parents
 - Parents are encouraged to participate in the treatment process
- Influences or issues specific to a particular region or county
 - In the Orleans Parish Juvenile Court, Section A, for the child welfare system, the judge holds Benchmark Hearings 4 times per year to review the case plan progress for youth ages 14 up to 18
 - In the Lake Charles Region for the child welfare system, a peer mentoring process was initiated mid-2008, which will systematically be implemented statewide to support staff skill development related to client engagement, assessment, and case planning.
- Key collaborators with the agency on this item, where applicable: Parents/Guardians, Children/Youth, CASA, Child Welfare National Resource Centers, Department of Health and Hospitals, Department of

Education, Local Educational Authorities and School Personnel, Department of Labor/Workforce Commission, Louisiana Community and Technical College System, Regional Human Service Districts, State/Parish/Local law enforcement agencies, Adolescent/Child Psychiatric Hospitals, Children's Hospitals and Pediatric Units in other Medical Facilities, Medical providers, Therapeutic providers, Child Advocates, Foster Caregivers, Judges, Attorneys, Local Community Organizations, Charitable Organizations, Recreational Service Providers, Churches, Tribes, Relatives

▪Survey Findings – 120 respondents – In regard to the effectiveness of OCS in ensuring that each child has a written case plan that includes required provisions and was developed jointly with all parties, the findings were: 24.2% Very, 42.5% Usually, 19.2% Sometimes, 13.3 % - Rarely, .8% Not

- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
 - State level policy development and training to support statewide consistency in practice implementation
 - Supervisory oversight of policy implementation and practice
 - State consultation with Child Welfare National Resource Centers for technical assistance
 - Peer Case Review Process for quality of practice feedback
 - Stakeholder Focus Groups for systemic assessment
 - Quality Assurance Reviews for policy adherence measurement
 - Routine, longstanding collaborative work efforts between Child Welfare and Juvenile Justice agencies
 - Interagency Service Coordination process at regional and state levels for collaboration in serving clients between Department of Health and Hospitals, Department of Social Services, Department of Education and the Office of Juvenile Justice.
 - Extensive, involved statewide CASA program
 - Per key collaborators: communication with agency regarding family progress and service planning has improved in recent years and many partners feel engaged and involved in the process

Promising approaches in this area

- Pursuit of vendor agreement with a person locator service to improve agency capacity to identify and locate parents and other relatives related to child welfare cases
- Application for federal grant to develop joint program between the child welfare agency and CASA for establishing permanent connections for youth to support case planning activities to transition youth to independence
- Regional Specialists and Super-Users (highly skilled staff) trained to provide support and guidance in staff skill development

Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

- Child welfare workforce recruitment of staff with an appropriate education and professional credentials
- Workforce retention and career development to promote longevity and experience in the field of child welfare
- Staff development to provide appropriate and adequate knowledge acquisition with experiential opportunities to support knowledge preservation sufficient to perform child welfare job responsibilities successfully
- Funding to support sufficient services/resources to address client needs in making the behavioral changes necessary to achieve case plan goals and safely provide for the care of the families' children

- Agency capacity to identify, locate and engage parents in case planning activities and to maintain engagement for ongoing progress, behavioral change, and goal achievement
- Per key collaborators: Definition in La. Ch. C regarding level of child involvement required, case plan documents not written at a level that can be easily understood by children and families and that allow for clear visualization of progress, transportation services for parents to participate, loss of resource center respite services for special needs children, further community resources to support care of children in foster care, documentation of changes made by parents, early referrals to parenting classes, youth voice in placement decisions, ability to change/negotiate case plan, involve caregivers, continued work to adapt to Family Assessment tool, agency training on writing case plans from a behavioral perspective and support for workers to make the required number of visits when they have large caseloads.

The courts are also required to give written approval of the case plan that is to be implemented, or state the specific reasons why they believe the plan does not fulfill the best interests of the child. Any parent or other person directly affected by the court's ruling has the legal right to appeal the judgment of disposition.

Item 26: Periodic Reviews.

Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?

La.Ch.C. Art. 677 requires the case plan be reviewed by the courts to determine if the content of the plan or plan implementation are appropriate. If the courts determine the case plan protects the health and safety of the child, and is in the best interests of the child, then the court can approve the plan. If the court does not approve of the case plan, it must enter specific reasons for this decision.

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including (1) the timing, content, and methods for reviews (court, external body, and agency administrative reviews), and (2) reviews for children served by the juvenile justice and mental health systems who are subject to this requirement
 - Child Welfare In-Home Policy Requirements
 - Court ordered services must be reviewed by the court every 6 months for the duration of agency involvement
 - Child Welfare Out-of-Home Policy Requirements
 - Quality Assurance Specialist attendance at Family Team Conference as Administrative Review body not involved in case management or services
 - An Administrative Case Review must be held within 6 months of initial placement, and every 6 months thereafter
 - Adjudication and Disposition are tracked in the agency Tracking, Information, Payment System (TIPS)
 - Case Review Hearings are held at six month intervals from the time a child is placed in agency custody
 - Juvenile Justice Custody Cases Policy Requirements
 - An Administrative Case Review must be held within 6 months of initial placement
- How the policy requirements described above are reflected in practice
 - Practice follows policy guidelines. QA staff record findings in state managed database.
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes

- There were no changes regarding this Item specific to the state PIP from 2003
- There are no identified patterns or trends, statewide or locally, contributing to performance and practice regarding this item
- Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness and quality of reviews

Juvenile Justice Administrative Reviews Data Report

Completed Administrative Reviews					
	Completed Late		Completed On Time		
Fiscal Year	# of Cases	% of Total	# of Cases	% of Total	Total Cases
2002/2003	7	0.88	786	99.12	793
2003/2004	6	0.75	799	99.25	805
2004/2005	18	2.17	811	97.83	829
2005/2006	17	2.05	813	97.95	830
2006/2007	20	2.84	684	97.16	704
2007/2008	10	1.43	688	98.57	698
2008/2009	11	1.46	743	98.54	754
Totals	89	1.64	5324	98.36	5413

Juvenile Justice Judicial Reviews Data Report

Completed Judicial Reviews					
	Completed Late		Completed On Time		
Fiscal Year	# of Cases	% of Total	# of Cases	% of Total	Total Cases
2002/2003	3	2.01	146	97.99	149
2003/2004	1	0.71	140	99.29	141
2004/2005	4	3.28	118	96.72	122
2005/2006	10	6.21	151	93.79	161
2006/2007	10	7.19	129	92.81	139
2007/2008	6	5.00	114	95.00	120
2008/2009	10	7.46	124	92.54	134
Totals	44	4.55	922	95.45	966

Case Compliance QA 1 Data Report

The Current Foster Care Administrative Review Is Held Within 6 Months Timeframe			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	99.4%	7307	7307
10/01/04 to 9/30/05	99.3%	6605	6605
10/01/05 to 9/30/06	94.9%	6984	6984
10/01/06 to 9/30/07	98.6%	8469	8469
10/01/07 to 9/30/08	Data not available		
10/01/08 to 6/30/09	Data not available		

Case Compliance QA 1 Data Report

The Foster Care Administrative Review Was Conducted By A Panel With At Least One Person Not

Responsible For Case Management Or Deliver Of Services			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	99.5%	7298	7298
10/01/04 to 9/30/05	99.6%	6598	6598
10/01/05 to 9/30/06	99.4%	6981	6981
10/01/06 to 9/30/07	99.5%	8468	8468
10/01/07 to 9/30/08	Data not available		
10/01/08 to 6/30/09	Data not available		

The system for tracking and monitoring case review outcomes, for example, monitoring the provision of recommended services to a child or family

Case Compliance QA 1 Data Report

The AR Determined The Extent Of Compliance With The Previous Case Plan															
Timeframe	Statewide Compliance Rate					Applicable Cases					Total Cases Reviewed				
10/01/03 to 9/30/04	97.9%					7305					7305				
	Child	Mother	Father(s)	Foster Caregiver	Agency	Child	Mother	Father(s)	Foster Caregiver	Agency	Child	Mother	Father(s)	Foster Caregiver	Agency
10/01/04 to 9/30/05	98.3%	98.3%	93.9%	98.5%	98.7%	6610	4353	4128	6608	6611	6610	6612	10162	6608	6611
10/01/05 to 9/30/06	98.7%	98.8%	97.1%	98.9%	98.9%	6985	5099	4913	6982	6989	6985	6982	11174	6982	6989
10/01/06 to 9/30/07	97.7%	97.8%	96.0%	97.8%	97.5%	8471	6161	6087	8471	8476	8471	8462	13291	8471	8476
10/01/07 to 9/30/08	Data not available														
10/01/08 to 6/30/09	Data not available														

The procedure(s) for supporting the participation of both the birth and foster families, age-appropriate children, relative caregivers, and foster and pre-adoptive parents in these reviews, for example, support services, preparation, encouragement to attend, and timing

- Face-to-face contact by agency and CASA workers and by children's and parents' attorneys
- Communication from agency and CASA workers via telephone, email and letters and from children's and parents' attorneys

The provisions for reviewing the recommendations and results of the periodic review and making adjustments to the case plan or direction of the case

Case Compliance QA 1 Data Report

In The Periodic Review – The Case Plan Discusses How The Agency Plans To Carry Out Judicial Determinations Made For Services To The Child			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	92.9%	1367	7310
10/01/04 to 9/30/05	93.8%	1128	6616
10/01/05 to 9/30/06	92.0%	674	6984
10/01/06 to 9/30/07	89.8%	1241	8474
10/01/07 to 9/30/08	89.6%	1662	8388
10/01/08 to 6/30/09	88.8%	1287	5857

- Influences or issues specific to a particular region or county

- Separate juvenile court systems only exist in four areas of the state: Orleans District, Jefferson District, Baton Rouge Region, and Caddo Parish
- Key collaborators with the agency on this item, where applicable: CASA, Clerks of Court, Attorneys, Judges, Foster Caregivers, Parents, Youth/Children
 - Survey Findings – 120 respondents - In regard to the effectiveness of six month court reviews conducted with all participants, the responses were: 37.5% Very, 38.3% - Usually, 20% - Sometimes, 3.3% Rarely, .8% Not
- Strengths the State has demonstrated in addressing or implementing this item, including factors external to the agency
 - Benchcards for judges handling juvenile custody cases
 - Automated Court Management Information System
 - Orleans Parish
 - Jefferson Parish
 - East Baton Rouge Parish
 - Calcasieu Parish
 - Rapides Parish
 - Caddo Parish
 - The Louisiana Judicial College sponsors continuing legal education programs related to foster care
 - Per key collaborators critical factors influencing positive outcomes for children were: court reports on time, evaluations on time, availability of and access to appropriate services; when parents and youth are actively engaged in the case planning process, compliance with the case plan is much improved, with better outcomes for the children.
- Promising approaches in this area
 - Department of Corrections is currently considering “video-hearings” as an option to more effectively engage incarcerated parents in court hearings and reviews
 - Establishment of a “drug-court” model in a few areas of the state

Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

- Overloaded court dockets
- Lack of timeliness in review hearing scheduling
- Need for drug court access
- Insufficient attorneys, adequately trained on child welfare issues to represent the children, families and the agency
- Per key collaborators: Insufficient support staff for attorneys who do represent children, families and the agency, need for more qualified agency staff, need for legal requirement for judges to consider children’s wishes, need for transportation services by parents to participate, more homes for deaf and blind children, need youth to be able to talk to their attorney, need case plan discussion in court, need agency workers to encourage foster parents to attend review hearings
- Information gleaned from court reports of non-compliance with statutory time limits indicates that case review hearings are most often continued or delayed (45% of the time) for reasons related to the agency. Information gleaned by the CIP Coordinator from interviews with judges and court staff indicate that most of these delays are due to court reports not being filed or not being filed timely, new workers assigned to existing cases not prepared to testify and workers being ill or for some other reason unavailable). In 30% of the continuance reports for case reviews, the reason cited is the failure of parent(s) to appear, sometimes due to lack of notice or failure to be served. The average length of delay for cases reported is 39 days
- Integrated Juvenile Justice Information System designed and developed through CIP will provide data collection and analysis capabilities and reporting on key measures as defined in “Court

Performance Measures in Child Abuse and Neglect Cases,” which was developed by the National Center for State Courts, OJJDP and other federal partners. Implementation has begun in some pilot courts. Once security, data entry and integrity issues are resolved, reports should be forthcoming

Item 27: Permanency Hearings.

Does the State provide a process that ensures that each child in foster care under the supervision of the state has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?

The courts in Louisiana are required to approve the case plan and the issue of the child’s legal custody in the judgment of disposition. La.Ch.C. Art. 702 requires courts to conduct a permanency hearing within 12 months of the child being removed from the home. Louisiana law further mandates a permanency hearing be held within thirty days of a judicial determination that reunification efforts are not required. The same Children’s Code article requires permanency reviews take place every 12 months until the child is placed in a permanent placement.

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State’s policy requirements and monitoring system regarding this item, including hearings for children served by the juvenile justice and mental health agencies who are subject to this requirement
 - Child Welfare Out-of-Home Policy Requirements
 - Permanency Hearing dates are tracked in the case events of the agency Tracking, Information, Payment System (TIPS)
 - Permanency Hearings are held within 12 months of child’s placement in agency custody and annually thereafter
 - Court report must address all placement considerations for child
 - Purpose is to determine permanent plan for child
 - Judicial determination of agency reasonable efforts to finalize permanent plan for child
 - Judicial determination for children 16 and older regarding appropriate provision of independent living services
 - Judicial determinations must specifically name each child for who a determination is made
 - Court must advise parents of rights
 - Court or administrative body must consult with the child in an age appropriate manner regarding the proposed permanency or transition plan
 - Agency must arrange for child’s presence at court
 - Juvenile Justice Custody Cases Policy Requirements
 - Permanency Hearings are held within 12 months of child’s placement in agency custody and annually thereafter
 - 12 month permanency review notices are provided electronically to staff

How the policy requirements described above are reflected in practice

- Child Welfare Out-of-Home cases - Agency staff coordinate the hearing process
 - Arranges child’s attendance
 - Notifies foster caregivers
 - Submits written report to the court 10 days prior to any hearing with the following information:
 - Date of last review
 - Reason for children’s entry into foster care
 - Compliance/Results of services since last hearing

- Current child and family service plan
- Children’s current placement and any changes since previous review
- Review of child’s health status
- Review of child’s educational/developmental status
- Review of child’s visitation arrangements and other contacts
- Search for and involvement of relatives
- Assessment of case status
- Recommendations regarding ongoing agency intervention
- Juvenile Justice Custody Cases – Officers coordinate the process
 - Submits case review report to the Clerk of Court 10 days prior to any hearing

Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes

- There were no changes regarding this Item specific to the state PIP from 2003
- There are no identified patterns or trends contributing to performance and practice.

Measures of effectiveness that demonstrate the State’s functioning for this item, including quality assurance results, if available, and other data about the timeliness and quality of hearings

Case Compliance QA 1 Data Report

Initial Permanency Hearing Held Timely For Federal Guidelines			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	93.0%	823	7317
10/01/04 to 9/30/05	93.0%	875	6618
10/01/05 to 9/30/06	91.9%	1101	6997
10/01/06 to 9/30/07	90.9%	1265	8483
10/01/07 to 9/30/08	91.8%	1275	8390
10/01/08 to 6/30/09	93.6%	911	5855

Case Compliance QA 1 Data Report

Subsequent Permanency Hearing Held Timely For Federal Guidelines			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	92.3%	2237	7303
10/01/04 to 9/30/05	93.9%	2025	6615
10/01/05 to 9/30/06	90.5%	1765	6994
10/01/06 to 9/30/07	88.9%	2123	8478
10/01/07 to 9/30/08	89.5%	1894	8388
10/01/08 to 6/30/09	90.1%	1418	5853

Influences or issues specific to a particular region or county: There are no known influences or issues specific to a particular region or county.

- Key collaborators with the agency on this item, where applicable: Parents, CASA, Clerks of Court, Attorneys, Judges, Foster Caregivers and Youth
 - Survey Findings – 120 respondents – In regards to ensuring permanency hearings are held timely, responses were: 40.8% Very, 37.5% Usually, 12.5% Sometimes, 7.5% Rarely, 1.7% Not

Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency

- At least one Judge comes off the bench to speak to youth, the judges allow participation by the youth in court, and CASA is involved in the process, hearings are being held timely, children, foster parents and pre-adoptive parents are being welcomed in court more frequently and are participating more actively. Agency staff encourages foster parents and children
- Promising approaches in this area
 - Integrated Juvenile Justice Information System designed and developed through CIP will provide data collection and analysis capabilities and reporting on key measures as defined in “Court Performance Measures in Child Abuse and Neglect Cases,” which was developed by the National Center for State Courts, OJJDP and other federal partners. Implementation has begun in some pilot courts. Once security, data entry and integrity issues are resolved, reports should be forthcoming.
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency
 - Through workgroup discussion, foster caregiver interviews, youth focus groups, as well as LA Council of Juvenile and Family Court Judges and LA Social Service Supervisor Association consultations it was determined: there is a need for transportation services by parents to participate, more resources and supports are needed for families from the start of the case, a more stable and qualified child welfare workforce is needed, court reports from the agency to the court are needed more timely, a one judge-one family concept is needed, specialized judicial training is needed, children placed on the stand to testify is too hard and individual discussion in chambers with the judge only should be allowed, more recognition of the importance of foster parent associations is needed – seasoned foster parents would like to mentor new foster parents to help them advocate for services for the child, agency staff need to encourage foster parent attendance at hearings, attorneys need to talk to the children they represent, delays impede permanency planning for children, youth aren’t always encouraged to participate in planning, everyone isn’t assigned a CASA, CASA workers aren’t always satisfactory, hearings would be more meaningful and effective if all parties had a more thorough understanding of the permanency options and were better equipped to counsel clients, a need for better communication regarding the case plan with parents in the early stages of the case, evaluations (medical, medical, substance abuse) need to be available for review prior to the court date, cooperation needed among all involved state agencies, younger children need to be allowed to voice their opinion, there are too many workers and attorneys involved, and youth need input on who attends court
 - Information gleaned from court reports of non-compliance with statutory time limits indicates that permanency hearings are most often delayed (44% of the time for cases reported) for failure of parent(s) to appear, sometimes due to lack of notice or failure to be served. Other reasons cited for delays (33% of cases reported) are attorney conflicts and/or court scheduling conflicts. The average length of delay for reported cases is 38 days.

Item 28: Termination of Parental Rights.

Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?

La.Ch.C. Article 1004.1 mandates the Department of Social Services file and pursue to judgment, a petition for the termination of parental rights if a child has been in state custody seventeen of the last twenty-two months, unless the department has documented in the case plan a compelling reason why a TPR would not be in the best interests of the child.

La.Ch.C. Article 1004 requires the state to seek to terminate parental rights when family reunification seems unlikely. While the court has primary authority and responsibility to oversee the initiation of termination of parental rights, the Louisiana Children's Code allows the counsel for the child, the court, the district attorney, or the Department of Social Services to petition for the termination of parental rights. Pursuant to the same article, the district attorney can authorize private counsel to initiate a termination action against the parent.

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item, including (1) State policies for filing for TPR for children who have been in foster care 15 of the past 22 months and in other circumstances required by ASFA and where no adoptive placement has been identified, and (2) reviews of the cases of children served by the juvenile justice and mental health systems who are subject to this requirement
 - Child Welfare Out-of-Home Policy Requirements
 - Immediate TPR in accordance with federal guidelines
 - Other involuntary TPR grounds
 - Abandonment of child by any of the following:
 - For at least 4 months as of the date of the hearing the whereabouts of the child's parent continue to be unknown in spite of a diligent search
 - At the time the petition is filed the parent has failed to provide significant contributions to the child's care and support for 6 consecutive months
 - At the time the petition is filed the parent has failed to maintain significant contact with the child by visiting or communicating with the child for 6 consecutive months
 - At least one year has elapsed since child's removal from the parent's custody pursuant to court order with no substantial parental compliance with a case plan and there is no reasonable expectation of improvement in the parent's condition in the near future
 - Child is in agency custody and parent has been convicted and sentenced to a period of incarceration for an extended period of time and will not be able to care for child and refuses or fails to provide a reasonable plan for the care of the child other than foster care
 - Commission of felony rape by the natural parent resulting in the conception of the child (felony rape includes aggravated, forcible, and simple rape)
 - Relinquishment of an infant by the parent(s)
 - Juvenile Justice Custody Cases Policy Requirements
 - At the 15th month of non-secure placement a Termination of Parental Rights hearing is held if no permanent plan is in place or a Status Letter is submitted to the court to notify the court a hearing is not needed because there is a permanent plan in place
 - How the policy requirements described above are reflected in practice
 - TPR staffing when the child has been in care 12 months between the District Manager, Case Supervisor, Case Worker, Regional Attorney, Adoption Supervisor, Home Development Supervisor, and foster caregiver. Development of TPR packet by case worker to present to regional attorney for use in development of petition. Staff discussion with children, parents, and foster caregivers during monthly contacts regarding decision making process for pursuing TPR. Staff support to children in adjusting to termination decision through availability for discussion, arranging therapeutic services when needed and offering guidance to foster parents in supporting the transition for the child.
 - Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes

- In relation to the state PIP from 2003 the following efforts were made:
 - TPR packet streamlined
 - Supervisory review of worker compliance in TPR packet submission to attorneys
 - Bureau of General Counsel and Court Improvement Project collaboration to identify TPR process barriers and solutions to improve effectiveness
- In the aftermath of Hurricane Katrina, when many families and children were displaced, funding was appropriated to contract with private attorneys to assist in timely resolution of TPR proceedings

Measures of effectiveness that demonstrate the State's functioning for this item, including quality assurance results, if available, and other data about the timeliness of filing for TPR

FOSTER CARE/ADOPTIONS QA 1 Data Report

Case Met ASFA TPR Timeframe & Petition Filed Per ASFA Requirements			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	61.3%	106	1612
10/01/04 to 9/30/05	67.0%	103	1347
10/01/05 to 9/30/06	62.1%	95	1167
10/01/06 to 9/30/07	50.3%	151	1517
10/01/07 to 9/30/08	Data not available		
10/01/08 to 6/30/09	Data not available		

FOSTER CARE/ADOPTIONS QA 1 Data Report

Child in FC 17 of Last 22 months – Documented Exception in Case Plan to Filing TPR			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	87.5%	176	1608
10/01/04 to 9/30/05	94.8%	210	1342
10/01/05 to 9/30/06	95.6%	159	1166
10/01/06 to 9/30/07	89.4%	180	1519
10/01/07 to 9/30/08	Data not available		
10/01/08 to 6/30/09	Data not available		

How the agency identifies children who have been in foster care 15 of the past 22 months

- TIPS system tracking and case event notification to workers
- Common circumstances under which the State makes exceptions to filing for TPR
 - Documentation in the case plan of compelling reasons for not pursuing TPR
 - a child, mature and capable of making an informed decision, that does not wish to be adopted
 - an older child with a stable, permanent placement not interested in adoption
 - an older child with very close ties to parents unable to care for him/her
 - a child needing residential treatment or specialized treatment and, because of those special needs, it is unlikely an adoptive resource can safely provide the necessary care at this time
 - a parent is complying with the case plan, making significant measurable progress toward achieving the established goals, and reunification is expected to occur within a time frame consistent with the child's needs
 - State has not provided the family the services necessary for safe return of the child to the home, consistent with the case plan

- a parent requesting substance abuse treatment has been unable to receive treatment due to provider delays
 - an unforeseeable event and/or danger which is secondary to the reason for removal becomes known and service intervention is relevant with a good chance for success; therefore the case plan is amended and time extended
- How exceptions are reviewed, documented, and made available to the courts
 - Review of decision not to pursue TPR at 16 months prior to the date the child will have been in state custody 17 of the past 22 months
 - Staffing required every 6 months after the initial staffing with the District Manager until permanency achieved for the child
- The impact of the courts and legal system on successes or challenges related to the TPR process
 - Strengths and barriers are noted below
- Factors regarding TPR in the State, such as the timeliness of TPR decisions, TPR appeals, the State's use of compelling reasons not to pursue TPR, changes in TPR procedures or approach, and the TPR appellate process
 - Data provided above in relation to measures of effectiveness
- Influences or issues specific to a particular region or county
 - There are no known influences or issues specific to a particular region or county.
- Key collaborators with the agency on this item, where applicable: CASA, Clerks of Court, Attorneys, Judges, and Foster Caregivers
 - Survey Findings – 120 respondents – In regards to the effectiveness of the court in providing timely TPR's, the responses were: 13.3% Very, 37.5% Usually, 27.5% Sometimes, 15.8% Rarely, 5.8% Not
- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
 - Some youth feel they receive adequate advance knowledge of the hearing.
 - Foster caregivers during interviews reported the process is clearly discussed during Family Team Conferences, they are kept informed of family progress, a Judge saw the children in court during the hearing, and the process could be smooth.
- Promising approaches in this area
 - Integrated Juvenile Justice Information System designed and developed through CIP will provide data collection and analysis capabilities and reporting on key measures as defined in "Court Performance Measures in Child Abuse and Neglect Cases," which was developed by the National Center for State Courts, OJJDP and other federal partners. Implementation has begun in some pilot courts. Once security, data entry and integrity issues are resolved, reports should be forthcoming.
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency
 - Through consultation with the LA Council of Juvenile and Family Court Judges and LA Social Service Supervisors Association, workgroup discussion, foster parent interview and a youth focus group it was determined there is a need for more caseworkers, more attorneys, transportation services by parents to participate, liaisons are needed between the agency and court, there should be more concern for timeliness in holding hearings with fewer

continuances, hearings could be held within a shorter timeframe, the Bureau of Appeals creates delays, youth and parents need to be advised of hearings, and youth need an explanation of the roles of the involved parties in the court proceedings.

Item 29: Notice of Hearings and Reviews to Caregivers.

Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?

La.Ch.C. Article 695 mandates foster parents and any pre-adoptive parents or relatives providing care for a child be provided notice of the right to appear in any case review. This same article requires the Department of Social Services give notice to the foster parents, relatives, or adoptive parents of their right to appear at a case review hearing. Furthermore, if the foster parents, relatives, or adoptive parents fail to appear at the case hearing, the Department of Social Services must report whether notice was given to the interested parties, and what diligent efforts were made to locate and notify the absent parties.

Attorneys for children and parents are typically notified by the court.

Address the relevant exploratory issues below in discussing this item:

- Brief description of/update on the State's policy requirements and monitoring system regarding this item for 6-month reviews and for 12-month permanency hearings, including the responsibility for and system of notification
 - Child Welfare Out-of-Home Policy Requirements
 - Agency worker provides foster parent(s), pre-adoptive parent(s) or relative caregiver(s) notice of and advises of right to be heard in any court proceedings while the child is in the care of that individual
 - Notice includes date, time and place of court proceedings, including advice regarding right to attend and be heard
 - When a foster parent(s), pre-adoptive parent(s) or relative caregiver(s) fails to attend a court proceeding the worker must report to the court whether notice was provided
 - If notice was not provided worker must advise court of diligent efforts to attempt notice
 - Foster parent(s), pre-adoptive parent(s) or relative caregiver(s) must be notified of case review and permanency hearings by regular mail
 - Juvenile Justice Custody Cases Policy Requirements
 - Parent(s), guardian(s), placement facility representatives, and the child's attorney must be notified in writing at least 15 days prior to an administrative review hearing
 - Parent(s), guardian(s), placement facility representatives, and the child's attorney must be notified in writing at least 15 days prior to a permanency planning hearing
- How the policy requirements described above are reflected in practice
 - The reflection of policy requirements in practice can only be determined through review of the case record for case copies of written notification and case recording notes regarding oral communications, which is not an issue currently reviewed in any of the agency or court review processes
- Changes in performance and practice regarding this item since the previous Statewide Assessment; these might include (1) changes resulting from PIP implementation and/or other initiatives or strategies implemented by the State and (2) patterns or trends in, or statewide or local contributing factors affecting, those changes
 - There were no changes regarding this Item specific to the state PIP from 2003
 - There are no identified patterns or trends, statewide or locally, contributing to performance and practice regarding this item

- Measures of effectiveness that demonstrate the State’s functioning for this item, including quality assurance results, if available, and other data about the timeliness and consistency of notification

FOSTER CARE/ADOPTIONS QA 1 Data Report

Child’s Foster Caregiver Notified In Writing Of Permanency Hearing			
Timeframe	Statewide Compliance Rate	Applicable Cases	Total Cases Reviewed
10/01/03 to 9/30/04	Data not available		
10/01/04 to 9/30/05	Data not available		
10/01/05 to 9/30/06	Data not available		
10/01/06 to 9/30/07	Data not available		
10/01/07 to 9/30/08	59.1%	599	1505
10/01/08 to 6/30/09	64.9%	390	1053

The involvement of foster parents, pre-adoptive parents, and relative caregivers in hearings

- This is not tracked by the agency or the court

Influences or issues specific to a particular region or county

- The Orleans and Jefferson Districts of the Greater New Orleans Region share a Home Development Unit and supervisory staff, which may result in greater consistency in foster caregiver support practices and services across those districts.
- Some regions in the state utilize court liaison workers which may promote a more effective notification process related to court schedules

Key collaborators with the agency on this item, where applicable: CASA, Clerks of Court, Judges, Foster Caregivers, and Attorneys

Survey Findings – 120 respondents – Effectiveness of the agency in ensuring foster/adoptive parents/caregivers receive notice of court reviews/hearings, the responses were: 27.5% Very, 43.3% Usually, 20% Sometimes, and, 9.2% Rarely

- Strengths that the State has demonstrated in addressing or implementing this item, including factors external to the agency
 - Policy development
 - Foster Parent Associations and Individual Foster Caregiver interviews, including: certified & non-certified families, emergency shelters, group homes, residential facilities & supervised apartment providers – In general, all caregivers state they receive notice of hearings
- Promising approaches in this area
 - Development of greater collaborative relationships with the State Supreme Court and CASA
 - Staff knowledge development through desk cards on ways to support foster caregivers.
 - Integrated Juvenile Justice Information System designed and developed through CIP will provide data collection and analysis capabilities and reporting on key measures as defined in “Court Performance Measures in Child Abuse and Neglect Cases,” which was developed by the National Center for State Courts, OJJDP and other federal partners. Implementation has begun in some pilot courts. Once security, data entry and integrity issues are resolved, reports should be forthcoming.
- Barriers that the State faces with regard to successfully addressing or implementing this item, including factors external to the agency

- Child welfare staff development to provide appropriate and adequate knowledge acquisition to perform job responsibilities successfully
- Based on feedback from workgroup discussion, foster parent interview and consultation with the LA Council of Juvenile and Family Court Judges and the LA Social Service Supervisor Association there is a need for: more timely notification of hearings; transportation services to support participation; open communication between foster parents and others child caregivers; and, encouragement from agency staff for foster parents to attend hearings.

C. Quality Assurance System

Louisiana is in substantial conformity with the systemic factor of Quality Assurance System.

Item 30: Standards Ensuring Quality Services. *Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?*

Policy:

Standards of Care: There are approximately 2,423 pages of child welfare policy, 804 for foster care policy alone, which provide the applicable standards of care for foster children and all child welfare practice. The policy provides a broad outline and the specific details of quality care required. For example, Louisiana has a short one page policy, 6A-810 Legally Mandated Case Plan, which requires a case plan for each child in foster care as mandated by SEC. 475. [42 U.S.C. 675] (1). The details of this short policy require an estimated 20 specific, main standards for each case plan, with sets of detailed, subsidiary standards for some of the main standards. These standards emphasize both specific requirements (i.e., specific behavioral goals) and the clinical means of meeting each goal (workers must engage the client in the planning process). There are 10 pages of foster care policy, 6-1105 ONGOING MEDICAL AND DENTAL CARE, devoted to the ongoing medical and dental care of a child. Within this policy, there are an estimated 21 subcategories of required/optional medical and dental care, with instructions on how to obtain and pay for that care. A final example is the Child Protection Policy, which includes a Check List Items page embedded in the SACWIS (ACCESS) system. This 14-item set of standards, which the CPI worker has to check off prior to case closure, entails multiple standards within each item on the checklist. Louisiana policy sets standards that provide the details and broad overview of quality services that protect the safety and health of the children.

The Office of Juvenile Justice (OJJ) has had some changes in standards over the last five years. Individual Service Plans (ISPs) are now due within 14 days of placement, where previously the plans were due within 30 days of placement. Also added are Multidisciplinary Team (MDT) Staffings, a standard format for writing progress notes, Data Assessment Plan Goal (DAPG), SAVRY (Structured Assessment of Violence Risk in Youth) as an assessment tool, and Service Coordination – Single case management.

The Continuous Quality Improvement System (more completely described in Item 31) monitors standards of care within the child welfare system. It comprises ten sub-systems relating to the standards of care: 1) Individual Case Monitoring, 2) Peer Case Review Monitoring, 3) Peer-to-Peer Review Monitoring, 4) Ad Hoc Review Monitoring, 5) Licensing Review Monitoring, 6) Residential Services Monitoring, 7) Foster/Adoptive Certification and Re-Certification Monitoring, 8) Quality Assurance Review Monitoring, 9) Data Reports Monitoring, and 10) Continuous Quality Improvement Committees.

Workers are required to have a face-to-face contact between the worker and foster child, thereby allowing for free and private communication. The worker may also spend time visiting the child and the caregiver together. Louisiana's policy and approach apply to children in group care, institutions, and private agency foster homes. The worker's visit in the foster home/residence is important in order to:

- assess and monitor the care the child receives, including the child's safety, clothing, physical environment, educational progress, and health needs;
- ensure that the child is receiving the monthly allowance allotted in the board rate;
- observe interaction between the foster parent/caregiver and child;
- listen to both foster child's and foster parent/caregiver's concerns;
- lend support;
- provide ongoing clarification regarding the reason(s) for continued foster care placement;
- discuss approvals for reimbursements and resolve payment issues;
- review the child's life book;
- review the case plan and expectations of the child, caregivers, worker, etc.;
- solicit information needed in revising the case plan;
- collect from the caregiver any documentation from the school and from service providers such as physicians; and
- provide recent information about the child's parents and other significant individuals when available, especially if reunification is the goal.

The policy for face-to-face contact with the worker and in-home children is less well developed. It still requires the face-to-face contact between the worker and child, which provides for free and private communication. Required frequency is based on the Structured Decision Making (SDM) assessment. However, the topics of discussion are not well developed; draft policy to illuminate these details is being written with circulation expected prior to the CFSR on-site review.

The formal case plan, for both in-home and foster care cases, is developed based on an assessment of the family's strengths and needs, reasons the child came into care, barriers preventing return to the family, and the child's needs. The child's health and safety is of primary concern in the development of the case plan. The case plan is developed with the parents, the child(ren), and the foster caregiver(s) during worker contacts, using the guidance of the Assessment of Family Functioning (AFF) tool, and finalized at the Family Team Conference (FTC). Five of the twelve assessment domains specifically address the safety and health of the child. These are:

- Child's Physical, Emotional and Developmental Needs
- Child's Vocational-Educational Information/ Independent Living Services
- Child's Substance Use
- Management of Child's Behavioral Issues
- Kinship Care, Family Connections and Community Support System

For emergencies, the safety of foster children is best assured through our prior emergency planning. All foster care placement family and congregate care resources are required by policy and/or licensing regulation to maintain an emergency plan for their family/facility, including plans for foster children. Foster care workers obtain an updated copy of these plans from foster homes annually. Congregate care settings are monitored by licensing for emergency plans. Emergency care shelters are not foster care placements and are not licensed as such. Through its emergency management functions, Louisiana sets standards of safety and care for shelters operated and monitored by the state. All shelter care facilities are monitored by the groups responsible for opening and setting them up, including the Department, Red Cross, city services, faith based organizations, etc. Louisiana does set up a child-only shelter for unaccompanied minors needing assistance during an emergency. These are children not in foster care who get separated from their families during the crisis. Typically, they are not brought into foster care, but reunited with family through emergency operations.

During crises the Department first moves to handle the Mass Care, Housing, and Human Services for the state. Child welfare emergencies are planned for and handled within the structure of emergency management. When prior planning fails for an individual foster care placement, a caretaker might use an emergency shelter care facility. The foster child would still be in the placement of the foster care provider even if placed temporarily at the emergency care shelter. During an emergency, the Department immediately monitors and moves to address the situation of every foster child whose placement resource temporarily utilizes a shelter care facility. Hotlines are in place throughout the emergency response and recovery to provide accessibility to needed child welfare services during an emergency event.

Louisiana has strong standards in place for foster children who run away from placement. As well as implementing attempts to locate the child, the worker is required to notify and/or involve law enforcement, court of jurisdiction, parents and family, applicable Child Protection units, National Center on Missing and Exploited Children, along with other applicable resources such as the National Crime Information Center and Amber Alert.

If abuse or neglect is suspected, the Foster Care Worker shall make a report to the appropriate Child Protection Investigation Unit. This is required by both policy and law. The foster care worker collaborates with the child protection worker conducting the investigation. S/he participates in all staffings on the case.

Foster children are required to have an initial and annual physical and dental examination. Psychotropic medication management is presented in detail in the Well-Being section of this assessment.

Foster parents are charged with the responsibility of providing for and managing a child's safety and health within the same standards. Their compliance is monitored through (at least) monthly visits of the case worker. During home visits, the child's health and safety is monitored and discussed with both the child and foster home/placement provider. Safety and health concerns are handled immediately by the case worker and/or through the home development unit as referred by the case worker. Additionally, foster homes are recertified through the Department (or private child placing agency) to ensure the ongoing health and safety of each child.

Residential and child placing agencies (agencies providing foster home placements) are regulated through licensing. These regulations provide for the safety and health of foster and other children served by these facilities. The department recently published proposed child residential licensing standards and rules. These standards strengthened the approach toward child safety. The department requires an annual licensing survey and renewal of license. In the proposed rule, any deficiencies found not to be a threat to the health, safety, or welfare of the participants may be corrected within 60 days through a corrective action process and follow-up survey. In the proposed rule, the department may revoke the license of facilities found to fail standards which affect the safety and health of those served.

Performance in CFSR Round 1:

Item 30 was rated as a Strength because the CFSR findings indicated that Louisiana had developed and implemented standards to ensure that foster children were provided quality services that protected the children's safety and health.

Evaluative Assessment of Performance:

A sampling of quality assurance numbers are presented here reflecting practice associated with the child welfare standards. Monthly case worker visitation improved from 55% in FFY 2007 to 61% in FFY 2008 with a concomitant improvement of 82% to 87% visits occurring in the child's home. From our Case Compliance QA-1, foster child attendance at Family Team Conferences has improved from 70.9%, 72.1% to 76.6% from FFY's 2007-2009. The attendance of the mother improved from 68.9% in FFY 2007 to 71.6% in FFY 2009 with a slight drop in FFY 2008 to 67.5%. Father attendance improved from 47.6% to 48.1%. Inclusion of health and education records in the case plan improved from 90.0% to 92.5%. These slight improvements may also be the result of year-to-year sampling variability.

The FC/Adoptions QA-1 looks at a 25% sample of all foster children in care at approximately 6 month intervals. Louisiana improved from 67.3% to 71.6% from FFY 2008 to FFY 2009 in having case documentation of a relative search within the last six months. Likewise, Louisiana improved approximately two percentage points in entering children's names and social security numbers accurately. Child visitation with mother in accordance with case plan went down almost one percentage point from 68.9% to 68.1% from FFY 2007 to FFY 2008. Child visitation with father in accordance with case plan went down almost four and a half percentage points from 56.5% to 52.0% from FFY 2007 to FFY 2008.

From our Adoptions QA-1 instrument looking at the foster children awaiting adoption, quality assurance reports indicate that required quarterly, formal supervisor/worker staffings improved from 86.3% to 94.4%. However, these children were not being referred quickly from the foster care worker to the adoption worker, as only 44.9% and 46.6% of children were referred within the requisite 30 days. Likewise, the data shows only 23.5% and 32.3% of the waiting children were photo referred to state office within 60 days of date available for adoption.

The federal outcomes for DSS/OCS foster children have improved on 13 of 17 federal data measures related to foster care from FFY 2003 to FFY 2008. This improvement was made possible by the concerted efforts of Louisiana (internal and external collaborators), our ACF partners, and the T/TA network, despite four major hurricanes, significant economic downturn, and budget reductions. These extensive initiatives are covered in other sections of this assessment.

The data also points out wide variability between regions. For FFY 2008 using C.1.3, ENTRY COHORT REUNIFICATION IN LESS THAN 12 MONTHS, the unweighted, 10-region mean percent is 48.4% with a range of 37 percentage points, and a standard deviation of 11.7. Front line staff turnover, judicial differences,

DSS/OCS regional variations, and supervisory and performance differences between regions appear to account for much of these differences. This capacity to identify variability enables Louisiana to target specific regions for improvement efforts such as Peer-to-Peer review teams. The variability between regions is attributable to a wide set of factors including population differences, case practices, and staff turnover.

Several themes arise from looking at the data. First, there is significant variation based on the specific item perused. Some areas evince slow but steady improvement, while in other areas, the data appears not to improve over time. Second, there is significant regional variation. There is no discernible pattern where one region does most things well; rather, variation appears widespread. Within this variation, some patterns appear in outcomes. Of children entering foster care from CY 2000-2006, 85% achieved a permanent discharge. The percentage of children achieving permanent discharges stayed within 2 percentage points of 85% for each entry year in the seven year period. Of children entering foster care from CY 2000-2008, the median time in care ranged between 11.2 – 12.39 months.

With so many significant events occurring between the first and second round CFSRs, there are no reliable conclusions that can be drawn. Since the first round, Louisiana has been hit by four major hurricanes. Two occurred in the middle of the initial PIP in 2005. Two more hurricanes occurred in 2008. As part of the recovery process, Louisiana initiated many reforms. Louisiana has reorganized the management of its child welfare services starting in 2005. Following the hurricanes in 2008, Louisiana started a reorganization of the child welfare services and the whole department. In addition, Louisiana started many practice-oriented initiatives, workforce development initiatives, and performance measurement initiatives.

Louisiana uses a Continuous Quality Improvement process that has continually evolved, resulting in significant changes since the first CFSR round. The Peer Case Review has been started, stopped, and started again. It initially mirrored the first round CFSR instrument. Then, additional items were captured on the review; then it was shortened to make it more manageable, and finally stopped as a result of emergencies and recovery activities. The re-started and current process currently mirrors the second round CFSR case review. The in-home QA-1 and the two foster care QA-1 instruments have been extensively revised since the first CFSR in 2004 and 2007. The number of standards monitored was reduced to provide more focus. The CPI Quality Assurance QA-1 instrument was stopped with the implementation of ACESS (CPI side of SACWIS system). Using technology, the CPI QA-1 was replaced by two performance reports covering 100% of CPI cases, which examine a core set of CPI standards using data from ACESS system. The frequency and number of reviews has increased. Louisiana now requires quarterly staffings on all cases as a method of insuring health, safety and achievement of permanent outcomes for all children served. Louisiana added Case Crisis Reviews, as well as fatality reviews, to monitor the agency's policy and practice in order to help prevent future child abuse/neglect fatalities whenever possible; and to respond to critical crises in case situations. Case Crisis Reviews focus on fatalities, near fatalities, or serious abuse/neglect cases in a foster care placement, and death of a foster child for any reason.

Louisiana utilizes its Continuous Quality Improvement System to measure differences in quality of care and/or outcomes. The multiple systems of measurement allow for rapid detection of areas of improvement and decline. It is difficult to attribute causality to these changes, due to the numerous influences impacting each individual item. However, a strong case can be made for the impact of the CQI process on timely input of placement changes. In March 2009, Louisiana noticed that workers were not doing timely data input for foster care placement changes. A 100% sample QA report had developed on the data dashboard which reported the number of foster children in care whose placement authorization had expired. In March almost 9% of foster children in care on the prior day did not have a foster care placement in the system. Using the data, executive management focused regional staff on these numbers, resulting in a reduction to only 2.7% as of 08/28/2009. As of 10/15/2009, the rate was further reduced to 1.8%.

The performance data allows Louisiana to target location differences in performance, and to identify differences that may be attributable to a specific personnel change. The interaction effect of court and agency can be changed by the introduction of a new person critical to the process. In one parish, a new judge was appointed to the bench in 2007. For example, the data for that entry year compared to prior entry years, showed fewer children entering care, smaller median months in care and faster time to discharge from foster

care. In the time period since that judge has left, the foster care entries have risen again. While not definitive, this data pointed the agency toward examining the impact of specific personnel on the outcomes of children and families.

Louisiana utilizes a variety of methods to incorporate collaborators to ensure excellent standards of care for children. First, DSS utilizes numerous partners in the development of policy. For example, in developing the Foster Parents Bill of Rights, the Louisiana Foster Parent Association was a major participant in both the development and circulation of the policy. This Bill of Rights is part of the placement agreement for each child placed in a foster home. Additionally, the Continuous Quality Improvement Committees from the regions and state office include many collaborative partners. These committees make referrals to our Policy Section for changes needed based on their committee meetings. The involvement of these partners is described more fully in the next section.

The federal Training and Technical Assistance team has been integral in developing standards of care. Specifically, with the assistance of the Annie E. Casey Program, Louisiana and its federal partners developed (post-Katrina) a model of utilizing the T/TA network to transform the standards of practice. Through this process and with the continued assistance of the Casey Family Program, Louisiana partnered with the Children's Research Center to implement Structured Decision Making (SDM) in a phased approach. SDM should be completely integrated into investigations and services by the end of CY 2010. Additionally, the NRC for Organizational Improvement has partnered with Louisiana to re-develop its Peer Case Review system, post-Katrina. Additionally, they have helped Louisiana in its development of a comprehensive quality Assurance System. The Council on Accreditation has also been an integral partner. Louisiana adopted COA's Continuous Quality Improvement framework as an organizing principle for the monitoring systems and feedback loops required to make them integral to practice change.

Strengths and Promising Approaches:

Louisiana has a comprehensive set of standards and quality assurance approaches for ensuring and monitoring excellent standards of care for all children in care and in home services, regardless of the placement type. All child welfare staff have most of the Quality Assurance data available at their desktop. All other quality assurance data is available through dissemination of reports and by request. The dashboard performance and quality assurance data is available from aggregate levels to the case level. Louisiana has leveraged technology to provide data reports that enhance staff members' ability to assess and measure clinical issues without leaving their desktops. The human effort required by staff is supported by a large, varied, and experienced set of collaborative partners.

Barriers:

Articulating the standards of care needed to safely raise and find permanent homes for foster children from a myriad of difficult situations results in a large number of standards for care. The sheer number of required activities can lead to an overwhelming workload and desensitization to any one standard of care. Determining which of these many standards are critical for each particular child and family at a given point in time becomes problematic. Louisiana experiences high turnover, especially in our front line staff, and this leads to less than optimal adherence to standards of care and improved performance outcomes for children and families. Foster care cases are always given to a worker, but the transition is not always smooth. Information technology resources are scarce and expensive, but are required to implement the aggressive plans for making all quality assurance and outcome data available to staff. In an aggressive approach to improvement there are many simultaneous, on-going quality improvement efforts. However, the median time in care and the percentage of foster children reaching permanent discharges remains fairly constant over time. The potential for 'quality assurance overload' on front line staff is high. Finally, budget restrictions and the state of the economy contribute to a higher level of problems with the families served.

Item 31: Quality Assurance System. *Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?*

Policy:

While policy articulates the standards of care, the Continuous Quality Improvement (CQI) system monitors practice and systemic factors impacting the daily child welfare practice. (CQI is the Louisiana name for its comprehensive Quality Assurance System. In Louisiana, Quality Assurance refers to one part of its total CQI system.) Monitoring of standards is a multi faceted process. The Continuous Quality Improvement System comprises twelve sub-systems regarding the standards of care; 1) Individual Case Monitoring, 2) Peer Case Review Monitoring, 3) Peer-to-Peer Review Monitoring, 4) Ad Hoc Review Monitoring, 5) Licensing Review Monitoring, 6) Residential Services Monitoring, 7) Foster/Adoptive Certification and Re-Certification Monitoring, 8) Council on Accreditation Monitoring, 9) Quality Assurance Review Monitoring, 10) Office of Juvenile Justice Monitoring 11) Data Reports Monitoring, and 12) Continuous Quality Improvement Committees.

Individual Case Monitoring - Foster parents and providers, along with first line workers and supervisors, monitor the care of each child. Workers are required to visit with children in foster care and in-home services from one to four times per months depending on the risk assessment level. Supervisors are required to have a case staffing with the worker every 90 days on all cases. Louisiana has implemented several practice improvement initiatives (Louisiana Initiatives for Family Transformation and Safety, or LIFTS, were the first set.) since the first CFSR and PIP. In collaboration with National Resource Centers, Louisiana initiated weekly consultation with a family assessment expert and first line workers and supervisors for a time-limited period. The focus of the supervision was on conducting and writing family assessments on a specific case to enhance their effectiveness and treatment integrity. During the same fixed time period, a weekly consultation model was utilized to enhance Visit Coaching implementation. Louisiana further enhanced this clinical monitoring and training approach using mentors for supervisors. These case consultation processes use purposeful sample procedures.

Peer Case Review Monitoring - On a more global clinical basis, Louisiana conducts numerous reviews to assure and maintain the standards of care for children. Louisiana conducted Peer Case Reviews (PCR) in all ten regions, reviewing 30 cases per region. Because of hurricanes, the PCR cycle, which was designed to be completed each year, was completed over a two-year period. The PCR used a CFSR-like instrument with minor modifications. The information obtained from the review process is used by CQI teams and management to identify and initiate process, program, and outcome improvement plans. Worker interviews are also conducted in this part of the process. The review focuses on quality of practice related to child and family outcomes of safety, permanency, and well-being. This process involves one focus group (or occasionally two) per region with a group of stakeholders to help identify systemic factors that may affect service delivery. Each region uses the data to plan a regional improvement process with reportable results of the improvement plan. The reviewers are child welfare staff from all over the state except the region under review. The PCR uses a stratified random sample.

Peer-to-Peer Review Monitoring - The Peer-to-Peer Review process was started in the Lake Charles Region in response to clinical concerns voiced by management staff, judges and other partners. Partnering with the Children's Research Center, a group of volunteer staff from other regions, along with state office staff and some consultants, reviewed a sample of cases from the region, based on expressed concerns. An assessment of each case review was written with specific goals and tasks needed. The peer reviewer also taught skills needed by the staff person, as identified through the review. A summary of all the case reviews led to a comprehensive report of patterns of strengths and needs in staff functioning. The Peer-to-Peer process integrated reviews, staff skill building, and the needs of specific cases, along with longer term plans for region wide program improvement. The success of this process led to ongoing implementation in five other regions. The Peer-to-Peer Review usually uses a stratified random sample, but cases may be purposefully chosen, instead, based on the needs of the region under review.

Ad Hoc Review Monitoring - Ad hoc reviews can be initiated by regional or state office staff. OCS Case Crisis Reviews, a revision of prior policy, were implemented to focus thinking about fatalities and other high risk cases on how a better outcome could be attained. In 2006, a review was conducted of the Young Adult Program (YAP) to assess adherence to policy and to consider needs of the youth and suggest potential changes

to the program. The results of this review have been used to improve the YAP program with the assistance of NRC consultants. In 2006, a sample of cases of youth was reviewed to assist the agency in determining how well the agency is preparing youth for independent living. The review identified experiential learning as an area of need for these youth. As a result, after a request for proposal was sent out, contracts were awarded to nine providers for independent living services for youth. Ad hoc reviews use both purposefully chosen samples and random samples based on the needs and purpose of the review.

Licensing Review Monitoring - DSS/OCS has numerous licensing and accreditation reviews implicit in the daily business processes. DSS/OCS and each of its regional offices are licensed child-placing agencies, in accordance with licensing regulations that provide the minimum standards for foster care and are monitored by the Bureau of Licensing. Each regional office undergoes a licensing review in order to maintain its license. There is no sampling process as Licensing conducts annual surveys in accordance with the law and rule.

Residential Licensing has moved in the past year from the parent agency, Department of Social Services, to the Office of Community Services. To address concerns regarding facilities, a facility safety and risk assessment was conducted for all facilities (sixty-seven) used as placement resources by the agency and/or the Office of Juvenile Justice. Low scoring facilities were put on a corrective action plan to ensure they would meet standards. In order to ensure child health and safety, the state legislature has given Licensing the power to revoke a residential license if a facility does not meet standards. There is no sampling process as Licensing conducts annual surveys in accordance with the law and rule. Licensing review results are shared with the facility at the end of the survey.

In addition to the assessment, a Task Force comprised of Licensing staff, provider (residential facility) staff, and community stakeholders reviewed and revised child residential standards to make the standards more safety oriented. Rewriting of child residential policy and procedures is currently in progress with the assistance of two consultants. The agency has provided specialized training for licensing staff. Licensing reviews are now posted on the public website.

Residential Services Monitoring – This process entails a more detailed and programmatic monitoring of residential facilities where foster children are placed and is conducted by agency staff with child welfare experience. The focus of each review is the quality and quantity of services provided within the residential program and tailored to meet the needs of the individual child. One time per year a full survey of services is done; the second monitoring is less prescriptive. When problems are noted, a follow-up visit and technical assistance are completed. In 2008 there were several-high profile incidents in residential facilities. To ensure safety, each residential facility was additionally monitored and graded for safety using joint licensing and program staff. Facilities receiving low grades were required to complete a short term corrective action plan and were re-monitored for improvement. No sample is used as all facilities with foster children participate in this monitoring.

The cumulative result of the residential initiatives, monitoring, and licensing reviews has been a reduction of children in DSS/OCS funded residential care from 599 children on June 30, 2007 to 423 children on May 31, 2009. Similarly, on October 1, 2007, 13.2% of DSS/OCS foster children were in some sort of congregate care setting, compared to 9.8% on September 1, 2009.

Foster/Adoptive Certification and Re-Certification Monitoring - OCS is responsible for certification and re-certification of its foster/adoptive parents. This process allows agency staff to assure a detailed and programmatic monitoring and assessment of the homes which will provide for the safety and well-being of children.

The re-certification process for foster/adoptive parents is one procedure used to formally assess the continued safety of the physical environment of the home and the family's compliance with standards. The process also allows the agency to address specific training needs. The on-going foster care practice continues to assess safety of the physical and emotional environment on a case level basis.

Council on Accreditation Monitoring - Every aspect of the Agency's functions are included in the accreditation process and it sets the standards for the quality of service delivery. The agency has been accredited through the Council on Accreditation (COA) since 2003, with interim accreditation granted in 2007. Currently, DSS/OCS is pursuing re-accreditation through the Council on Accreditation (COA). In June 2008, the agency initiated its self-assessment which was completed and submitted to COA in January 2009. As of September 1, 2009, site visits, initiated in state office in March 2009, have been completed in four of ten regions. After each site visit, reviewers submit their findings to COA who then generates a report that is sent to the agency. The agency has 45 days from the date of the report to respond to the findings, which may involve the development of corrective action plans. At the end of the site visit schedule, COA will make a determination on whether the agency is to be reaccredited. A final site visit is scheduled in state office for March 2010, a week after the CFSR onsite review. COA reviews use random stratified samples.

Quality Assurance Review Monitoring - Monitoring standards of care is accomplished from a data perspective. In FFY 2008, there were approximately 1,482 Quality Assurance reviews of foster children waiting for adoption utilizing a nine item instrument. There were in FFY 2008 approximately 12,526 Quality Assurance reviews of foster children in care at least five months using a 26 item instrument. Of these reviews, approximately 2,305 were randomly chosen for an additional review using a 16 item quality assurance instrument. Finally, Louisiana conducted Quality Assurance reviews of approximately 1,406 randomly selected in-home cases.

Since the last CFSR and PIP, Louisiana has initiated movement toward to a more automated system of measuring quality of care issues. The 10% sample CPI Quality Assurance system of the last CFSR has been replaced by a 100% of cases report on seven quality assurance, Child Protection items through the ACESS system. All QA-1 reviews utilize random samples stratified by location. After each individual QA review is completed, the reviewer meets with the supervisor (and preferably the worker) to provide the feedback immediately and individually on each case. Meeting with workers is harder to schedule because of the field nature of their work. The roll-up reports are part of the management process and the CQI process for quality improvement. The information is utilized during supervisory staffings.

Office of Juvenile Justice Monitoring - Office of Juvenile Justice (OJJ) conducts monthly reviews of youth files and visits with youth and their family, for foster children served by OJJ. OJJ conducts semi-annual Quality Assurance Reviews of foster care programs, monthly monitoring by OJJ Central Office staff and Regional Offices, and joint QA visits by OCS, OJJ and the Bureau of Residential Licensing (BRL). OJJ is taking a team approach to conducting semi-annual case reviews. A Program Specialist, familiar with the requirements of the contract as well as the operation of the program, participates in the review, as well as treatment staff, who review counseling notes. The education specialist reviews the youth's file and speaks to the youth to ensure that he/she is receiving the appropriate educational services. Finally, OJJ regional office staff speak with the youth and provider to ensure services to meet the youth's needs are being provided in accordance with the terms of the contract. All cases are reviewed, so no sample is needed.

Data Reports Monitoring - Monitoring of child welfare quality care is also accomplished through the use of proximal and distal outcome measures. The 17 CFSR data measures are available through a data dashboard to all child welfare staff at all times for any time period. These measures have drill down capacity to the region, parish, worker, and case level. They are also available in 10-year longitudinal graphs. The Department of Social Services utilized many CFSR measures and items as part of DSS Performance Measures in its restructuring process with a focus on outcomes, core services, and modernization. Since the end of the PIP in FFY 2007, Louisiana has put over 50 management measures, proximal outcomes, and distal outcomes at the fingers of child welfare staff, utilizing a data dashboard methodology. DSS is redesigning and re-aligning its budget process with an outcomes process, so that the state resource inputs are tracked through the outcomes produced by the allotted resources.

Continuous Quality Improvement Committees – These committees are the Quality Assurance superstructure which holds quarterly meetings with stakeholder members to identify, at the state and regional level, issues that need to be addressed. These committees also synthesize the extensive quality assurance data from all sources, leading to issue identification and resolution. Issues are resolved locally, and, if local

resolution is not possible, referred upward to the state CQI level. These committees have been stronger, historically, in identifying clinical and practice issues. They have been less resolute in the integration and use of quality assurance and performance data.

Following the PIP, a Memorandum of Understanding was developed by OJJ, OCS, and the Bureau of Residential Licensing (BRL) to conduct facility reviews together. OJJ assists the BRL with follow-up visits to the facilities to clear all deficiencies. OJJ recognized the uniqueness in providing treatment for youth and adolescents and welcomed the change from a correctional model to a therapeutic model of care and treatment. OJJ implemented their Strategic Plan 2006-2011 with five initiatives: Safety First, Family Involvement, Quality Seamless Continuum of Care, Community Involvement & Partnership, and Data Driven Outcomes. They have increased therapeutic services provided by their residential providers as outlined in their contracts.

Performance in CFSR Round 1:

Item 31 is rated as a Strength because the CFSR determined that OCS/DSS is operating a multi-faceted quality assurance system that (1) is in place in all OCS/DSS Regions where the services included in the State's Consolidated CFSP are provided, (2) evaluates the quality of services, (3) identifies strengths and needs of the service delivery system, (4) provides relevant reports, and (5) evaluates program improvement measures implemented.

Evaluative Assessment of Performance:

Louisiana recognized the need for more targeted quality assurance. On its Case Compliance instrument, Louisiana changed the number of items checked from 44 to 25 starting with FFY 2008. On its Foster Care/Adoptions instrument, Louisiana moved from 50 items pre-first round CFSR to 48 items in FFY 2005, to 26 items in FFY 2008. This process of reducing QA items and focusing on changes related to quality assurance is a developing process.

Louisiana also moved toward more case-specific quality assurance focusing on quality of practice to improve outcome and standards of care measures. The Peer Case Review, a Louisiana version of the CFSR instrument, was established before the first round of the CFSR and stopped following Hurricane Katrina. It was re-implemented during FFY 2009 in all 10 regions of the state with a total of 300 cases reviewed across programs. Similarly, the COA accreditation process started in FFY 2009 and will finish two weeks after FFY 2010. In that process, approximately 75 cases per region are reviewed for quality practice standards for a total of more than 750 cases reviewed by February 2010.

The implementation of several initiatives has resulted in an expert case consultation process. The practice started as part of the improved Family Assessment and Case Planning initiative as part of the post-Katrina LIFTS initiatives. Over 40 weekly case conferences, with experts provided through the federal T/TA network, allowed workers to benefit from a qualitative case practice review and supervision on Family Assessments. Louisiana also extended this process to the Family Resource Centers, funded with IV-B dollars. Visit Coaching has been implemented as a critical resource center service. Louisiana provides four consultants who conduct weekly case conference calls with the staff doing Visit Coaching. The consultants in turn participate in monthly conference calls to enhance skills and increase model adherence. Building on this paradigm and in partnership with the Children's Research Center, Louisiana started Peer-to-Peer Reviews in FFY 2009 in response to specific management and court concerns about case practice. This process combined the more structured case review process with an identification of case specific needs, region specific skill set needs, and targeted individual teaching followed by a plan for the whole region. Louisiana has started the process to implement in five additional regions.

The state has developed a large capacity for quality assurance within its CQI process. There are 300 randomly selected cases reviewed through the Peer Case Review Process. These reviews are conducted by line staff (from different regions than the one being reviewed) with assistance from state office and retired staff. COA review staff will review approximately 750 randomly selected cases in the COA accreditation process. The QA-1 process utilizes child welfare staff exclusively devoted to case reviews. Approximately 1,454 randomly selected case reviews were conducted with the Adoptions QA-1 instrument, approximately 1,352 randomly selected case reviews were conducted with the Foster Care/Adoptions QA-1 instrument, approximately 7,950

randomly selected case reviews were conducted with the Case Compliance instrument, and approximately 1,083 randomly selected case reviews were conducted with the Family Services (in-home cases) QA-1 instrument.

The Child Protection Investigation quality assurance process has also changed significantly since the first round of the CFSR. At that time, it utilized a QA-1 instrument similar to the other programs. With the advent of the SACWIS system (called ACESS) in September 2006, CPI quality assurance has been tracked with a 100% sample using data entered into the case record, eliminating the need for a specific review. Response priorities, validity determinations, safety assessments, district attorney letters, and case closures are measured with a 100% sample based on date of referral. These reports are available to all staff as described above.

The state organizes its comprehensive Continuous Quality Improvement in numerous sections within all divisions within its state office structure.

The Division of Field Services manages the improvement of performance through direct supervision of regional managers and integrating extensive data. They also conduct/coordinate some Ad Hoc Review Monitoring and, in special circumstances, conduct Individual Case Monitoring.

The Division of Performance and Planning manages the Quality Assurance Review Monitoring process described above and the Data Reports Monitoring, along with training field and managerial staff on the use of these performance measures. As part of the Quality Assurance Review Monitoring process, Louisiana started quarterly calls with QA regional staff to enhance consistency of interpretation of the review instruments. This division also manages the COA Accreditation and over-arching Continuous Quality Improvement Committees.

The Division of Foster Care manages Licensing Review Monitoring, Residential Services Monitoring, Youth in Transition Monitoring, and Foster/Adoptive Certification and Re-Certification Monitoring. They also conduct/coordinate some Ad Hoc Review Monitoring.

The Division of Prevention Services conduct/coordinate some Ad Hoc Review Monitoring. This division piloted the use of Individual Case Monitoring through the use of expert consultation as a method for assessing and improving the quality and integrity of practice for new initiatives.

The Division of Workforce Development manages Peer Case Review Monitoring, which is the division also leading the Child and Family Services Review process.

The Assistant Secretary's office is managing the Peer-to-Peer Review Monitoring.

At the field level the regional managers are directly responsible for integrating all of the data, for planning local improvements, and for monitoring change. All reports are provided to the regional management staff or are available through the use of on line reports. After each Peer Case Review, the region submits an improvement plan. Because of staff cuts, turnover, new practice initiatives and re-organization, the regions and state office have not been as consistent as needed with improvement plans and their follow-up. Each region houses a small Quality Assurance unit of two to four workers with a supervisor (who may also supervise other staff). These staff conducts the individual case QA-1 reviews and facilitates feedback conferences with workers and supervisors. The regional Continuous Quality Improvement Committees have authority to bring issues noticed through review of the data to the regional administrators directly, or to a higher level CQI committee. The regional administrator appoints the person in each region to coordinate the regional CQI committees.

The Statewide Community and Consumer Stakeholder Committee meets quarterly with active participation of members from various child welfare organizations and tribal representation. Meetings focus on a specific topic of interest to the child welfare community and are sometimes educational with program managers from various OCS sections attending to provide information. Stakeholders have the opportunity to ask questions, provide input, offer agenda items, provide an overview of the program/agency they represent and to explain

how that organization fits into the overall scheme of child welfare services. This information has been valuable to OCS staff attending the meetings as they frequently learn of services of which they were unaware. It is also beneficial to stakeholders as they have an opportunity to learn more about programs that might be beneficial to their service consumers. Areas are also identified in which OCS can improve service delivery and strategies are developed to resolve problems. This group includes Tribal representatives, Prevent Child Abuse Louisiana, DSS Licensing, LSU School of Social Work, Baton Rouge Mental Health, Department of Health and Hospitals, Office of Juvenile Justice, Child Advocacy of Louisiana, Regional Family Resource Centers, CASA, private mental health providers, the Juvenile Court, private child placing agencies, Department of Education, substance abuse recovery centers, Volunteers of America, local school board Truancy Assessment and Advocacy Center, foster/adoptive parents and consumers of OCS services.

The Continuous Quality Improvement system teams, at the state and regional level, all include collaborators from the community. A brief, informal survey of four regions showed that there were at least 28 collaborative partners on the four CQI teams, including foster/adoptive parents; Family Resource Centers; non-affiliated community members; partner public agency staff, CASA staff; district, child, and parent attorneys; private providers of residential and community child welfare services; law enforcement; private child welfare agency staff; and youth from the foster care system.

Along with the assistance of partners and stakeholders in developing quality assurance tools, Louisiana asks for their feedback within the quality assurance processes. The Peer Case Review process includes a focus group with clients, providers, collaborative partners, or staff in each region. In the current round of Peer Case Reviews, Louisiana has, or will have, conducted focus groups in all ten regions. Three have been with foster children of different ages; one with parents of foster children, foster parents, legal stakeholders, child welfare staff and law enforcement; and a diverse integrated group. Louisiana also conducted at least 15 focus groups post first Round CFSR and pre-Katrina.

All individuals who enter a Louisiana DSS child welfare office are asked to complete the OCS Customer Service Survey. Approximately 2,482 individuals completed this survey in FFY 2009. The eleven, 6-point Likert scale questions resulted in positive feedback. Responses indicated that six questions had 90% or above agreeing or strongly agreeing with the positive experience; four questions had 80-89% agreeing or strongly agreeing with the positive experience; the lowest score (78%) was for a positive experience in calls returned within 24 hours.

Louisiana has engaged the Louisiana Youth Leadership Advisory Council (LYLAC) to develop policies and practices to enhance the safety, permanency, and well being for all foster youth. DSS Executive Management meets with judges with juvenile jurisdiction once per quarter.

Louisiana ascribes to the vision that all child welfare outcome data should be available to all child welfare staff (line workers to executive management). Toward that end, Louisiana developed and implemented over 1400 users in the group that has access to online child welfare reports. Louisiana has automatic counters on the html reports and, using a proxy variable of number of tables automatically built by the reporting system (October 1, 2009 through October 7, 2009 inclusive), at least 163 reports (could be the duplicate users and duplicate use of same reports) were viewed by staff. Louisiana trained management staff in every region followed by line child welfare staff in the summer/fall, 2008 on the use of these dashboard reports.

The Continuous Quality Improvement process has consistency across locales. Part of the consistency derives from the fact that state level policy and procedures drive most of the monitoring subsystems. In addition, Louisiana has been able to use consistent contract staff to lead this entire round of Peer Case Reviews. The regional level Continuous Quality Improvement committees vary a bit in how engaged and productive they are. At this level, the quality assurance staff have less direct leadership and intervention from state level staff. The regional quality assurance staff report variances on how specific questions are interpreted. Starting in August 2009, state office Quality Assurance staff began holding quarterly teleconferences with quality assurance staff in all regions. The purpose of the calls is to provide support, raise issues on how various QA items are being understood and assessed, and to problem solve resolutions to issues raised. Some issues

require policy and program staff input prior to a reasonable resolution. A consistent group of state level staff provide coordination, leadership and onsite presence for the COA accreditation reviews.

Strengths and Promising Practices:

Louisiana has a very robust, comprehensive Continuous Quality Improvement system that is applied to all programs using multiple measures, multiple data sources, multiple measurement methodologies and multiple staff, consumers and collaborators. It is a responsive system as evidenced by the retraction of QA systems in response to the hurricanes, and their subsequent evolution as part of the recovery process. Finally, the system measures outcomes, processes and clinical practice with both quantitative and qualitative approaches. The system evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures that have been implemented

A number of promising practices are evolving. For the first round CFSR, Louisiana was dependent on paper reports on about six CFSR outcomes, without local level detail. During the PIP, Louisiana moved to a core set of 15 outcomes that are refreshed in Excel on a monthly basis and drill-able to region/parish/case levels. Implemented since the PIP closeout, Louisiana now has a robust and increasing set of all federal outcomes and management reports. These reports are available to all child welfare staff, for any time period, through a data dashboard, drill-able down to the case level. Location can be determined by worker location (AFCARS and NCANDS methodology) as well as by court location (to isolate court impacts on outcomes) and, where appropriate, by placement location.

A second promising practice has been the use of more clinical quality assurance processes tied to specific practice improvements. Starting with the Family Assessment, Louisiana developed weekly case supervision conferences with consultants to improve the skill and documentation of family assessment. This has continued with current weekly conferences for Visit Coaching. Peer-to-Peer reviews take the step further by integrating the review process with case specific goals, individual worker skill development, and region wide training needs assessments.

Third, the Office of Juvenile Justice (OJJ) has decreased the time to the first Individual Service Plan. More clinical staffings have been added, with a focus on standard progress note documentation. Finally, assessment tools have been refined. This process is monitored through OJJ's regional offices. Providers are afforded an opportunity to provide input as it relates to revision providing information for the monthly summary reports.

Finally, Louisiana is working to leverage the technology of the ACESS system to enhance qualitative reviews.

Barriers:

Louisiana recognizes several areas for improvement.

Louisiana reduced the number of QA items being measured on each review. This was done in an effort to be more focused and to adjust to fewer quality assurance staff.

In FFY 2006, of the cases reviewed, 69% of new foster children had an initial physical examination and 74% of long-term foster children had an annual medical exam documented in the record. Louisiana decided to focus on the TIPS Case Events to track initial and annual exams to increase the sample size to 100% and accommodate reduced QA staff numbers. The Case Events are not mandatory data fields which resulted in a lack of valid data for these two items. In this case the outcome of the systemic change was not effective, and Louisiana does not have needed data on this quality of care item for children. The Peer Case Review process has given us a proxy for this measure in Item 22, for which 85% out of 214 applicable cases were rated as strength. These numbers indicate the need for improvement, but not to the degree needed.

In order to assess and improve the quality of the safety assessments, Louisiana would like to develop a reliable instrument, usable by quality assurance staff, which would assess the clinical quality of the safety assessments. With the electronic case record, quality assurance staff would be able to conduct these reviews from their office, thus saving both time and travel dollars.

Perhaps the biggest need is to link the efficacy of the Continuous Quality Improvement Process to outcomes for children and families.

D. Staff and Provider Training

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

Item 32: Initial Staff Training *Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services?*

Policy:

Louisiana statute R.S 46:285 enacted January 1, 1984, requires that all OCS employees, hired for the position of Child Protection Caseworker or supervisor or Foster Care Caseworker or supervisor with direct responsibility for cases dealing with families and children shall first complete a training program consisting of a minimum of thirty-two hours of instruction addressing such topics as:

- Causes of abuse and neglect
- Legal aspects of child protection and foster care
- Treatment of abused and neglected children
- Treatment of abusive and neglectful parents
- Permanency planning for children

The newly hired employee is not to assume responsibility for any case until the thirty-two hours of instruction has been completed.

Louisiana law further requires that within six months following the commencement of responsibility for cases, each such employee shall complete a training program consisting of thirty-two hours of job-related instruction in addition to the initial training described above. The law also provides for limited circumstances under which these requirements can be extended an additional sixty days. Typically, within four to five months of their initial orientation training, new employees receive specialized training, consisting of 32 hours, related to their program assignment. Child Protection, Alternate Response/Family Assessment Workers, and Family Service Workers receive specialized training in CPI/ARFA/FS Case Decision Making. This 32-hour course builds on previous learning focusing on interviewing skills for families with disabilities and difficult behaviors, gathering thorough information to determine initial and on-going safety risks and needs of the child(ren), development of safety plans and service provision/referrals when risk and/or safety issues are leading to the children's removal or the family is interested in obtaining services.

Workers assigned to and/or transferring into the Foster Care, Adoption, Home Development, and Quality Assurance programs are required to attend specialized job-related training in Foster Care Assessment and Case Planning with the Family. This training focuses on family engagement, motivational interviewing, gathering information for thorough assessments, developing behaviorally specific outcomes with the family that are related to the risk and safety needs of the children, and identifying formal and informal supports and/or services that will enhance the strengths and address the needs of the family. For a transferring worker, no specific timeframe is prescribed statutorily, but the transferred case manager is expected to register for the first specialized course session available in their newly assigned program area. An exception to delay participation to a subsequent session is allowed where the transferee has an unalterable conflict which precludes registering for that next available session. The Regional Training Coordinator tracks the transferee's exception and subsequent registration for specialized training.

To assure compliance with LA R.S 46:285, OCS policy has required all professional staff having direct contact with families and children, regardless of program assignment, to attend New Worker Orientation (NWO) training. OCS considers the "Core" Child Welfare training to include the initial New Worker Orientation and the subsequent week of job-related specialized instruction described above. The initial NWO training has been revised from a thirty-two hour curriculum to an eighty-eight hour curriculum (3 weeks) effective July 1, 2008. This three-week curriculum provides fundamental knowledge and skills needed for child welfare services delivery that are common to the CPI, ARFA, FS and FC program areas. Each training day builds upon the preceding one and each week builds upon the other. Included in the training content: Physical Indicators of Child Maltreatment; Focus on Four initiatives (Safety & Risk Assessment; Structured Decision Making; and Casework Assessment & Case Planning With the Family); Worker Safety; ACCESS System; the Court System

& OCS; Exploring Issues: Substance Abuse, Mental Illness and Domestic Violence; Basic Interviewing; the Casework Process; Intake & Screening; The Laws, Allegations and Legal Definitions; Objective Documentation; Cultural Competency; and Separation & Attachment. The NWO implemented in July 2008 was initially scheduled in three consecutive week periods. Current calendaring provides one week in the office following the first week of training, and then returning for the remaining two weeks consecutively. The training has as its basic core values and philosophy, a focus on community-based, family-centered practice with individualized, strengths-based services.

The curriculum is built around a model incorporating a multidimensional approach to learning by offering varied learning experiences relating to specific competencies. The initial training itself is divided into lecture, role modeling by trainer, practice by participant through role play and through group activities. The structure is to appeal to the various learning styles as well as to deliver the complexity of the content in ways that encourage specific skill sets and critical thinking. The competencies within the curriculum allow the worker to gain an understanding of the many tasks and complexities involved in working with children and families to enable workers to better perform specific child welfare tasks. The topics and issues of the initial training are directly geared to staff within the priority programs, child protection, family service and foster care staff, although all professional program staff receive this training as newly hired employees.

Unlike some other states, Louisiana has not elected to privatize any of its case management functions to date. However, we do utilize services of a number of key provider groups. For example, Homebuilders Model of IHBS was implemented in Louisiana in January 2007. Our agency staff provides IHBS services in Lafayette and Lake Charles regions, and we contract with private providers in the remaining regions. Therapists have received ongoing training since implementation, utilizing contracted resources. All therapists are required to take the "Core Curriculum" (IHBS Fundamentals) before carrying their own cases. Depending on class size, this training is 3 to 4 days (a minimum of 18 hours). In the past fiscal year, 11 IHBS specific trainings have been offered, including: Core Curriculum, Assessment and Goal Setting, Motivational Interviewing, Domestic Violence, Critical Thinking, Cognitive and Behavioral Interventions, Responsive Management, Ethics, Working with Parents with Cognitive Limitations, Issues in Reunification, and Teaching Skills.

For some of our foster care population, we also utilize residential treatment programs. The current residential regulations mandate the following training requirements for all direct care staff: The Orientation program shall provide a minimum of twenty-four (24) hours of training in the following topics for all direct care staff within one (1) week of the date of employment: philosophy, organization, program, practices and goals of the Provider; instruction in the specific responsibilities of the employee's job; implementation of treatment plans; the Provider's emergency and safety procedures including medical emergencies; detecting and reporting suspected abuse and neglect; reporting critical incidents; children's rights; health practices; detecting signs of illness or dysfunction that warrant medical or nursing intervention; basic skills required to meet the health needs and problems of the children; crisis de-escalation and the management of aggressive behavior including acceptable and prohibited responses; passive physical restraint which is to include a practice element in the chosen method; safe administration and handling of all medications including psychotropic drugs, dosages and side effects; and, certification in CPR and First Aid within the first thirty (30) days of employment.

The annual training is to address the following topics: provider's administrative procedures and programmatic goals; provider's emergency and safety procedures including medical emergencies; children's rights; and, detecting and reporting suspected abuse and neglect. Additional annual training is to include but not be limited to the following topics: implementation of treatment plans; reporting critical incidents; health practices; detecting signs of illness or dysfunction that warrant medical or nursing intervention; basic skills required to meet the health needs and problems of the children; crisis de-escalation and the management of aggressive behavior including acceptable and prohibited responses; passive physical restraint which is to include a practice element in the chosen method; the safe administration and handling of all medication including psychotropic drugs, dosages and side effects; and, documentation of current certification in CPR and First Aid. Licensing and agency staff review and assess the provider's documentation of trainings for initial and on-going compliance.

Additionally, as part of the Department's keystone initiatives, and the Secretary's reform of residential care, we are collaborating with LACCA (La Assoc of Child Care Agencies) for residential provider development. LACCA has provided 3 training sessions thus far by the CWLA to current Louisiana providers on Program Models and program design, CQI within out of home care, and has upcoming Youth Worker certification trainings for 200 current provider direct care staff. In addition, DSS has sponsored LACCA membership for current residential providers to enable delivery of ongoing training opportunities.

To support our own personnel, Regional Training Coordinators are in each region of the state and assist in the coordination and tracking of training for staff. The Training Coordinator is notified when an employee is hired and the program to which the employee is assigned. The State Office Training and Staff Development Unit schedules sessions of NWO as necessary, with the target class size set at a maximum of 30 new workers, and the preferred class size being 20-25. In state fiscal year 7/1/2008-6/30/2009, two sessions exceeded the target maximum, with one class of 32 new workers and another class of 31 new workers. Between July 21, 2008 and February 27, 2009, eight sessions of NWO were offered. However, a statewide hiring freeze was issued in late January, so the February session of NWO was delivered to only three new employees. A ninth session was held in June as OCS was permitted to fill 31 vacant positions, which included IV-E stipend recipients who were graduating with BSW or MSW degrees and were obligated to work for OCS.

In the current state fiscal year (7/1/09 – 6/30/10), another hiring freeze was imposed, so a similar pattern occurred, with two sessions totaling 38 participants in July and August, followed by 1 session in September for 3 new staff. However, OCS was subsequently granted a limited exemption for certain first line worker positions. Therefore, a fourth session, with 28 newly hired staff, was initiated November 16th and finished on December 11, 2009. The current session began on January 11th and has 22 participants.

In conjunction with the three-week New Worker Orientation, OCS has also implemented a protocol whereby new employees participate in Structured Activity Time (SAT). These are a series of planned activities that the employees complete on their own and then discuss with their supervisor or activities that are specifically scheduled by their supervisor to observe various aspects of casework practice with children and families. These activities may range from learning how to access on-line policy, becoming familiar with the various sections of policy of the program assigned, obtaining information about and visiting some of the community resources, especially major providers, shadowing experienced workers performing various aspects of their job, becoming familiar with the case record and how the record is formatted and documentation within the case record. The current calendaring of the NWO allows for some of the SAT activities to be accomplished between the first week and the second and third weeks of formal training. A desk reference is also provided to each new worker, which includes the mission and philosophy of the agency, expectations and standards of behavior and federal/state laws that are an integral part of service delivery in child welfare (updated in June 2009).

At the conclusion of the NWO training, the trainers are required to provide feedback to the Regional Administrators with the expectation that the information will be forwarded to the supervisors on each trainee in regards to their participation in class, completion of assignments either in group activity or as independent work, support of group members, promptness, etc. This feedback alerts the supervisors to strengths as well as needs observed by the trainers that can be utilized as needed to further assist the workers in their professional development. We know that this transfer of information is occurring both because the Regional Administrators have confirmed that the feedback is passed on to the appropriate supervisors for each new worker and anecdotally we have received feedback from a few workers whose supervisors shared with them the content of our trainers' feedback. Prospectively, we plan to solicit the names of each new worker's immediate supervisor and district manager. Then, when the feedback is emailed to the Regional Administrator, the supervisor and district manager will be copied on the communication.

Additionally, each cohort of new employees is asked to participate in two follow-up teleconferences approximately one month and two months following completion of the three-week NWO. Each trainee is given the opportunity to respond to three primary questions: (1) How many case assignments have you received (since completion of training) and what type of cases are they? (2) Have you been receiving the support you need from your supervisor and co-workers? (3) How have you been utilizing what you learned in

Orientation training? What has been helpful? And, is there anything you could have used, that you did not receive during the NWO training? We continue to explore strategies for improving transfer of learning.

The content of “Core” curriculum is periodically reviewed and revised as necessary to assure that it consistently addresses the learning objectives for staff in accordance with Louisiana’s approach to child welfare practice and philosophy, federal and state legislative and regulatory requirements, the state’s approved CFSP, and other mandates pursuant to our child welfare funding streams. Another vehicle for addressing the training needs of new child welfare staff is through the provision of pre-employment educational stipends (Title IV-E) to qualified candidates interested in becoming part of the child welfare workforce. A contract is developed between the agency and the stipend recipient. Upon graduation the OCS training section works with the Director of Field Services to place each student in Title IV-E funded programs. The stipend amount for the Bachelors of Social Work (BSW) student is \$5,500 and the stipend for the Masters of Social Work (MSW) student is \$7,500. The stipends are administered through contracts with seven public universities.

Performance in CFSR Round 1:

The systemic factor of Training incorporated an assessment of the State’s new caseworker training program (item 32), ongoing training for child welfare agency staff (item 33), and training for foster and adoptive parents (item 34). Louisiana achieved substantial conformity with the systemic factor of Training, with each of the three items being designated as a “Strength”. The CFSR findings indicated that Louisiana is operating a staff development and training program that supports the State’s Consolidated CFSP goals and objectives, addresses services provided under titles IV-B and IV-E, and provides initial training for all staff who deliver these services. Stakeholders interviewed during the onsite CFSR reported that the training is effective and prepares new workers to do their jobs. The CFSR findings also indicated that Louisiana requires 32 hours of ongoing training annually during the second and third years of employment. Twenty hours of ongoing training are required annually following the third year of employment. Finally, the CFSR found that Louisiana provides short-term training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving title IV-E foster care or adoption assistance that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Evaluative Assessment of Performance:

Evaluation regarding staff training needs statewide has been obtained on an ongoing basis since the last CFSR. OCS utilizes a variety of mechanisms to assess the strengths and needs of the child welfare training system.

For initial training, at the course and participant level, evaluations are completed by participants in all Core modules after each day of training. An evaluation summary form was developed in June 2008 and has been piloted for several of the training sessions conducted since July 2008. Feedback received from the evaluation summary, in addition to feedback collected from the individual training evaluations, was utilized to make revisions in our Core Curriculum to better address specific and/or further training needs, as suggested by the trainees. An example would be the time allotted for information systems (ACESS) training. In New Worker Orientation training, two days were scheduled for this technical assistance portion. Training evaluation feedback patterns suggested that only one day of ACESS training was needed, and that adding Ethics and more specific programmatic content would be helpful. The Training staff have since revised the NWO training curriculum to reflect these changes and implemented them beginning June 2009.

We have also utilized other tools and processes to assess what our Core Curriculum needs to provide. As part of an initial effort to enhance the New Worker Orientation, OCS entered into an agreement with Eastern Kentucky University, Training Resource Center staff (Crystal Barger and Corrie Rice) to conduct a job analysis. This job analysis provides a profile of the major duties and tasks performed by the front-line Child Welfare workers, who work in the following programs: Family Services, Foster Care and Child Protection Investigation. The information collected through this process was utilized as a valuable resource in the revision of existing curricula and can be used in the development of new curricula.

The OCS job analysis of front line worker positions was conducted using the small group method known as DACUM (an acronym derived from Developing A Curriculum). The DACUM Job Analysis uses focus groups

of high performing incumbent workers to describe the duties and tasks, which are included in a particular occupation. In addition, the process also provides a job definition and a listing of knowledge, skills and traits needed by high performing workers. The job analysis process is led by a neutral facilitator (trained in the DACUM process) and a recorder who uses storyboarding to record the focus groups' comments. In the DACUM storyboarding process, panelists are encouraged to develop duty and task statements that include a verb, modifier and a noun. The storyboard cards are temporarily placed on the storysheet to allow for rapid changes, sequencing and modification. The focus storyboard process is very fluid, flexible and visual, all of which help to maintain the group's attention on describing their job duties and tasks.

There were a total of three DACUM workshops conducted December 8 through December 11, 2008. The Initial Panel included 9 Child Welfare Specialists representing each of the 9 regions as well as all three program areas, Foster Care, Family Services and Child Protection Investigation. The Validation Panel included 9 Child Welfare Specialist and 1 Supervisor and represented all three program areas as well as Home Development. The Management Review consisted of 6 members, 4 of which were Supervisors and 2 were District Managers. Siobhan Pietruszkiewicz, LCWCWP Project Coordinator, also observed each of the DACUM focus groups. The report was distributed to all panel participants, OCS Executive Management, Regional Administrators, Training Section staff, and members of the Louisiana Child Welfare Workforce Alliance, specifically the university & OCS staff serving on the common core curriculum workgroup. Copies were also shared with Susan Kanack and Linda Kean from the NRCOI as well as the Louisiana staff and stakeholders involved in the planning of our statewide focus groups on training (described below). Any other worker, supervisor, or community partner may also request and receive the document. The DACUM report was also used by OCS in revising the New Worker Orientation curricula implemented in June 2009.

On a more systemic level, OCS is committed to ongoing evaluation of our training and staff development program to meet the needs of the agency, staff, and those we serve. To that end in the Fall of 2008, with the support of Louisiana's Children's Justice Act (CJA) committee, OCS initiated collaborative planning with Susan Kanak, one of the authors of the guide, "Building Effective Training Systems for Child Welfare Agencies", a publication of the National Child Welfare Resource Center for Organizational Improvement (NRCOI). OCS sought to engage in an assessment of the training system that would provide a clear focus on what frontline child welfare workers and supervisors needed to more effectively perform their job.

Once the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP) was funded, the P.I., Dr. Gary Mallon, and the staff of this federally funded program also partnered with OCS in coordinating the assessment process. In January 2009, a workgroup was jointly convened by OCS & LCWCWP, and facilitated by Susan Kanak and Linda Kean from the NRCOI. Other participants included representatives from multiple programs and positions within OCS, community stakeholders, and the CJA-contracted facilitator for the focus groups. The guide was used to help broadly and comprehensively define a training system as well as focus on the importance of key organizational tiers of frontline social workers/case managers, supervisors, managers, and external partners and stakeholders. The result of the two-day workgroup produced an assessment tool, core critical questions for the focus groups, and a basic format for the focus groups, customized for Louisiana.

It was expected that through the survey and focus groups invaluable information regarding the needs of the front-line field workers and supervisors would be provided. The focus groups also provided insights into some of the cross-training needs of staff and child welfare partners, such as the courts, foster parents, and CASA. Additionally, the results of these focus groups were used to inform the 3-year assessment and planning process for the Children's Justice Act Task Force as well as assessment activities for the Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP).

Two 2½ - hour focus groups, which included approximately 8-10 frontline child welfare specialists (workers) and 8-10 supervisors, were conducted in each region/district in Louisiana. During the week of February 2-6, 2009 focus groups were conducted in Monroe, Shreveport, Alexandria, Lake Charles, and Lafayette. During March 2-6, 2009 the remaining worker/supervisor focus groups were conducted in Jefferson, Orleans, Covington, Thibodaux, and Baton Rouge. Three additional focus groups which included the State Office training section, program managers and section administrators were conducted in late March and May of 2009.

The contracted focus group facilitator and one LCWCWP representative were present for each focus group. The agenda was uniform across all focus groups. It consisted of welcome/introductions, review of purpose and ground rules, definition of “training system”, review and completion of the Training System Assessment Tool, group discussion to include pre-defined questions, and closing remarks. During the group discussion, participants were given time to talk about anything they wanted to discuss regarding the training system as well as answer a set of pre-defined questions that were taken from the Training System Assessment Tool.

In June 2009 LCWCWP prepared a “Summary of Findings from the OCS Statewide Training System Assessment” (available on the www.lcwcwp.org website). The 103- page report compiled and analyzed all the data based on the completed training system assessment tools and the focus group discussions, and made a series of recommendations. The short term recommendations (6 months – 2 years) included in the report specifically with respect to the redesign of New Worker Orientation were:

- Provide a more systematic/organized training with modules focusing on specific content areas
- Expand NWO to a period of up to a year
- Include basic components of child/adolescent development and how it is impacted by agency involvement
- Encourage critical thinking skills and an underlying philosophy of family centered practice allied with the OCS Practice Model
- Focus less on forms and more on safety and family engagement
- Provide enhanced court training (several modules of training, which is primarily based on a social worker’s role in understanding and negotiating the legal and court systems, with some legal staff collaboration in the training) including mock trials, how to prepare written reports, the nature of the court/DSS relationship, the nature of cross examination
- Include job shadowing/mentoring with seasoned workers
- Provide supervisors with an overview of material to be covered and their role in the transfer of knowledge
- Provide supervisors with feedback on their workers’ performance in NWO
- Develop specialized training modules by program area in consultation with key program staff and regional offices
- Improve access to NWO training by offering modules across all regions of the state
- When training on forms is necessary, create more interactive training on forms (that are fully functional) using computers when forms are computerized

The data from the OCS Statewide Training System Assessment has provided the agency with a wealth of evaluative information to guide the training system. OCS acknowledges with immense gratitude the work of Susan Kanack and the NRCOI, Dr. Gary Mallon and the LCWCWP staff, the CJA-contracted focus group facilitator, Tara Wilson Allen, and all of the staff and stakeholders who participated in this process.

Other ad hoc evaluative assessments have been conducted. The agency distributed several questionnaires over the course of an 8 month period for the purpose of COA re-accreditation. One of those, a personnel questionnaire, included two questions about training/workforce development. Questions were rated on a Likert scale with 1 being strongly disagree; 2 being disagree; 3 being neither agree nor disagree; 4 being agree and 5 being strongly agree. Five hundred staff was surveyed in 3 regions and state office and of the number surveyed, 229 responded to the survey. The results for the two training/workforce development items:

Item 2: *I received an orientation within the first three months of beginning work with the agency.*

Average response on this item was a score of 4.06 (agree)

Item 13: *I have participated in on-the-job activities that enhance my knowledge and skills.* Average response on this item was a score of 4.04 (agree).

Also, the CQI and Peer Review processes continue to be utilized in assessing specific training needs. Reviews enable the Training and Staff Development Section to determine which areas of New Worker Orientation instruction need stronger focus.

The combination of course specific feedback, job analysis, training system assessment, and other ad hoc assessments provides an ongoing cycle of feedback for improving the initial training and its applicability to staff needs and performance.

Strengths and Promising Practices:

Louisiana Child Welfare Workforce Alliance: A Partnership between OCS and Louisiana Universities:

OCS has significantly modified its relationship with the seven Louisiana public universities with schools/departments of social work. In May 2008, OCS brought representatives of Kentucky's University Consortium to present information to OCS administrative leaders and representatives from Louisiana's public universities' that provide MSW and BSW programs. This was followed by a July 2008 site visit to Eastern Kentucky University. Designated Louisiana university representatives and members of OCS' leadership team acquired detailed information from the well-developed Kentucky model. That experience further energized the Louisiana BSW/MSW programs to develop a collaborative focus on child welfare education. In early 2009 Northwestern Louisiana University (Natchitoches, Louisiana) emerged in the role of lead university with Louisiana State University (Baton Rouge, Louisiana) agreeing to assume the primary evaluation functions.

One of the first collaborative ventures was to establish a workgroup to identify/develop a set of core competencies within state/public universities' BSW curricula that each BSW program (and foundation year of MSW programs) deemed necessary for successful child welfare practice. The workgroup accomplished the task of establishing child welfare educational competencies and standardizing the course work, with use of references from California, North Carolina, and the Council on Social Work Education (CSWE). Each competency has various practice behaviors which serve to measure the competence. The practice behaviors are as evidence-based as possible given the state of social work/child welfare research. A copy of the completed University/OCS Training Partnership Competency Course Matrix, with each of the seven universities' documentation is available at the www.lcwcwp.org website.

The Alliance, with DSS as the lead, will also seek to amend the statutory requirement for newly hired employees to receive mandatory training hours before being assigned case responsibilities. The proposed statutory language would leave intact those requirements for new case workers with bachelor's degrees in fields outside of social work, or lacking the targeted child welfare competencies, but would recognize the job-readiness of those BSW graduates who have achieved the child welfare educational competencies.

LCWCWP: With funding from the Children's Bureau, the Louisiana Child Welfare Comprehensive Workforce Project was established within the Louisiana State University School of Social Work (LSU), in partnership with DSS/OCS and the Louisiana Child Welfare Workforce Alliance. This is a five-year discretionary grant awarded by the Children's Bureau, beginning in FFY 2008-09 for Child Welfare Training: National Child Welfare Workforce Initiatives. The LCWCWP upgrades the skills, knowledge and qualifications of prospective and current child welfare agency staff and supports special projects for training personnel to work in the field of child welfare. The purpose of this project is to improve safety, permanency, and well-being outcomes for children and youth by building the capacity of Louisiana's child welfare professionals and by improving the systems in the state that recruit, train, supervise, manage, and retain them. LCWCWP has implemented a number of strategies designed to assist OCS in developing a stable and highly skilled workforce for providing effective child welfare services. LCWCWP is further supporting the development of a strong OCS-University Alliance to improve staff competencies. LCWCWP has significantly increased the numbers of social work (MSW and BSW) students receiving stipends to support their child welfare education, through a Louisiana Child Welfare Scholars (LCWS) program (administered through NSU, with stipends available to each university).

Moodle: Until recently, the agency did not have a centralized training data system. Instead, regionally located Training Coordinators entered the training information for all regional staff into their own local tracking systems. Given the current technology demands, it was imperative that OCS invest in creating a central training data system for tracking, reporting, and utilization as an "e-learning" system. Moodle is a web-based learning environment specifically designed to enable instructional developers, students, and trainers to create and manage flexible and rich learning experiences. The name "Moodle" is an acronym for Modular Object-Oriented Dynamic Learning Environment. Moodle is based on open source architecture, which was a key

variable in OCS choosing it for our investment in a new centralized training data tracking and reporting system.

A Moodle Advisory Group has been formed, comprised of a Training Section representative, 3 representative Regional Training Coordinators (RTCs), and the vendor (Learning Sciences Corp.). Additionally, there are standing monthly webinars for all RTCs and other regional staff with administrative rights to enter data and generate reports. Moodle provides quick access to a listing of staff completions of mandated trainings as well as other offerings. Filtering options are course name, student name and date or time periods. There is potential for reports to provide data by assigned area of work, job title, department and region. We are adding filters by group, meaning regions of staff and/or foster parents and State Office. Transcripts are easily accessible by users. To assist with accountability supervisors can be notified automatically of a course assigned to a supervisee and if it is or is not completed by the deadline. This learning management system (LMS) manages information about our agency's course catalog and users. It offers opportunity to build e-Learning courses for staff, survey engines (evaluation tools), quizzes, etc. Also, an ongoing calendar of course offerings is a feature of the home page. The request for course summary of evaluations capability is being worked on now and anticipated in the very near future. This will provide data for assessing needs and improving course offerings.

Barriers:

The single most challenging barrier to an effective training system that builds competencies and fosters advanced practice skills continues to be high staff turnover rates among first line workers. Turnover in the positions of Child Welfare Trainee and Child Welfare I, II, and III series during the last State Fiscal Year (SFY) has resumed its upward trend:

SFY 08-09	20.56%
SFY 07-08	18.92%
SFY 06-07	22.62%
SFY 05-06	20.18%

A second barrier is the impact of losses of key personnel in the Training and Staff Development Section. In January 2008 the OCS Training and Staff Development Section had an experienced trainer in the Section Administrator position and nine other trainers (8 MSW's and 1 RN). At present, the Section Administrator position remains open, and four of the long-term, experienced trainers have retired or transferred from OCS State Office to other departments or locations within the state. Only one of the MSW positions has been replaced to date. As a result, much institutional knowledge and training expertise has been lost. The agency has developed a number of strategies to compensate for this resource deficit. While the reduction in staff resources has not adversely impacted our ability to meet our obligations for timely initial and specialized training classes, it is a factor in the length of time required to develop new curricula and limits the frequency in which non-mandatory courses can be offered in-house. We also have relied more on external training resources and contracts, as funding permits.

Item 33: Ongoing Staff Training. *Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CSFP?*

Policy:

In addition to the statutory requirements enumerated in the above discussion of Louisiana statute R.S 46:285, the statute goes on to provide that "Within the second and third full year of employment, each child protection caseworker and supervisor or foster care worker or supervisor ... shall receive thirty-two hours of in-service training annually, relevant to providing child welfare services" and "Following completion of three full years of child welfare casework experience, each employee ... shall receive at least twenty hours of in-service training, annually, relevant to providing child welfare services." Thus all employees in their first three years of employment receive a minimum of thirty-two hours per year, and beginning in the fourth year of employment, receive a minimum of 20 hours per year.

The Training and Staff Development Section offers a variety of courses to staff to assist in their continued understanding of complex needs of the families and children coming to the attention of the agency. Staff can

also obtain in-service training hours by attending conferences held within the state and trainings held within their region that are sponsored by a variety of organizations and community partners. Additionally, a number of agency initiatives have been supported through training and staff development provided either by in-house training staff or by content experts funded through contracts or other available resources (e.g. NRC, CJA, Court Improvement Program, etc.)

Within Moodle, the current course categories include 17 General/Social Work, 47 Case Management/Clinical, 2 Ethics, and 13 Not Primarily Related to Social Work courses. There are also numerous ad hoc courses and conferences included. The catalog of courses is also available on-line in the DSS Policy Management System. Each region also has received a small amount of funds (reduced in recent years as a casualty of budget cuts) to augment the in-house courses in meeting the on-going training needs of their staff. Some regions utilize their regional training budgets to contract with experts for specific training that addresses identified local needs, or to support staff attendance at local or state conferences relevant to child welfare as a means of assuring that the mandatory 32 or 20 training hours are attained. At the beginning of the fiscal year, the Regional Administrator and his/her management team jointly develop a prioritization of the regions' training needs. Once the Regional Management Team has reached consensus on their training priorities for the year, Management Team members, sometimes in conjunction with the regional training coordinator, identify the training resources needed to implement their training priorities, and small contracts or training registration fees and travel expenses are allocated. One region also uses their local events to solicit from the workers and supervisors their recommendations on needed training and possible presenters for the future.

Additional requirements may apply where child welfare professionals are licensed under Louisiana's Social Work Practice Act. Of the 1266 employees in professional child welfare positions, there are 85 Licensed Clinical Social Workers (LCSW), 224 Graduate Social Workers (GSW), and 269 Registered Social Workers (RSW). Each of the licensed staff have annual training requirements to maintain their licenses, and OCS endeavors to assure that sufficient training opportunities are provided to enable each such staff person to meet the requisite training requirements. The Louisiana State Board of Social Work Examiners provides guidance on the criteria by which in-service training is determined to be acceptable for continuing education and OCS complies with those criteria when categorizing course content. OCS also offers courses that are technical and/or not primarily related to social work. Examples of the latter include ACCESS (computer system), Bloodborne Pathogens, Defensive Driving, etc.

Every instructor lead course is assigned a specific number of training hours and attendance is monitored by the trainer or someone who is selected by the agency to monitor the training. Each participant is also required to complete an evaluation at the end of each training session. This evaluation gives ongoing feedback that can be utilized to strengthen the training as needed.

Regional Training Coordinators are located in each region of the state and assist in the coordination and tracking of training received by staff. The Regional Training Coordinator, in all but one region, is directly supervised by the Regional Administrator and under the guidance of the RA, may accomplish their coordination responsibilities either by working with the District Managers, Parish Managers, or other local supervisors. As management styles differ, so may the levels of facilitation interactions differ. However, in all regions the Training Coordinator is responsible for advising staff of courses/training that is offered. It is often necessary to allocate specific slots to each region for those courses that are more specialized.

When new agency initiatives require curricula to be developed and subsequently incorporated into initial NWO or core specialized training, it is first "rolled-out" to all regions, so that more experienced staff have access to the training and the agency can promote consistency of practice. Recent examples of this are the November 2007 through May 2008 statewide roll-out of Alternative Response Family Assessment, the January through September 2008 roll-out of "Focus on Four" (Safety & Risk Assessment, Structured Decision Making, and Casework Assessment & Case Planning With the Family), and the statewide training on ACCESS. These courses typically don't remain as stand-alone courses once they have been incorporated in training for new staff, but the possibility of repeating them as stand alone courses does exist, should the need arise.

OCS also fosters professional development of qualified OCS employees, contingent upon availability of funds, by providing both (a) some limited tuition reimbursement for permanent employees pursuing their social work degrees on a part-time basis, and (b) a limited number of stipends for employees to pursue their MSW degrees on a full-time basis. In FY 2008-2009, 12 full-time stipends were awarded to OCS employees, thus contributing to a total of 56 OCS employee stipends awarded between SFY 2005 and SFY 2009. The stipends provide 75% of the employee's salary and full educational leave for up to two academic years to complete an MSW program at Louisiana State University, Southern University in New Orleans, or Grambling State University (accredited graduate schools with OCS approved Title IV-E child welfare curricula). Due to the severity of our budget situation and the hiring freeze, in the current fiscal year, only three such stipends were awarded to students continuing for their second year, who will graduate in May 2010.

Performance in CFSR Round 1:

Item 33 was rated as a Strength, finding that Louisiana is operating a staff development and training program that supports the State's Consolidated CFSP goals and objectives, addresses services provided under titles IV-B and IV-E, and trains staff who deliver these services. The CFSR findings also indicated that Louisiana requires 32 hours of ongoing training annually during the second and third years of employment. Twenty hours of ongoing training are required annually following the third year of employment.

Evaluative Assessment of Performance:

Evaluation regarding staff training needs statewide has been obtained on an ongoing basis since the last CFSR. OCS utilizes a variety of mechanisms to assess the strengths and needs of the child welfare training system.

For on-going training, each participant is required to complete an evaluation at the end of each training session. This evaluation gives ongoing feedback that can be utilized to strengthen the training as needed. Feedback received from the individual training evaluations is utilized to make revisions in our course curricula to better address specific and/or further training needs, as suggested by the trainees. An example would be the re-write of one of the ethics courses, "Ethical Dilemmas", to update scenarios used in small group activities to reflect changes in agency programs (e.g. SDM) and to remove a scenario which might have the unintended consequence of suggesting inappropriate practice.

On a more systemic level, OCS is committed to ongoing evaluation of our training and staff development program to meet the needs of the agency, staff, and those we serve. [Please see response to Item 32 for a more complete discussion of the process.]

In the June 2009 LCWCWP "Summary of Findings from the OCS Statewide Training System Assessment" (available on the www.lcwcwp.org website) significant areas for improvement were identified. The first, New Worker Orientation (initial training) redesign has been discussed in Item 32 above. There are three major areas prioritized for ongoing training. They are:

- Supervision issues
- Legal and judicial issues
- Development of a comprehensive web-based training platform, which includes orientation and the engagement of university partners

It became apparent through all the focus group discussions that the supervisory training and coaching/mentoring training which is being provided by one of the nationally recognized experts in child welfare supervision, Marsha Salus, was consistently experienced as a strength of the system. A common theme was staff desiring greater access to training from Marsha Salus.

[For some background, OCS has a long standing supervisory, coaching, and mentoring initiative with Marsha Salus. We are currently in the last of a three-year contract with Marsha, and within this current contract she is providing training to the fifth cohort of supervisors to participate in her basic child welfare supervision course. The curriculum consists of a total of 11 days delivered over approximately six months per cohort, in six modules: Effective Leadership, Achieving Excellence through Supervision, Building a Cohesive Work Team, Promoting Growth and Development through Supervision, Supervision and Case Consultation, and, Managing Effectively in the Organization. In addition to the classroom-based instruction, Marsha also

schedules site visits with the supervisors to provide one-to-one observation and mentoring. OCS has also invested in developing some experienced child welfare professionals within Louisiana to become coaches/mentors, and Marsha Salus is providing the training and consultation for that initiative as well.]

Other ad hoc evaluative assessments are described in Item 32 above. The combination of course specific feedback, training system assessment, and other ad hoc assessments provides an ongoing cycle of feedback for improving the repertoire of courses provided in our system for ongoing training and its applicability to staff needs and performance.

Strengths and Promising Practices:

Workforce Development has been identified as keystone initiative by this administration's

Departmental leadership. A staff position has been identified to serve as a liaison to the DSS Executive Committee and in that capacity to lead the OCS Workforce Development initiative, reporting regularly to the Executive Committee on the progress being made on the key milestones and expected outcomes and measurements. This level of support and focus is enabling the agency to prioritize its workforce initiatives and pursue strategies for improvement that invites a level of creativity concomitant with the "can do" approach of the department's leadership.

Louisiana Child Welfare Workforce Alliance: A Partnership between OCS and Louisiana Universities:

The relationship between OCS and its university partners is evolving to a new level of integration and mutual support. Particularly with the lead university, we are exploring a variety of collaborations through which use of unmatched funding streams can leverage greater access to revenues to support our mutual goals for improved child welfare practice. Also, the university child welfare experts are being identified as a resource for the development of curriculums to provide continuing education to OCS workforce, with the vision that initially participants will receive CEUs, but long term planning might afford participants opportunity to receive Carnegie Units toward attainment of higher degree status. The university partnership may also be a vehicle for establishing a didactic practice support website for field workers and developing a blended learning system.

Louisiana Child Welfare Comprehensive Workforce Project (LCWCWP): With a 5-year discretionary grant funded by the Children's Bureau, the Louisiana Child Welfare Comprehensive Workforce Project was established within the Louisiana State University School of Social Work (LSU), in partnership with DSS/OCS (see item 32 above).

LCWCWP continues to provide great training and educational resources to support retention of OCS front line workers and supervisors, including expanding the knowledge and skills of staff in working with youth (e.g. APPLA as a Permanency Goal for Youth and Unpacking the "NO" of Permanency for Youth). Furthermore, Dr. Mallon is again teaching an Advanced Practice Certificate Program in Adoption and Foster Care Competence. The Certificate Program is ten sessions over nine months totaling 90 training hours. LCWCWP is further supporting the development of a strong OCS-University Alliance to improve staff competencies.

As mentioned in the Evaluative Assessment of Performance section above, there are three major areas prioritized for ongoing training. They are (1) Supervision issues, (2) Legal and judicial issues, and (3) Development of a comprehensive web-based training platform, which includes orientation and the engagement of university partners. LCWCWP has partnered with OCS to develop a series of strategic responses to each of these areas:

- Supervision issues:
 - Gary Mallon, DSW of the LCWCWP has instituted a series of monthly child welfare supervisory teleconferences. The teleconferences offer a broad overview in supervision and allow all 200 supervisors statewide to participate in an innovative learning environment centered on best practices and clinical case consultation in child welfare supervision. This is part of a multifaceted approach by the agency to enhance and develop learning opportunities for supervisors centered on state of the art child welfare supervision principles and practices. LCWCWP has arranged for presentations by key national leaders in the field of child welfare supervision.

- Dr. Mallon is providing technical assistance and guidance to OCS on a newly developed course concept proposal by Marsha Salus which will provide an Advanced Program in Clinical Supervisory Practice. The curriculum as currently conceived calls for a comprehensive plan to provide approximately 26 to 28 hours of clinical training (19-21 hours of on-site training and 7 hrs. teleconference consultation). In addition to Marsha Salus, there would be three content experts in various aspects of child welfare clinical supervision. Each expert will provide 11 days of on-site training and 44 hours of telephone consultation to 11 cohorts of supervisors, district managers and child welfare coaches (not otherwise captured in the first two groups). The projected timeline is in 2010, for approximately 270 staff.
- LCWCWP also plans to develop and deliver a curriculum for Child Welfare Supervision and Leadership for OCS Middle Management. Selection criteria will be developed to prioritize participation of OCS Management staff. While OCS hopes to fully participate in the ACF-sponsored Leadership Academy for Middle Managers, this in-state initiative will target a larger group of child welfare managers than will be able to access the LAMM project.
- LCWCWP is exploring the capacity/interest of Alliance partners to launch an advanced course in supervision, built on the foundation set by Marsha Salus' six module course and consultation/technical assistance. The advanced course is envisioned to meet once a month with 33 supervisors who have already participated in the Salus course. The concept would involve building capacity within a partner university by having a designated faculty member shadow Dr. Mallon, who would then be mentored by Dr. Mallon in the subsequent year as the curriculum is provided by the designated faculty member
- Legal and Judicial issues:
 - LCWCWP and OCS leadership have consulted with the NRC on Legal and Judicial Issues and identified one of their colleagues to come to Louisiana to facilitate a dialogue with members of the legal and judicial community and OCS, to plan for a multi-module curriculum customized to Louisiana's needs. In support of this, a review of current Legal and Judicial System curricula from around the country is being conducted by staff of the NRC for Permanency and Family Connections.
- Comprehensive web-based training platform:
 - Using a model launched by the state of Idaho, Louisiana will begin to develop a web-based training platform. A designated OCS representative will work with Dr. Mallon and IT staff from the NRC for Permanency and Family Connections to develop a plan and timeline, and which will include orientation and the engagement of university partners.

Child Welfare National Resource Center Technical Assistance Network

As indicated in the descriptions above, a major strength of Louisiana Training system is its effective use of National Resource Center training and technical assistance, involving to one degree or another, every Child Welfare NRC.

Casey Family Programs

OCS has entered into an agreement with CFP to support the coaching and mentoring training and consultation being provided to at least two cohorts of child welfare professionals (some recently retired) and to support those coaches in providing mentoring services to designated OCS supervisors. The CFP goal's premise is through successful training, coaching, and mentoring of designated supervisors, a reduction in staff turnover will be achieved in accordance with mutually agreed upon performance measures and the subsequent outcomes of reduced turnover will be a reduction in the median time to permanency and a reduction in foster care entries.

CWLA and CFP Partnerships with Louisiana: in November 2009 CWLA and Casey Family Programs provided Louisiana with an opportunity to be one of two states in which the new curriculum for Kinship Care Training would be field tested. The two day curriculum was delivered to 50 OCS staff and Kinship providers/parents by Dr. Eileen Pazstor, the developer of the curriculum. All costs except for our own staff travel expenses were fully subsidized by CWLA and Casey Family Programs.

Center of Excellence Workgroup: OCS is one of several collaborative partners engaged in a feasibility evaluation and planning architecture for the development of a Center of Excellence for Children and Families that would serve to promote best practices and support cross-disciplinary training among child welfare staff and representatives of the legal and judicial systems as well as law schools and schools of social work. Other collaborative partners in this endeavor include representatives of : (1) the Louisiana Supreme Court, (2) the Court Improvement Program, (3) local courts, (4) the Louisiana Judicial College, (5) Louisiana Department of Social Services, (6) Court Appointed Special Advocates, (7) Child Advocacy Center Network, (8) the Public Defender's Office, and (9) Louisiana Chapter of the National Association of Social Workers.

Barriers:

The single most challenging barrier to an effective training system that builds competencies and fosters advanced practice skills continues to be high staff turnover rates among first line workers, and a high proportion of relatively inexperienced supervisors. [Turnover in the positions of Child Welfare Trainee and Child Welfare Specialist I, II, and III series during the last State Fiscal Year (SFY) were provided in item 32 above]

With 5 cohorts of supervisors having access to Marsha Salus' Supervisory Training Course (avg. 25 participants per cohort), we continue to have new supervisors who have not yet had an opportunity to receive this training. As OCS experiences retirement and turnover of supervisors, coupled with Marsha Salus' schedule/capacity to commit more than the currently identified training/consultation time for Louisiana in 2010, there will be some limitations to our ability to add additional cohorts for her Supervisory Training course.

A second barrier is the impact of losses of key personnel in the Training and Staff Development Section. This barrier was discussed in item 32, above also.

Item 34: Foster and Adoptive Parent Training. *Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under title IV-E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?*

Policy:

OCS provides 30 hours of pre-service training to all applicants for the foster/adoptive parent program. The training is offered and monitored in each region of the state by Home Development staff. Completion of pre-service training is one of the requirements of certification. The agency recently revised the pre-service training curriculum and process. The areas identified for improvement were the result of focus group findings (foster parents in 2006 – 12 participants) and a workgroup of staff and providers. The curriculum was updated and the frequency of offered sessions and attendance requirements were redefined. These changes have allowed the agency to accommodate more families through the process. Feedback obtained from a 2008 focus group of 4 newly certified families yielded positive comments regarding the flexibility of the new pre-service training and the effectiveness of the revised curriculum.

A variety of in-service training topics are offered each year for foster parents. The topics offered are areas that assist them in parenting children in state custody. Foster parent training is most often obtained in classroom settings or on the internet through agency approved websites. Classroom training is offered on a regional level through contracted providers or by agency staff. It may also be obtained at the State Foster/Adoptive Parent Conference.

In addition, policy allows for other situations to be counted as in-service training. Some of these may include formal training from a medical provider or from a Licensed Psychologist, Psychiatrist, or Licensed Clinical Social Worker/Professional Counselor for purposes of implementing an individualized behavior management program or other therapeutic treatment on behalf of a child placed in the home.

A third area of training is surrounding staff of child residential facilities. The Bureau of Licensing requires that these staff obtain orientation and annual training. These trainings are not provided by the State. The

Orientation training requirement is 24 hours and must be obtained within the employee's first week of employment. Annual training is required on specified topics of residential care.

Performance in CFSR Round 1:

Item 34 is rated as a Strength because Louisiana provides training for current or prospective foster parents, adoptive parents, and staff of State licensed or approved facilities that care for children receiving title IV-E foster care or adoption assistance that addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children.

Stakeholders commenting on this issue during the onsite CFSR reported that the State is effective in providing pre-service and in-service training to foster parents and relative caregivers. Local-level stakeholders reported that all foster parents receive 30 hours of training prior to certification. However, stakeholders in St. Tammany expressed concern that relative caregivers are not trained before receiving provisional licenses, and that they receive only 12 hours of initial training.

Stakeholders indicated that training is "available, encouraged, and effective." They said that MAPP-GPS training is held at least quarterly, sessions are held in the day and evening, and training can be accessed over the Internet. In addition, stakeholders noted that OCS/DSS provides day care and transportation services to caregivers so that they can attend ongoing training.

Evaluative Assessment of Performance:

Current practice is that families have to be certified in order to receive compensation for the care of a child. At the time of the last statewide assessment, provisional certification designation was utilized so a family could receive compensation for the care of the child until they obtained certification status. This is no longer agency practice as the agency was cited in the 2004 IV-E audit for claiming funds on a provisionally certified home. A family is now required to be certified before placements are made. The only exception is when a child is placed with relatives in an emergency situation. This arrangement does not allow compensation for the care of the child.

The number of certified foster homes for calendar years 2005 through April 2009 and the number of new certifications for 2007 through April 2009 are provided in the tables below.

TOTAL NUMBER OF CERTIFIED FOSTER HOMES	
January-December 2005	2700
January –December 2006	2771
January-December 2007	2568
January –December 2008	2279
January-September 2009	2171

Note: Data is compiled manually by calendar year because of inaccuracies in TIPS data and an effort to provide reliable information. In the future, this data will be tracked by FFY.

NUMBER OF NEW CERTIFICATIONS OF FOSTER HOMES	
January-December 2007	644
January –December 2008	666
January-September 2009	858

Note: Data is compiled manually by calendar year because of inaccuracies in TIPS data. Reliable data for new certifications in 2005 and 2006 is not available. In the future, this data will be tracked by FFY.

Once a family is certified, they are required to obtain 15 hours of in-service training annually to maintain certification. Compliance in this area is monitored by the regional Home Development staff. In cases where the hours are not met, a licensing waiver has to be approved to allow the family to remain certified. The agency has been tracking waiver decisions since 6/05, at which time the agency was given responsibility for the approval/denial of waivers. Since 6/05, only two waivers have been submitted and approved for non compliance in the area of in-service training.

Compliance is tracked by the provider and monitored by Licensing in annual audits. Licensing staff monitors deficiencies and ensures compliance is obtained by the provider, but the current tracking system, BLAS, does not track individual deficiencies. A promising approach in this area is the development of a tracking system which will have the capability to track individual deficiencies by provider.

Strengths and Promising Practices:

A promising approach in the area of in-service training is the new requirement that certified families be educated in CPR and First Aid. The agency will begin educating all certified families on these topics beginning January 1, 2010. Another promising approach includes the implementation of a statewide training tracking system – Moodle. This system will be utilized to track foster parent training.

Barrier:

A barrier in the area of in-service training is the limited curriculum offered to families. The agency recognizes the need to revamp the in-service training program but has been unable to do so with the current budget. If resources are identified, the agency plans to offer a tiered curriculum training program where families are required to obtain training credit in identified topics at various stages in their certification history. The Home Development Section of the Division of Foster Care continues to evaluate opportunities for improving the in-service training program for foster and adoptive families.

In recent surveys of certified families conducted by the Council on Accreditation, the results regarding in-service training were unfavorable. One questions on the survey focused on the effectiveness of the training and how well it prepared applicants to be foster parents. Of the 38 surveys returned, 3 strongly agreed; 2 neither agreed nor disagreed; 12 disagreed; and 21 strongly disagreed. In addition, the agency conducted telephone interviews in August 2009 with 15 certified families and addressed in-service training. Several of the parents indicated that more flexible training times should be offered to accommodate families that work. Some of the suggested training topics included: working with bi-racial children, working with traumatized children, long term effects of neo natal drug exposure, agency procedures for removing children from the custody of their parents, step by step case planning, how to approach sex education with sexually abused children, defensive parenting, effective communication with children, preventing foster parent burnout, and medication and side effects.

E. Service Array and Resource Development

Louisiana achieved substantial conformity with systemic factor of Service Array and Resource Development.

Item 35: Array of Services. *Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

Policy:

Office of Community Services provides for the public child welfare functions of the state, including but not limited to prevention services which promote, facilitate, and support activities to prevent child abuse and neglect; child protective services voluntary family strengthening and support services; making permanent plans for foster children and meeting their daily maintenance needs of food, shelter, clothing, necessary physical medical services, school supplies and incidental personal needs and adoption placement services for foster children freed for adoption. Program services and assessments are discussed specifically in program policy chapters 4 CPI, 5 Family Services, 6 Foster Care/YAP, 8 Adoption, 9 Home Development, 11 ICPC, 12 Day Care, and Memorandums.

Services are directly provided, contracted, and/or provided through referrals with monitoring to occur via prescribed methodologies. State services receive funding under Title IV-B Subpart 1, the Social Services Block Grant, the John H. Chafee Foster Care Independence Program, and the Child Abuse and Prevention Treatment Act. Additionally, Title IV-B, Subpart 2, Promoting Safe and Stable Families as amended by Adoption and Safe Family Act (ASFA) funds are also utilized for services.

Performance in CFSR Round 1:

Item 35 in Round One of the CFSR was rated as a Strength because the State had an array of services that: assessed the strengths and needs of children and families; determined other service needs; addressed the needs of families in addition to individual children in order to create a safe home environment; enabled children to remain safely with their parents when reasonable; and, helped children in foster and adoptive placements achieve permanency.

Evaluative Assessment of Performance:

With the assistance of our federal and foundation partners, the agency has developed a more comprehensive, coordinated and effective child and family services continuum. The development of the June 2, 2005 PIP action steps focused on developing strategies to improve services to children and their families. Data is not available to denote services that are not available to meet the needs of families. Focus groups, upcoming data, budgetary restraints, best practice models, etc all contribute to seeking service providers and/or modifying the existing array of services.

In August 2006, a service delivery committee, which included our partners with the National Resource Center for Organizational Improvement and the Casey Strategic Consulting Group, was established to evaluate the existing service array and identify gaps in service delivery. In the course of the evaluation, focus groups and a survey were conducted with staff throughout the state to identify gaps and evaluate the service array. The focus groups helped to identify and prioritize three major areas of service delivery needed to serve children and families in the child welfare system that included: intensive home based services (IHBS); substance abuse assessment, referral and treatment services; and, transportation for clients.

Additional assessment of the service array, lead to the agency developing and enhancing services throughout the child welfare service continuum to address the needs of children and families in order to prevent entry to foster care, to facilitate early return home and to maintain a long-term, stable foster or adoptive placement.

To that end, the agency continues to focus on the implementation of initiatives to improve the service array to children and families and to ensure a family-focused and community-based system of care for Louisiana's most vulnerable children. Improvements have included initiating an Alternate Response Family Assessment, Intensive Home Based Services (IHBS) and Multi-Systemic Therapy (MST), which are providing beneficial

results for hundreds of families. Relationships with our foster parents continues to improve, inter-agency cooperation focusing on how best to serve our transitioning youths is at an all-time high, we continue to value and develop our relationship with four Federally recognized Indian Tribes, and collaborate with the Court Improvement Project initiatives. We are evaluating residential treatment for our children and developing a level of care for all children in foster care that assess their needs and services. Refer to Safety Outcome 2 for data and availability regarding these services.

The following provide additional details on child welfare services (i.e. child protection services, prevention and family services, foster care and adoption) and the agency's progress in meeting the goals of safety, permanency, and well-being since the first CFSR in 2003.

ACCESS Request for Services (Statewide Availability) No Wrong Door is a Department of Social Services initiative established by the 2003 Louisiana Legislature with the enactment of LA R.S 46:52.1. The goal of the No Wrong Door initiative is to provide needed and available social services to DSS clients in a coordinated and seamless manner. The September 2006 implementation of the screening and referral tool, Request for Services, within ACCESS (A Comprehensive Enterprise Social Services System), a web based computer technology supports the No Wrong Door service delivery model. The tool is tied to the 211 network which is a statewide social services telephone information and referral program. All OCS staff may access the Request for Services function of ACCESS via the DSS intranet or through the DSS webpage. The worker may search for a resource by client needs. When a resource is found, the client may be assisted with a referral. If the resource is an OFS or Medicaid resource, their potential eligibility may be determined using the Determine Potential Eligibility for Services link. For cases in which a client is determined to be potentially eligible for an Office of Family Assistance service, they may then be referred for an appointment with that Office using ACCESS. Data is not available.

Alternative Response/Family Assessment (ARFA) (Statewide) is a safety focused, family centered and strength-based approach to child protection in which the child welfare professional conducts an assessment of need for a family with low risk of child abuse and/or neglect. These assessments assist the family in connecting to resources that promote child safety and well being. The focus is on establishing a non-adversarial relationship with the family in order to identify issues, service needs, strengths and solutions to enhance family functioning. The agency initially developed a task force in 1996 to look into development of a dual track/alternative response to traditional child protection investigations and it became an OCS pilot in Orleans and Jefferson Regions. In September 2007, community forums were held for stakeholders and partners in the three initial regions (Jefferson, Baton Rouge, and Covington) to inform the community about ARFA. In October 2007 program began the phase-in process statewide. By July 2008, all regions were accepting ARFA cases. The number of reports assigned as ARFA cases are tracked monthly utilizing the Ad Hoc Report function in ACCESS (SACWIS system). As a strength-based intervention, it draws on the strengths and resources of the family members to address safety and/or risk issues. The time limit for initiating an Alternative Response case is 120 hours or five calendar days. Information about the report is maintained in ACCESS with the CPI Intake Case. Information about the assessment is maintained on TIPS (agency information management system). The Alternative Response Family Assessment case is not entered into ACCESS once the CPI Intake Case is closed. Instead, a paper case record is established for documentation of the Alternative Response Family Assessment. Reports on ARFA case decisions are being generated monthly via TIPS to track closure reasons to determine the number of cases referred to FS, upgraded to an investigation and closed as "APT" as well as completed assessments. Refer to Item 3 for data.

Assessment of Family Functioning/Case Plan (AFF) (Statewide) (which replaced OCS Form 60 Social Assessment Form) is a web-based instrument used in Prevention/Family Services, Foster Care, and Adoptions with minor programmatic adaptations. AFF was introduced in 2008. The Assessment of Family Functioning is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The Assessment of Family Functioning tool is designed to assist workers in engaging families and related collaterals in order to gather information about the child and family as it pertains to the reason the agency is currently involved with the family. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems. The case plan is developed with the parents, the child(ren), and the foster caregiver(s) during worker contacts

using the guidance of the Assessment of Family Functioning (AFF), and finalized at the Family Team Conference (FTC). The child's health and safety shall be of paramount concern in the development of the case plan. This results in an assessment and planning document consistent through all programs so that when a child moves from one program to another, all workers will be familiar with and using the same instrument. Once the AFF is completed, it is committed in the on-line Family Assessment Tracking System (FATS). OCS will be looking at peer case review data in the future to see if the service needs related items improve where the new assessment process is in use.

CART is defined as crisis stabilization services available to all youth and their families statewide regardless of family income and mental health status. The program provides immediate, thorough and high quality community based treatment interventions to families who think that they are in crisis. The CART System of Care will: ensure that competent professionals will provide an efficient response in the minimum time necessary; ensure that a screening and assessment will be completed, and as necessary, that a crisis intervention plan is developed and implemented; and, provide support for the family in their own resolution of the crisis. Children's crisis programs are titled CART, Children's Mobile Crisis Team, Children's Crisis Services and other names that may not include the word CART. All Regions/Districts have some procedure by which adult and children's crises are handled. Some are more detailed than others. Current data is available on this DHH program. **(Statewide)**

Children's Trust Fund(Statewide) The National Alliance of Children's Trust and Prevention Funds, established in 1989 as a 501 (c)(3) not for profit organization, provides a means for state children's trust and prevention funds to network resources and information and to provide leadership and technical assistance. The Louisiana Children's Trust Fund serves as a catalyst for child abuse and neglect prevention efforts in Louisiana. Among its responsibilities are the creation of the plan for prevention of child abuse, presentation of its annual review to the Governor and Legislature, and the funding of community-based child abuse and neglect programs to public and non-profit organizations through its grant process. In order to assure the effectiveness of its efforts, the Children's Trust Fund Board is responsible for assuring that funds are available for the grant program and for the continued activities it is to undertake. Its public/private Board representation allows for interaction on issues of child abuse and neglect prevention among those who may otherwise not come together (i.e. government officials, Chamber of Commerce, NAACP, professional organizations, etc.). The Children's Trust Fund's location within the child protection agency allows it to continue to carry the message of the importance and need for child abuse and neglect prevention services. The common purpose of the Louisiana Children's Trust Fund is the prevention of child abuse and neglect. See Appendix for list of services.

Child Screening, Assessment, Referral, and Treatment (Child SART) (The model concept is available statewide but this program is available in the parishes listed.)

The Infant, Child, and Family Center was established in August 2007 to provide comprehensive multidisciplinary assessment and mental health treatment services for high risk children birth to 6 years of age utilizing the Child Screening, Assessment, Referral, and Treatment (Child SART) model. The program was implemented by the Capital Area Human Services District and serves geographic area which includes East Baton Rouge, East Feliciana, Iberville, Point Coupee, West Baton Rouge, and West Feliciana. For the first half of 2008, DSS/OCS has contributed funding to this collaborative project. An initial special focus of the program has been upon substance exposed infants. The ICFC's goal for the first year was to assess 50 clients. The ICFC surpassed this goal and completed assessments on 55 clients. They received 74 referrals in the first year. From August 2008 through April 2009, they have received 65 new cases. The purpose of the Children's SART Model of Care is identify high-risk children from birth to age 6 and provide early intervention to help them grow, develop and learn to their fullest potential. The model of care is designed to prevent high-risk children from developing serious behavioral and mental health problems which, if left unaddressed, can lead to school failure and difficulties in family life. Longer term, these children can experience significant emotional and behavioral disorders, difficulty with relationships, employment problems, and even legal difficulties. Specialized treatment includes individual treatment with the child to address the abuse and related emotional and behavioral issues; relationship-based treatment with the parents and the child to improve their interactions; and individual or group therapy with parents. Additional specialized services are provided according to the individual needs of the child and family e.g. psychiatric treatment (psychotropic medication for the parents),

substance abuse counseling, speech and language therapy, occupational therapy or other specialized services for the child. The services are individualized to the needs of the children. This is accomplished by the establishment of the Infant, Child and Family Center where the multidisciplinary team is co-located for service delivery. The report which is generated from a comprehensive assessment guides the child's treatment. The services are coordinated with other agencies involved in the child and family's care. The administrative direction for the Infant, Child and Family Center is provided through the Capital Area Human Services District. Other agencies that are providing additional resources for the Infant, Child and Family Center include Our Lady of the Lake Regional Medical Center, LSU Health Sciences Center/Earl K. Long Hospital, Louisiana State University School of Social Work, the Office of Public Health, Southern University Speech-Language Pathology Program, DSS Office of Community Services, and the ARC of Baton Rouge. Other Human Services Districts offer some version of this model.

The **Child Welfare Family Resource Centers (FRC)** serves OCS clients who are active in CPI, FS or the SP Program when the goal is reunification. **(Statewide)** Eligibility includes those families who are OCS FINS cases. The services are provided without regard to income and without cost to clients. A family or client may be referred at any time. The goal is to increase the community-based continuum of family support and family preservation services available/provided to children and families. Every client/family should be considered for referral to the resource center especially at key decision points in the case. The Family Resource Center's provided: respite (recreational, planned, and crisis) to foster and adoptive parents to stabilize placements; service referrals to families and foster parents; parent mentoring, coaching, teaching, modeling and training; support; and, transportation assistance for a number of years. Beginning July 1, 2009, changes occurred in the Family Resource Center (FRC) contracted services. Respite services will no longer be provided through the FRC contracts. Effective on that date FRC's would provide three (3) CORE services:

- Parenting:
 - The Nurturing Parenting Program for parents of infants, toddlers, and pre-school children
 - The Nurturing Parenting Program for parents of children ages 5-11
 - The Nurturing Parenting Program for parents and their adolescents
 - Strengthening Families
 - Systematic Training for Effective Parenting, including Effective Black Parenting
- Visit Coaching -- This service will primarily target children in foster care, but can benefit in-home families as well. Visit coaching helps the parent take charge of their visits and demonstrate more responsiveness to their child's needs.
- Parent Mentoring -- Mentoring services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations. Mentoring services were loosely defined so the services may be tailored to meet each client's specific needs. Nine (9) Family Resource Centers are contracted with to provide services in designated areas of the state rather than the twelve (12) as in previous years. Transportation has been an ongoing issue for families accessing services through the resource centers. During the 2006-2007 SFY the agency allocated additional Social Services Block Grant Supplemental Funds to Family Resource Centers so they could provide additional transportation services. Four thousand dollars (\$4,000.00) was made available to each center to assist families with transportation to access services. Transportation continues to be an issue for families accessing services through the resource centers. Family Resource Centers are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers. Additionally, Hurricanes Katrina and Rita changed the focus of the FRC's as different issues became more important in the aftermath of the hurricanes as they created chaos in the lives of many of the Center's clients.

CLEAR is a system owned by the West Corporation, which also owns WESTLAW, the company which produces Louisiana's law books. The CLEAR system is a web-based person search database that connects multiple other types of data systems and is only available to certain legally mandated professionals. Through this person search system large quantities of data can be accessed that is linked to not only public records, but also social security numbers, court records, credit card records, purchasing history, FACEBOOK activity, etc. to locate an individual or anyone connected to that individual. The agency intends to utilize this system when all other options are exhausted to identify and locate missing/absent parents as well as relatives. This will

assist the agency in fulfilling our federally mandated requirement through the 2008 Fostering Connections to Success and Increasing Adoptions Act to make diligent efforts to identify and notify all adult relatives of a child entering foster care. A limited number of staff will have access to utilize this system and will be responsive to search requests by staff. **(Statewide)**

Family Violence Program is now called the **Family Violence Prevention & Intervention Program** and is now apart of OCS State office as of July 1, 2009 after being located in the Office of the Governor since 1985 as directed by ACT 409 of 2009. The new relationship will lend itself for greater collaboration, cross exchanges potentially of training and information to address DV in all OCS cases. OCS has been charged with:

- Establishing full-time, community-based, family-oriented shelters for the victims of family violence and their children;
- Increase, improve, and coordinate the delivery of comprehensive services to the victims of domestic or family violence; and,
- Provide the types of innovative approaches and methods in services designed to reduce the problems of domestic and family violence.

The program currently has statewide 20 shelters which provide domestic violence counseling services. The collaboration of the program and other OCS programs can positively impact screening and assessment, safety for the child and parent, and multi-disciplinary case planning. Unidentified domestic violence or unsafe intervention in domestic violence situations may contribute to poor outcomes for families. **(Statewide)**

Early Steps Program (Statewide) All children from birth to thirty-six months of age shall be immediately referred to the Early Steps Program when they enter foster care. The only exception to Early Steps referral is when a developmental delay or a medical condition that could lead to a developmental delay has been ruled out or the child is already participating in an Early Steps program. Early Steps is based on Part C of the Individual with Disabilities Education Act and services are provided without cost to the family. The referral is made to the DHH, OPH Single Point of Entry (SPOE) provider. The SPOE providers will accept referrals, determine eligibility for Early Steps Program, and facilitate access to services in order to assist the children and families to address the children's needs.

The **Family Advocacy, Care and Education Services (FACES)** program provides intensive case management to a caseload of HIV-positive mothers whose children are at risk of involvement with child protective services. The program assists families with infants and children who are at risk of abandonment due to maternal HIV/AIDS, developmental delays, poor parenting skill and/or substance abuse. All families are provided with core services in an effort to secure the family unit and prevent abandonment of minor children or required interventions from the OCS. Services provided include: 1) intensive case management services for a maximum of 25 families with infants and young children at risk of abandonment due to parents' HIV status or substance use, 2) one-on-one parenting to support HIV-positive women who are first time mothers, 3) one-on-one support for HIV-mothers to enhance their abilities to recognize and react appropriately to the following: developmental milestones; indicators of medical follow-up; immunization schedules; and proper dietary/nutritional support for newborns/infants and 4) determine the impact of HIV, developmental delays, age, and/or substance use on child placement/child protection services involvement through monitoring of medical outcomes, family stability/residents patterns, incarceration rates, and use of support services. The program serves: High-risk families that include HIV exposed infants with developmental delays, HIV-infected mothers who have prior involvement with OCS or whose child(ren) age five or younger has been deemed "in need of care", HIV-infected pregnant women or mothers age 19 or younger, HIV-infected women or post-partum women who have developmental delays and HIV-infected women who have HIV-infected children. **Families served are in the New Orleans area.**

Family Group Decision Making (FGDM) engages extended family and other persons closely connected to the family in assuring safety, permanency, and well being of foster children in placement, independent living and/or upon return home. Training of staff was provided in 2005 and 2007. FGDM was offered in Baton Rouge, Lafayette and Shreveport through the Resource Centers in those areas in an effort to effectively plan for the welfare of children. It was also expanded to the Monroe Region. However, FGDM ended in Baton Rouge, Lafayette and Shreveport in March 2008. The Monroe Region contract ended in November 2008.

The agency has decided not to renew the FGDM contracts because they were not cost effective. Therefore, data regarding projection for FFY 2009 could not be obtained.

The Homebuilders Model of Intensive Home Based Services (IHBS) was implemented in Louisiana in January 2007. **(Statewide)** IHBS provide interventions to prevent removal of children from their families, support reunification, and stabilize foster care placements. The agency initially utilized IHBS from 1988-1995. From 1988-1992, OCS contracted for the services in Orleans/Jefferson, Thibodaux, Shreveport, Baton Rouge, Alexandria, and Covington regions. In 1991, in-house OCS staffed IHBS units were initiated in other parts of the state not covered by contracted resources, Lafayette, Lake Charles, Monroe, Orleans, Jefferson, Baton Rouge. Due to budget cuts in 1995, the in-house Units were dissolved but continued to have contracted services in limited areas. Today, the agency is using three models of IHBS. By February 2007, there were 9 active IHBS providers (including the in-house Lake Charles team). The Lafayette In-house unit was formed in April 2007, for a total of 10 statewide providers. That number dropped to 9 providers in October 2007 when Monroe's provider ended their program due to hiring difficulties (team of 2 therapists). Monroe was able to develop a new team in August 2008 (team of 3 therapists) after a 9 month absence. They include an in-house agency staffed IHBS unit (Lake Charles), contracts with providers who provide IHBS (Orleans/Jefferson, Baton Rouge, Thibodaux, Covington, Alexandria, Shreveport, and Monroe) and a combination of service delivery that includes an in-house IHBS unit and an outside provider (Lafayette). There were up to 38 full and part time therapists in 2007, which has grown to 44 in 2009 (with recent hires). The number fluctuates slightly throughout the year. In July 2008, the agency started an incentive based rate for IHBS providers. The goal of IHBS is to prevent unnecessary out-of-home placement of children by providing on-site intervention, and to teach families new problem-solving skills to prevent future crises. IHBS includes intensive, in-home crisis intervention, counseling, and life-skills education for families who have children at imminent risk of placement in foster care. Therapists are available 24 hours during the 4-6 week intervention (as they maintain a caseload of two to three families). This model is utilized when: families in which one or more children are in imminent danger of being placed in foster, group, or institutional care (prevention); families who require intensive services when children are being returned from out-of-home care within 7 days of being placed home (reunification); for children at risk of placement disruption in a stable foster home, relative or adoptive placement (stabilization); and when a child is being "stepped-down" from residential to a foster parent (or relative). In addition to strengthening families and keeping children safe, Homebuilders has demonstrated a positive cost benefit. In 2008, consultant Elizabeth Reveal analyzed the fiscal impact of Louisiana's IHBS program and determined a benefit of \$2.16 for every \$1 invested in IHBS. A reporting structure has been set up for oversight of the efficacy of the implementation of this model. The data/reports the agency uses to measure and track the implementation of intensive home-based services include the following information: reason for referral; how long the case was open; disposition at time of closure; family well-being measured by the North Carolina Family Assessment Instrument (NCFAS-this information is being collected in the database but a report has not yet been built in order to analyze the data) and repeat maltreatment at 6 months and 12 months post-intervention. See Item 3 for data.

Human Services Districts & Regions and DHH:



□ The human services districts shall be responsible for and shall perform the functions relative to the operation and management of mental health, developmental disabilities, and substance abuse services:

1. The following are statutory entities and the areas they serve:
 - (a) Capital Area Human Services District: Ascension, East Baton Rouge, East Feliciana, Iberville, Pointe Coupee, West Baton Rouge, and West Feliciana
 - (b) Jefferson Parish Human Services Authority: Jefferson Parish
 - (c) Florida Parishes Human Services Authority: Livingston, St. Helena, St. Tammany, Tangipahoa, and Washington,
 - (d) Metropolitan Human Services District: Orleans, St. Bernard, and Plaquemines

- (e) South Central Louisiana Human Services Authority: Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne
 - (f) Northeast Delta Human Services Authority: Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll
2. The following districts created by this Chapter organized by region:
- (a) Region 4 which shall consist of the parishes of Acadia, Evangeline, Iberia, Lafayette, St. Landry, St. Martin, and Vermilion.
 - (b) Region 5 which shall consist of the parishes of Allen, Beauregard, Calcasieu, Cameron, and Jefferson Davis.
 - (c) Region 6 which shall consist of the parishes of Avoyelles, Catahoula, Concordia, Grant, LaSalle, Rapides, Vernon, and Winn.
 - (d) Region 7 which shall consist of the parishes of Bienville, Bossier, Caddo, Claiborne, DeSoto, Natchitoches, Sabine, Red River, and Webster.

Infant Mental Health Training

Through a contract with Tulane University, specialized training in infant mental health has been completed with OCS staff in Lafayette, St. Martin, and St. Mary Parishes. The training is the first step in implementing an infant mental health consultation and evaluation program for foster care workers and supervisors in the three parishes. All staff in the Lafayette Region Office of Community Services (OCS) received a total of 20 hours of training in infant development and infant mental health. Following training, OCS foster care supervisors and workers in Lafayette, St. Martin, and St. Mary parishes were randomly assigned to 1 of 2 types of augmented services. The consultation model to be implemented over the next 3 years consists of two types of augmented services to foster care workers and supervisors. One group of workers will have access to warm line which they can call to consult about any cases involving young children. The second group will be assigned a clinical consultant with whom they will meet via video or telephone on a weekly basis. All consultations are intended to provide a means of translating state of the art knowledge in infant mental health to workers as they work with families. Topics discussed in consultation meetings include the effects of abuse and neglect on young children, infant and young child development, infant relationships with caregivers, managing behavior and making appropriate mental health and medical referrals, structuring visits with children and their parents, benefits and risks to reunifying children with their biological families, and managing work-related stress. The effectiveness of the consultations in addressing children's needs, supporting foster parents in effective care giving, and increasing competencies and resiliencies of workers and supervisors will be carefully evaluated during the 3 year period. **(Statewide)**

In-house substance abuse counseling is provided in OCS regional offices through an interagency agreement with the Department of Health and Hospitals, Office of Addictive Disorders. **(Statewide)** The OCS entered into two separate Memoranda of Understanding (MOU) with the Office of Addictive Disorders (OAD). The first MOU signed on July 1, 2006, allowed for the placement of OAD counselors in each region. The counselors complete substance abuse assessments and make referrals for clients served and are shared with the Office of Family Support (OFS). These counselors are housed in the OCS Offices. A second MOU was signed in March 2007 with OAD to create 25 additional beds for women and children in substance abuse treatment facilities. Additionally, the MOU provided for intensive outpatient substance abuse treatment for women statewide. OCS clients receive first priority on these services/beds.

This MOU is relative to the programs that will be identified as meeting maintenance of effort requirements as per Temporary Assistance for Needy Families (TANF) regulations. The programs that have been identified for purposes of establishing maintenance of effort are relative to drug screening, assessment, referral and treatment for eligible needy families/FITAP recipients and provide residential prevention and treatment programs for women and children. The total maintenance of effort generated by implementation of these programs will be \$1,839,729.00 as long as funding is appropriated by the Legislature for these programs. On July 1, 2008, changes to the MOU occurred and program descriptions. Treatment programs are not available in all regions statewide. The MOU includes the following:

- Component #1-- Inpatient Treatment and Referral

- Component #2 -- Women and Dependent Children's Residential Prevention and Treatment Program
- Component #3 – Intensive Outpatient Treatment for Pregnant Women and Women with Dependent Children.

Training of OCS staff occurs to inform them of this service and required client eligibility and training to recognize the signs and symptoms of substance use. OCS tracks by region and parish the number of clients referred for assessment, the number that attended the assessment, and how many are identified as needing treatment. The agency also tracks the type of treatment recommended and the number of clients who make it to and through treatment. OAD conducts annual peer review of state-operated and contract providers and provides quarterly contract monitoring. Additionally, quarterly on site visits will be conducted at all locations to monitor project activity. During FFY 2007-2008, there were 1327 referrals received; 355 referrals were screened out and 410 referrals did not show; 792 assessments were completed and 635 were identified as needing treatment; and 427 clients were admitted to substance abuse treatment. Over this period of time, the referrals have increased and the need of services is evident. There have been numerous clients that have benefited from this service being available in the regions. Because of these services, OCS clients do not have to wait for a long period of time for substance abuse services. They are readily available for this client population.

The Louisiana Healthy Marriage “**Knapsack**” Project was a three-year Children's Bureau funded demonstration initiative which began in September 2003. The project was implemented from October 1, 2003 through September 30, 2006. The Knapsack project implemented a program with two elements through the Family Resource Centers in each of the nine (9) regions of the state of Louisiana. The two elements included the “Knapsack” and the Prevention and Relationship Enhancement Program (PREP). The goal of the Knapsack Project was to utilize marriage education to enhance and stabilize the environment in which children live, by training their caregivers whether unmarried, separated, divorced, or remarried—in skills to improve upon their relationships. The project targeted families who were impacted by the state's public child welfare agency (DSS/OCS) and the Families in Need of Supervision (FINS) program, which is administered through the local juvenile court systems. Two thousand six-hundred and fifty nine (2659) families were served by either one or both components of the project. These services will continue to be available until the centers experienced staff turnover and no longer have trained staff to provide the services because specific funding is no longer available for continued training and supplies.

Comparison of Pre- and Post- Test for Knapsack & PREP Participants:			
	M	SD	t
Pre-Test	3.90	.29	-4.84*
Post-Test	4.06	.27	

* p<.05

Overall, the results for the adults and adolescents were quite similar, and all groups had higher post-test scores. The results are consistent with the results of the pre- and post- tests in that 92% of the adolescents and 87% of the adults rated the success of the program at either a 4 (Agree) or 5 (Strongly Agree) on a 5-point Likert scale. The range of evaluation scores was 3.5 – 5.0 for both the adolescent and adult participants. None of the participants' mean scores was less than a 3.5, indicating that on most of the items, the participants found the healthy marriage interventions to be helpful. Hurricanes Katrina/Rita occurred during the operational period of these programs which greatly effected center staffing, agency referrals due to the displaced populations, and funding issues.

Louisiana 2-1-1, LA Association of United Ways, is the largest, comprehensive, information, referral system in Louisiana serving 64 parishes. This telephone resource began in 2005 which provides multilingual services, information for the hearing impaired, and is available 24/7. 2-1-1 connects callers to information about critical health and human services available in their community. LA 2-1-1 Coordinating Council is an advisory to LAUW in an effort to build a stronger statewide 2-1-1 system and to build a collaboration with partners which includes DSS. See Item 37 for details. **(Statewide)**

Louisiana Advocacy Support Team (L.A.S.T.) provides support to foster and adoptive parents who are dealing with allegations of abuse and neglect. LFAPA sub-contracts with ULM Family Connections Family Resource Center in Monroe to administer the L.A.S.T. (LA Advocacy Support Team) Program. The Family Resource Center provides office space, a statewide toll free phone line, and a staff person who is a foster/adoptive parent to serve as the L.A.S.T. Coordinator who mans the phone line 24/7 and makes referrals to L.A.S.T. Volunteers in the callers' region. L.A.S.T. is responsible for training and support to L.A.S.T. Volunteers. The program also provides Defensive Parenting Training to OCS foster parents and staff in an effort to prevent allegations. The LAST volunteer can be a mentor, teacher, helper and friend to foster and adoptive parents should the need exist. **(Statewide)**

Louisiana Early Childhood Education Programs include the statewide LA4 and Starting Points (SP) programs. The LA4 /SP program is targeted to serve at-risk children who qualify for Free or Reduced Lunch (FRL) services. Children not qualifying based on income may pay tuition or be locally funded. In addition, it provides services to children with disabilities and access to other support services focusing not only on academics, but on health and family issues as well. The LA 4/SP Program indicates that 94% of LA 4 participants enrolled were its intended audience of children at risk for school failure. LA 4/SP children receive needed support services: 93% of the enrolled children were screened for vision, 88% were screened for hearing, and 22% received dental screenings. The LA 4 program also provides transportation for its participating children. Before and after school enrichment activities are available to all 4-year-old children, whether or not they participate in the full program. **(Statewide)**

Seventy-three (73) families are served by **Louisiana Kinship Integrated Service System (LA KISS)** in the **Greater New Orleans Region**. The LA KISS families are selected by random sample from OCS relative placements and Office of Family Support (OFS) Kinship Care Grants and Financial Assistance to Needy Families (FITAP) caseloads. A partnership between OCS and OFS developed when a federal grant from the Administration of Families and Children was awarded to the Department of Social Services (DSS) that provides \$400,000 per year for five years, from October 1, 2006 through September 30, 2011. The grant has successfully engaged numerous families and enhanced OFS and OCS staff at all management levels. The goal of the grant includes comprehensive care to at least 450 children residing in the Greater New Orleans District (Orleans, Jefferson, Plaquemines, and St. Bernard parishes) through a network of providers. Two care managers were hired and trained, one with OFS work experience and one with OCS work experience. In March 2008, quarterly samples were obtained from OFS and OCS for potential families. By the end of the state fiscal year, 50 families were contacted by a care manager to recruit them for participation in the program. Plans were established to cross-train staff from OFS and OCS on kinship care programs. The LSU School of Social Work is an active LA Kiss partner, providing extensive evaluations of the collaboration process and children's outcomes.

Louisiana Relatives As Parents, (LA-RAPP): This program encourages and promotes the creation or expansion of services for grandparents and other relatives who have assumed the responsibility of surrogate parenting. OCS received a grant in February 2006, through the Brookdale Foundation and utilized a portion of one-time, Social Services Block Grant Supplemental Funds to implement a program called Louisiana Relatives As Parents, (LA-RAPP). In partnership with the Children's Trust Fund and Grandparents Raising Grandchildren, OCS funded the development of support groups in four communities with funds from the Brookdale Foundation grant over the past two years. **Three support groups are established in Alexandria, New Roads and New Orleans and one additional support group was established in Monroe.** This program encourages and promotes the creation or expansion of services for grandparents and other relatives who have assumed the responsibility of surrogate parenting. These funds have been used for concrete, supportive, or therapeutic services to facilitate the permanent placement of a child with a relative caregiver and to assist fictive kin. The funds have been used to prevent entrance into the foster care system at the CPI or FS level, to support a child moving from the foster care system to a permanent relative placement and/or to prevent a disruption of a relative placement. The Louisiana Relatives as Parents Program has assisted approximately 425 relatives in securing relative placements during FFY 2007-2008. Thirty-two families involved with the Foster Care program were provided services through LA-RAPP from 7/01/08 to 6/3/09. During the SFY 2007-2008, the agency received \$4,000 from the Brookdale Foundation. Additionally, \$50,000 was approved in the budget for relative caregivers. The agency was unable to reapply for a second grant through this foundation. For the

new fiscal year (09-10), \$25,000 has been allocated to assist relatives. These funds are now used for two reasons: 1) to support a child moving from the foster care system to a permanent relative placement or 2) to prevent initial placement into foster care. The agency will collect TIPS data on the number of clients receiving services.

Resources for Human Development, Incorporated (LA-SAFE) The services are provided by the RHD/LA-SAFE Outreach/Case Management (OCM) Program and are to coordinate and deliver recovery focused outreach, intensive case management, transportation, and supportive counseling for substance abusing women and their children. **LASAFE serves Plaquemines Parish and the West Bank of Jefferson Parish.** This service is available for substance abusing women with an open OFS FS case with at least one child in the mother's custody and/or children in family placements. OCS workers complete a one page referral sheet and obtain a signed consent from the client for this service. Four conditions will exclude the mother from this program: the referred mother is already in active substance abuse treatment; she does not meet eligibility criteria; the level of violence in the home places worker at risk; or she lives outside of the geographic service area.

Louisiana Youth Enhanced Services (LA-YES) is a system of care established for children and youth with serious emotional and behavioral disorders funded through a cooperative agreement between the Substance Abuse and Mental Health Services Administration (SAMHSA) and the LA Office of Mental Health. **LA-YES serves 5 parishes which include: Orleans, Jefferson, Plaquemines, St. Bernard and St. Tammany** and began seeing children and families in 2005. The program was re-established in 2006 following the widespread disaster from flooding and the hurricane. Pre-Katrina 619 children and families were seen. Post-Katrina and following the re-establishment of services 144 families have been served. LA-YES collaborates with juvenile justice, child welfare, education and health. Based on current child and youth diagnostic problems and literature recommendations were utilized for selection of evidence-based interventions. Cognitive Behavioral Therapy has the most of LA-YES clients indicating this need. The program plans to focus on providing adequate evidenced-based mental health services in schools and to provide wraparound services to families to help navigate systems of care.

Low Income Home Entergy Assistance Program (LIHEAP) OCS has a contract with the Louisiana Housing Finance Agency to administer LIHEAP benefits to eligible clients in the CPI, FS and FC Programs. The benefits are funded by the LIHEAP Block Grant. The purpose of the OCS administered LIHEAP program is to provide immediate energy crisis services to families and individuals who, in addition to experiencing economic and social hardships, are faced with a home heating or cooling crisis. Energy crisis services are also intended to assist in the preservation of a family's integrity by reducing the burden of home energy costs. LIHEAP may be accessed on a one-time only basis per family within a 12 month period. The maximum benefit cannot exceed the \$475 for a household in a 12 month period. There can be no second use of LIHEAP within the 12 month period if the initial benefit was less than \$475. No waivers or exceptions are permitted by the Louisiana LIHEAP State Plan. LIHEAP is tracked on the agency TIPS system. Expenditures for SFY 2008-2009 totaled \$59,116. **(Statewide)**

Mediation The **Jefferson and Orleans Parish Juvenile Courts** participated in the Children's Advocacy Mediation Project from July 2002 to June 2005. The goal of the pilot program was to expedite permanency for children in the state's custody through a domestic model. After completion of the pilot program, Jefferson Parish Juvenile Court implemented a full time mediation program which ended in 2007. In the mediation, the parties do not choose to mediate their case and they must attend although they are not required to make a decision. Mediation allowed each member of the family system to speak and solve their own problems rather than an outsider telling them what they need to do to be "fixed." The main goal of mediation was to avoid litigation and resolve the issues in a non-adversarial manner. Today, the mediation policy and procedures are under going re-assessment with emphasis on reducing adversarial actions during the process.

Multi-Systemic Therapy (MST) provides interventions for youth with behavioral health issues and their families when the youth's behavior threatens to disrupt the birth family or foster family placement of the youth. **(Statewide)** MST targets those factors in each youth's social network that contributes to his or her antisocial behavior. MST interventions typically aim to improve caregiver discipline practices, enhance

family relationships, decrease youth association with deviant peers, increase youth association with pro social peers, improve youth school or vocational performance, engage youth in pro social recreational outlets, and develop an indigenous support network of extended family, neighbors and friends to help caregivers achieve and maintain such changes. Specific treatment techniques used to facilitate these gains are integrated from those therapies (ex. Functional Family Therapy) that have the most empirical support, including cognitive behavioral, behavioral and the pragmatic family therapies. This intervention is appropriate and utilized for youth, ages 11-17 years of age, who are at risk of out-of-home placement due to delinquency/child welfare needs, youth adjudicated delinquent or CINC youth returning from out-of-home placement, chronic or violent juvenile offenders in the child welfare system, substance abusing youth in child welfare system and in some instances, non-adjudicated children, age 11-17, identified as at risk for out-of-home placement due to violent behavior, truancy, substance abuse or other maladaptive behaviors. The success of a case is determined by the implementation and outcome of the case plan created by the therapist, child, family and other persons involved as needed. MST was available in Greater New Orleans, Monroe, Shreveport, and Baton Rouge by OCS contracts and by OJJ contract in Alexandria and Lake Charles. Additional teams are being added in 2009 as MST is now a Medicaid billable service (as of December 2008). OCS has limited funds to pay for OCS clients needing MST that do not have Medicaid. Tracking of these clients served will be through monthly reports received from the individual MST providers. These clients will be matched in TIPS to monitor repeat maltreatment. As DHH now supports this service, we are unable to track the exact number of families and children served through this program.

Neighborhood Place Neighborhood Place is a new way of delivering services. In the 2003 Regular Legislative Session, the Louisiana Legislature directed the Department of Social Services to develop an integrated service delivery system in order to better meet the needs of clients. In November, 2007 Leaders from the Louisiana Department of Social Services, along with community leaders, judges, and legislators visited Louisville to better understand several of Kentucky's service delivery models related to child welfare. On July 15, 2008, Governor Bobby Jindal signed Act 775 the NP Legislation into law. Neighborhood Place brings together staff from multiple agencies in one readily accessible location under a single team leader to work respectfully with families in their own neighborhoods. The Departments of Social Services, Health and Hospitals, Education, the Workforce Development Commission and the Office of Youth Development are working together to find communities that welcome this concept, will help us find locations and then customize the services to fit their local needs. Neighborhood Place is designed to be community-led effort that encourages communities to provide resources and to participate in the development of a Neighborhood Place that will be supported by and responsive to their community's unique needs. The Sabine Parish School District provided two locations in the parish, Neighborhood Place-South in Many, located on the SPARK school campus, and Neighborhood Place-North in Zwolle. Neighborhood Place-North will open in the coming weeks on the campus of Zwolle High School. A Neighborhood Place located at the Mahalia Jackson School in New Orleans is tentatively scheduled to open early 2010.

Nurturing the Families of Louisiana™, developed by Dr. Stephen Bavolek, is a validated approach to working with families to reduce dysfunction and build healthy, positive relationships which began September 1, 2005, in all family resource centers. It is a 16-week parenting class offered by eleven Family Resource Centers **throughout Louisiana** for families with children between the ages of birth to five. Each of the group sessions is followed with an in home component. OCS families are served through the Foster Care or Family Services programs that have a need for parenting training and have a child between the ages of birth to five years. This statewide program serves parents with children ages birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parent, two parents, step-parent or paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families should be intact or reunification families. Families should not be actively using substances or in recovery. The goals and objectives of this program is to help both parents and children increase their self-esteem and develop positive self concepts and to break the generational cycle of child maltreatment and family dysfunction. Both Prevent Child Abuse Louisiana (PCAL) and the Casey Family Program have assisted OCS with data and program evaluations. The goals, objectives and activities of the Nurturing Parenting Program® were developed from years of extensive clinical and empirical research in identifying the parenting and nurturing needs of families exhibiting abusive behaviors. The five basic constructs on which the program training and activities are based are: (1) Inappropriate Parental Expectations; (2) Parental Lack of an Empathic Awareness of

Children's Needs; (3) Strong Belief in the Use and Value of Corporal Punishment; (4) Parent-Child Role Reversal; (5) Oppressing Children's Power and Independence. Upon completion of the skill based program, families consistently attending the sessions should demonstrate a significant decrease in risk for practicing abusive behaviors. Risk is measured by using the Adult Adolescent Parenting Inventory (AAPI-2), the program's pre/post test evaluation tool that examines parenting attitudes.

The **Orleans Permanency Infant and Preschool Program** is a specialized, multi-disciplinary assessment and treatment targeted to the needs of very young abused and neglected children and their immediate caregivers. The target population is very young abused and neglected children 0-60 months and their immediate caregivers in Jefferson. The infant team program is specifically designed to meet multiple complex needs of young abused and neglected children and their caregivers. The Orleans Permanency Infant and Preschool Program receive referrals however they have not experienced the same large increase seen by Jefferson. The Orleans Parish program is led by Dr. Joy Osofsky and Dr. Amy Dickson and the LSU Health Sciences Center's Division of Infant, Child and Adolescent Psychiatry which also administers the program.

Preventive Assistance Funds (PAF) are resources available to CI, FS, and IHBS staff. **(Statewide)** PAF allows OCS Workers to access funds to purchase items or services (or both) to prevent the removal of children from their families and placement in foster care. The intent of this initiative is to help families in crisis to stabilize, thus avoiding out of home placements for children through emergency service provision and implementation of the FS case plan. PAF funds can be utilized for additional, broader family-based needs, when such uses are considered essential in the implementation of the CPI or Family Service case planning and delivery process. There is a \$1,499.99 limit per case on PAF expenditures. families can be considered for the PAF if they are receiving services in the CPI and/or Family Services Program. Client families receiving Intensive In-Home Services from contract providers are eligible for PAF. The contract provider may request PAF through the FS worker. Amounts of PAF expenditures, the purpose of expenditures and whether use of these funds assisted in placement prevention shall be documented on the CR-8 (CPI/FS) Form and on the OCS Form 62 when PAF and the progress of the case plan is discussed during a staffing. In addition, the Form 450, documentation of the bid process and written confirmation of approval when applicable, receipts and any related information is filed in the case record. PAF expenditures are through the TIPS system which allows for the monitoring and reporting of this service.

Protective daycare services are provided **(Statewide)** for children (referred by CPI, FS and FC) to prevent removal from the home as well as, in some cases, to maintain a placement while in foster care. Child care assistance is provided to children of parents who remain in the custody of the parent when another child in the family is in Foster Care to relieve the strain on the functioning of the family and reduce risk to the child remaining in the family home. Child care assistance is provided to children in Foster Care placed in relative and foster family homes to stabilize placement when the caregiver(s) works or attends an educational/vocational program at least 25 hours per week or one caregiver is thus employed and the only other adult in the home is disabled/incapacitated and unable to provide care for a child. Child care assistance is also provided to foster children who are parents caring for their own children while the parent/foster child attends school and/or vocational training. OCS receives these funds to support provision of protective child care services through inter-agency transfer of funds from Office of Family Support (OFS).

Reunification Assistance Funds (RAF) are available **(Statewide)** on a limited basis to families for concrete services such as, but not limited to, food, rent, water, payment of bills, used washers and dryers, refrigerators, building supplies, etc. The maximum amount for a family is \$1499.99 without State Office Foster Care Section approval. Payments can be made: to return a child in foster care to his parents or another permanent placement; to stabilize the family after the child has been returned home and the SP case is still open for supervision; to secure the home as a visiting resource in accordance with the case plan; or, to assist relatives in providing a permanent placement for the child. Form 450 must be completed and a copy filed in the payment record for the SP. Three bids shall be obtained on any single item which costs more than \$500 or a combination of items which cost more than \$500 from a single provider, except when the payment is for rent or mortgage, deposits, or water bills. DSS Purchasing must approve the bid selection. RAF expenditures are through the TIPS system which allows for the monitoring and reporting of this service.

Safe Haven (Statewide) Louisiana Children's Code Title XI, Chapter 13, Safe Haven Relinquishments, Articles 1149-1160 permit a parent to safely and anonymously relinquish the care of his or her newborn infant to the State without fear of prosecution when the circumstances meet the criteria of "safe haven relinquishment". The infant must be less than (30) days old with no signs of abuse or neglect and left in the care of an employee at a designated emergency care facility without a statement or an intention that someone will return for the child. A designated emergency facility is defined in the law as any hospital licensed in the State of Louisiana, public health unit, emergency medical service provider, medical clinic, fire station, police station, pregnancy crisis facility, or child advocacy center. If the infant is left unattended, for instance on a doorstep or in a bathroom, the abandonment criteria for safe haven relinquishment would not apply and an appropriate abuse/neglect investigation process would be initiated. The agency tracks safe haven statistics via a computerized tracking system. The system keeps account of the yearly total of fatalities and live births (abandoned and relinquished). Of that total it is determined which meets Safe Haven Legislation. In order to promote continued awareness of Safe Haven Legislation after discontinuing our contract with PCAL, the agency has updated its website to include an information link regarding Safe Haven relinquishments called "Safe Baby Site". The site is user friendly and includes frequently asked questions regarding safe haven. Other features of the site is inclusion of emergency 24 hour hotline numbers of OCS Parish Offices and the option of printable posters and safe haven cards that can be provided to the community.

The Tulane/JPHSA Infant Team is a specialized, multi-disciplinary assessment and treatment targeted to the needs of very young abused and neglected children and their immediate caregivers. The target population is very young abused and neglected children 0-60 months and their immediate caregivers in Jefferson. The infant team program is specifically designed to meet multiple complex needs of young abused and neglected children and their caregivers. The program has received a large increase in referrals of very young abused and neglected children which has been attributed to the convergence of at least three factors: (1) a 2005 law that mandates drug testing in newborn infants suspected of prenatal substance exposure; (2) a 2005 law mandating court intervention for the removal of a child from a biological parent's home, even if the child is being placed in the home of a relative; and (3) ongoing stressors related to Hurricane Katrina and its aftermath. The Jefferson Parish program is led by Dr. Charley Zeanah and the Tulane University School of Medicine's Department of Psychiatry and Neurology and administered through the **Jefferson Parish Human Services Authority**.

Adoption Subsidy Program supports permanency for eligible children through continued financial assistance for those children after adoption, either for the needs of the child or to defray the costs of the adoption process to allow the family to adopt. The family adopting the child may be utilizing a licensed public or private agency or privately. Assistance for eligible children may consist of monthly cash payments, medical coverage and/or other special services. Subsidy payments are made to help meet the needs of the adopted children. Thus, while the resources and circumstances of the adoptive parents are considered in determining the services needed and the amount of the subsidy, no family is determined to be ineligible for special services subsidies for health related expenses as a result of the child's pre-existing medical or mental condition, if applicable. Adoption subsidy payments are available for an eligible child who is under the age of 18 at the time of the child's placement for adoption. Such payments may continue until the child is 18 years old. In addition, if a child is placed in another state, or if a child moves from Louisiana with his adopted family, the subsidy payment will continue.

Type of Subsidies:

- Maintenance - includes an allowance for room and board, the child's personal incidents, and clothing. The maximum rate is based on the age of the child and will not exceed 80% of the regular foster care board rate which would have been paid if the child had remained in foster care.
- Special Board Rates - provides additional financial assistance when the level of care required is above and beyond that which is ordinarily needed for a child of a similar age.
- Non-recurring Adoption Expenses - fees of an attorney, court costs associated with finalizing the adoption and the cost of a revised birth certificate. Other special services determined to be necessary for the care, training and education of the child.

- Special Services Subsidy is a subsidy that pays for a child's health related expenses when these are the result of a pre-existing chronic, severe medical or mental condition and such expenses are not covered through other sources. Special medical costs not covered by Medicaid or family's health insurance in connection with any chronic, severe, physical condition which existed prior to the date of the judgment of adoption. These services may include but are not limited too: mental health treatment, psychological expenses, special equipment, prosthetic devices or speech therapy costs, etc. that are associated with a pre-existing condition.

Strengths and Promising Practices:

State officials with the Departments of Health and Hospital, Education, Social Services, and Juvenile Justice are collaborating to explore funding methodologies and connecting services between agencies for children and families with similar needs. All of these agencies serve similar groups of people who have behavioral and mental health issues. The merging of resources and services will allow a higher standard of care for children and families.

OCS continues to utilize the training and technical support and services from the National Child Welfare Resource Centers funded by the Children's Bureau. Our partnership with the National Resource Center for Organizational Improvement, the National Resource Centers for Family Centered Practice and Permanency Planning, the National Resource Center on Data and Technology, the National Resource Centers for Adoption, the National Resource Center for Child Protective Services, the National Resource Center for Family Centered Practice and Permanency Planning, the National Resource Center for Legal and Judicial Issues, the National Resource Center for Foster Care and Permanency Planning, the National Resource Center for Children's Mental Health, the National Resource Center for Child Welfare Data & Technology, and the National Resource Center for Youth Development assists the agency in assessing the need for, developing, training, implementing, and evaluating services in a continuum of care to assure the safety and well-being of children and families.

OCS worked with National Resource Centers (NRC) and foundations to develop and implement a protocol for case management and decision-making for displaced foster children and their biological parents. Additionally, National Resource Centers worked with the agency to provide more qualified legal representation for children and/or parents involved with the agency. Long-term recovery efforts involving the redesign of front-in services and the development of a continuum of care to prevent and respond to child maltreatment were identified. **(Statewide)**

OCS is empowering staff through training to assess the needs and deliver and/or secure services to children and families with goal of permanency and safety. This knowledge base will assist in bridging the lack of services in rural areas of the state.

Through collaboration with the Louisiana Department of Labor (LDOL), services for vocational assessment, job preparation, job placement and continuing vocational support services have increased for youth. Youth are eligible to receive job readiness services, employment assistance, job placement, tutoring, mentoring and support services. By interagency agreement, a joint policy for both OCS and LDOL eliminated any barriers in the referral of foster children and former foster children for services and simplified the referral process. Subsequent inclusion of Louisiana Rehabilitation Services (LRS) in this collaborative process has further reduced complications and delays for youth because referrals are accepted simultaneously by both agencies. If a youth is not appropriate for the services of one agency, the other steps in immediately. **(Statewide)**

Louisiana took advantage of opportunities brought about by the storms in reevaluating and rebuilding certain aspects of the service array. The agency's plan focusing directly towards the redesign of front-end services with special emphasis on prevention, CPI intake and decision-making and the development of a continuum of care to prevent and respond to child maltreatment. The agency has implemented a number of front-end services and continues to evaluate and plan additional services.

Barriers:

Agency services are readily available for families and children. Services provided by other agencies may have extended appointment times, e.g. school systems scheduling Early Steps services. As noted elsewhere budgetary limitations are greatly impacting services provided through all agencies. Non-profit community

services and programs are also being impacted by the national and state economic situation but also by modified and/or terminated contracts with state agencies.

Transportation continues to be an issue for families accessing services through the resource centers. Family Resource Centers are required to assist families in the development of a transportation plan when rendering services. However, lack of funding has also been a major issue prohibiting the expansion of services (including transportation) offered through the resource centers. Additionally, Hurricanes Katrina and Rita changed the focus of the FRC's as different issues became more important in the aftermath of the hurricanes as they created chaos in the lives of many of the Center's clients.

Continuation and expansion of the YAP program is vital as State general funds previously used to fund the YAP program are no longer available. Supplemental SSBG funds are filling that gap beginning July 1, 2009, but only for one year. Grants and other sources of funding are being explored. Efforts to establish additional transitional housing have been sidetracked by Hurricane Gustav and the economy.

The agency monitored the implementation of policies and procedures on referrals to resource centers as well as the use of the resource centers. The goal was to increase the community-based continuum of family support and family preservation services available/provided to children and families; however, due to the economic status of the state, services provided by the resource centers were reduced at the beginning of SFY 2009 – 2010.

Item 36: Service Accessibility. *Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?*

Policy:

The September 2006 implementation of the screening and referral tool, Request for Services, within ACCESS (A Comprehensive Enterprise Social Services System), a web based computer technology supports the No Wrong Door service delivery model. The tool is tied to the 211 network which is a statewide social services telephone information and referral program. All OCS staff may access the Request for Services function of ACCESS via the DSS intranet through the ACCESS and Request for Services links. They may also access it via the DSS webpage at www.dss.state.la.us. (Statewide) OCS Chapter 1, Part 1, 6-1130 ACCESS Request for Services

Office of Community Services provides for the public child welfare functions of the state, including but not limited to prevention services which promote, facilitate, and support activities to prevent child abuse and neglect; child protective services voluntary family strengthening and support services; making permanent plans for foster children and meeting their daily maintenance needs of food, shelter, clothing, necessary physical medical services, school supplies and incidental personal needs and adoption placement services for foster children freed for adoption. Program services and assessments are discussed specifically in program policy chapters 4 CPI, 5 Family Services, 6 Foster Care/YAP, 8 Adoption, 9 Home Development, 11 ICPC, 12 Day Care, and Memorandums.

The State Level Interagency Service Coordination Process (ISC) establishes a single, interagency process for assuring appropriate and coordinated care for those children with severe emotional and behavioral impairment who are not adequately served by the routine services of a single agency, these children therefore require extensive interagency collaboration. The goals are to keep the child in the most family-like setting, to coordinate existing agency resources in order to fill service gaps and avoid duplicative efforts for individual children and to identify service gaps and problems that require long term, systemic solutions. There are regional ISC statewide. RAM 04-05 Referrals to State Level Interagency Service Coordination Process (ISC)

Families in Need of Services client: On July 1, 1992, the Families in Need of Services (FNS) Program (Title VII of the Louisiana Children's Code) became effective in the parishes with courts of juvenile jurisdiction (i.e., Caddo, East Baton Rouge, Jefferson and Orleans). In all other parishes, FNS became effective on July 1, 1993. FNS clients are families with children under the age of 18 who either voluntarily agrees to participate in services or who are court ordered to participate in services to address family dysfunction. OCS services are to

be provided only to families who would meet the Agency's existing criteria for case acceptance either in the CPI or FS Program unless otherwise ordered by the court. When a FNS case is referred to OCS through the FNS court intake officer, an Informal Family Services Plan Agreement, or adjudication, the case shall go through the intake process as any other family who is referred to the Agency. FNS is statewide. OCS Chapter 20, Part 10, 10-100, The Client; Children's Code, Article 726.

Performance in CFSR Round One:

Item 36 is rated as an Area Needing Improvement because CFSR findings indicate that all services are not accessible to families and children in all political jurisdictions covered in the Louisiana Consolidated CFSP. The PIP of June 2, 2005 identified one action step to address Permanency Outcome 2, Item 8 as:

- * Explore expansion of resources and services for families to achieve timely permanency-
Develop the statewide 211 information system to enhance knowledge of
community resources for information and referral.

Evaluative Assessment of Performance:

Louisiana 2-1-1 is a collaboration and partnership between LA AIRS an alliance of Louisiana non-profit organizations, the LA Association of United Ways, Smoothstone IP Communications, DSS/ Office of Family Services, Depart. of Health and Hospitals, and the LA State Legislature.

Centerpoint Community Services/2-1-1 which serves 11 parishes in the Shreveport area;

United Way of Northeast Louisiana/2-1-1, which serves 15 parishes in the Monroe area;

VIA LINK/2-1-1, which serves 10 parishes in the New Orleans area;

Baton Rouge Crisis Intervention Center/2-1-1 which serves 11 parishes in the Capital area;

232-HELP/2-1-1, which serves 10 parishes in the Lafayette area;

310-INFO/2-1-1 which serves 7 parishes in the Lake Charles area; the Louisiana Association of
United Ways; and the State of Louisiana

Louisiana is one of 18 states that provide 2-1-1 services across the entire state.

- Is the largest comprehensive Information and Referral system in Louisiana, serving all 64 parishes
- Provides multilingual services and information for the hearing impaired
- Provided over 700,000 referrals in 2008 including disaster related calls in response to Hurricane Gustav and Ike
- Maintains a computerized database of over 15,000 resources and services statewide
- Works in collaboration with non-profit agencies, faith-based organizations, and government.

A single access point for every day needs and in times of crisis. For example, 2-1-1 can offer access to the following types of services:

- Basic Human Needs Resources: food, clothing, shelter, and financial assistance.
- Physical and Mental Health Resources: medical information lines, crisis intervention services, support groups, counseling, drug and alcohol intervention, rehabilitation, health insurance programs, and, maternal health and children's health insurance programs.
- Support: unemployment benefits, financial assistance, job training, transportation assistance and education programs.
- Support for Older Americans and Persons with Disabilities: home health care, adult day care, congregate meals, respite care, transportation, and homemaker services.
- Support for Children, Youth and Families: Quality childcare, after school programs, family resource centers, summer camps and recreation programs, mentoring, tutoring and protective services.

State and local governments have had numerous publicity events to promote this service. The website is www.louisiana211.org. **(Statewide)**

State, Regional and Local Level Interagency Service Coordination (ISC) staffings continue to occur in conjunction with the Office of Juvenile Justice, Office for Citizen's with Developmental Disabilities, Department of Education, Office of Mental Health, Louisiana Rehabilitative Services and Office of Public Health to collaborate in providing care and support to children and families with multiple service needs.

Louisiana has previously had five Citizen Review Panels (CRP) located in various areas of the state. Two of the panels were parish based; Beauregard (located in the southwestern corner of the State within the Lake Charles Region) and Rapides (located in central Louisiana within the Alexandria Region). The additional

panels in Covington Region, Shreveport Region and Monroe Region were regionally based and were made up of a number of parishes. Beauregard and Monroe Region are the only panels that have continued functioning in SFY 2008-2009 and Lafayette is a newly developed Panel.

Questions:	Accessibility Degrees & %:				
How Effective Is OCS-----	Very	Usually	Sometimes	Rarely	Not
How accessible are services to families & children & foster children/youth in LA?	15.0	38.3	35	10.8	.8

The CASA survey had 120 respondents with 90% being CASA staff or volunteers. The survey was developed by CASA state executive staff and OCS utilizing SurveyMonkey. CASA respondents feel that services are available to families and children in Louisiana 53.3% positively felt the services are available, 35% felt that sometimes the services are available, and only 11.6% negatively responded to the question. This is a positive confirmation of the agency efforts to maintaining family relationships. Refer to Item 10 for additional services that serve older youth.

A review of services noted in item 35 provides areas of availability with specific parishes noted.

OCS CFSR Statewide Assessment OCS Staff Focus Group

August 7, 2009 – 12 Louisiana Social Services Supervisor Association (LSSSA) Members

What additional services do you feel are beneficial in reducing and/or preventing foster care entries/re-entries? placement disruption?

- Substance Abuse Treatment options and Mental Health for parents and children.
- Resource Centers – Substance Abuse, Daycare, Mental Health

Are services accessible to families in all areas of the state? If not, where are the inequities and what can be done to address them?

- There are inequities ALL over.
- Rural parishes have less than urban parishes.
- Need resources and services (i.e. in one parish there is only 1 psychiatrist and there is a 6 month wait).
- Need to look at schools and cooperative centers for support.
- Speed up payments to those we do have and our people are paying promptly. Since the worker initiates this process, it needs to be a priority. Process needs to be improved.
- Need dollars.

Strengths and Promising Practices:

The agency sought input from stakeholders for development of the Annual Progress and Services Report (APSR) each year and improvement of agency services. Stakeholders and fellow agencies have been involved in OCS statewide services development. Multi-Systemic Therapy (MST) interventions are for youth with behavioral health issues and their families when the youth's behavior threatens to disrupt the birth family or foster family placement of the youth. MST began as a contracted payable by OCS and has expanded to become a Medicaid reimbursable that is available to a larger statewide population.

State officials with the Departments of Health and Hospital, Education, Social Services, and Juvenile Justice are collaborating to explore funding methodologies and connecting services between agencies for children and families with similar needs. All of these agencies serve similar groups of people who have behavioral and mental health issues. The merging of resources and services will allow a higher standard of care for children and families.

Barriers:

Louisiana has experienced a reduction in the availability of psychiatrists, psychologists and therapists statewide due to the numerous storms and economic environment. The reduction in providers effects OCS clients and children as well the general population in all geographical areas, rural and urban. All populations and geographical areas have been adversely effected. This results in extended appointment times. OCS awareness cannot correct this type of shortage; however, LSU Medical School is exploring methods to encourage future physicians and therapists to train and remain in Louisiana.

Due to economic circumstances, Medicaid payments to providers may be reduced or even eliminated by the Dept. of Health and Hospitals. These actions will greatly impact the state.

Item 37: Individualizing Services. *Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?*

Policy:

In March 2005, policy was issued to CI, FS, and FC staff which required the screening of OCS clients for potential substance abuse, mental illness and domestic violence. In October 2009, Form 12, Alternative Response Family Assessment, has been revised with the 2005 GAIN-SS for screening adults and adolescents for substance abuse and mental illness; and, Structured Decision Making Initial Risk Assessment, implemented in 2008, to provide an ongoing process to assess for safety and risk regarding the child/ren.

The Structured Decision Making risk assessment process evaluates the potential risk of longer-term harm from abuse/neglect to the children residing in the home and any children who are out of the home but may return home. The worker is responsible for completing an assessment of risk. The Assessment of Family Functioning is used to document the initial assessment and the updates. The assessment of risk assists with the process of the development of the case plan. It identifies the areas of potential future harm and therefore the areas that need change in order to reduce the risk of future abuse/neglect. It should also be given careful and thorough consideration by the parents/caretakers in working with the worker to develop the goals and objectives of their case plan. Chapter 5, Family Services, Part 4, 4-410 Assessment of Safety and Risk to the Child

Assessment of Family Functioning/Case Plan (AFF) (which replaced OCS Form 60 Social Assessment Form) is a web-based instrument used in Prevention/Family Services, Foster Care, and Adoptions with minor programmatic adaptations. The Assessment of Family Functioning is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. Information gathered through the assessment process is used to provide services to the family, including development of a case plan to address identified concerns/problems. This results in an assessment and planning document consistent through all programs so that when a child moves from one program to another, all workers will be familiar with and using the same instrument. Chapter 6, Foster Care, Part 2, 6-205 Assessment of Family Functioning

If a child enters state's custody as a result of a valid child protection investigation, the foster child is placed in the least restrictive (most family-like), most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. Chapter 6, Foster Care, Part 3, 6-300 Guidelines For Selecting A Placement/Replacement Resource

Policy addresses initial mental health screening for each child entering the foster care system. The mental health screening must be documented on the Child/Adolescent Initial Mental Health Evaluation form (OCS CE-1 Form) within 15 days from the date the child enters foster care. The instrument addresses mental health/behavioral symptoms and child/family mental health history, including outpatient and inpatient mental health evaluation and treatment. Symptoms are rated based on severity, which results in further evaluation, if symptoms are moderate to severe. Clients qualify for mental health evaluation and treatment services if symptoms are present that would likely result in a diagnosis, according to the most recent edition of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM). 6-702 Initial Mental Health Screening and History

Chapter 4-700 B.2.; Chapter 6-630 and Appendix A ICWA; and Chapter 8-440 all address serving Native American children and their families. Louisiana follows the United States Code concerning Native Americans and the tribal codes.

Each foster home is re-certified annually to evaluate their needs, accomplishments and identify areas that need improvement. Fifteen hours of in-service training is required annually to enhance skills and to provide updated information. Chapter 9, Home Development, Part 6, 9-670 In-Service Training

During the October 23, 2009 focus group in Monroe, the provider's responded to the question of OCS preparing workers and caregivers meet OCS goals:

Stable placements for foster children have improved which indicate that the foster parents are receiving adequate training on how to help provide the needs of the children. It takes too long for families to be certified. Foster/adoptive pre-service training has been reduced to seven weeks (one night per week) with a 90-day certification period. Although recruitment is bringing in foster parents we are losing as many as we certify which makes the need critical. Many foster parents choose to leave the program or they adopt and do not want or have room for other children.

Performance in CFSR Round One:

Item 37 is rated as a Strength because CFSR findings indicate that the services provided by OCS/DSS can be individualized to meet the unique needs of children and families. The majority of stakeholders commenting on this issue during the onsite CFSR expressed the opinion that OCS/DSS makes concerted efforts to individualize services to meet the unique needs of children and families. State- and local-level stakeholders noted that contracted and purchased services are designed to be flexible and that OCS/DSS makes changes in the service array as the population of children in foster care changes. Stakeholders also reported that OCS/DSS has access to flexible funding sources for individualized services (e.g., using Reunification Assistance Funds to pay for rent, utilities, clothing, food, and housing repairs). Stakeholders also said that wraparound services are available through the Interagency Service Coordination Team, which has benefited children with special needs. Finally, several stakeholders reported that the CQI process has promoted an individualization of case plans, which results in individualization of services.

Evaluative Assessment of Performance:

CASA Survey

Questions:	Accessibility Degrees & %				
How Effective Is OCS-----	Very	Usually	Sometimes	Rarely	Not
in assessing need of children, parents, foster/adoptive parents?	9.2	40	37.5	12.5	.8
policies & practices in ensuring children are provided quality services?	3.3	54.2	39.2	3.3	0
in individualizing or tailoring services to meet unique needs of children & families?	9.2	37.5	35	15.8	2.5
in accessibility of services for families & children & foster children/youth in LA?	15.0	38.3	35	10.8	.8
in coordinating CW services with other systems?	10.8	39.2	38.3	11.7	0
AVERAGE %'s	9.5	41.8	37	10.8	.8

The CASA survey had 120 respondents with 90% being CASA staff or volunteers. The survey was developed by CASA state executive staff and OCS utilizing SurveyMonkey. Overall, 51% responded positively that OCS is effective, 11.6% responded negatively and 37 % responded that OCS is sometimes effective. The agency continues to strive in individualizing or tailoring services to meet unique needs of the children & families.

The agency begins the process of assessing youth's needs at age 15 to ensure that all foster children nearing the age of majority are prepared for adulthood. Two forms are used in this process, the Youth Transitional Plan (YTP) and the Youth Transitional Plan Review (YTPR).

The Youth Transition Plan (YTP) form is used by OCS staff to help the youth identify goals and services to guide a successful transition from foster care into independence. It is also used to conduct discussion of issues to be addressed in the youth's case plan. The initial YTP is completed at the time of the youth's 15th birthday or within 45 days of a 15 year-old youth's entrance into foster care. Completion of the plan is intended to reflect interaction and participation with the youth, case worker and others significant to the youth.

The YTP is reviewed every six months, using the Youth Transition Plan Review. The Youth Transition Plan Review form is used to document progress, updates to the plan and changes to the youth's transitional plan. The final transition plan is completed within 90 days prior to the youth's 18th birthday.

Case Plan Describes Programs & Services from Transition Foster Care to ILP			
FF Year	Total #	Yes #	Percentage
2008-2009	1209	1092	90.3%
2007-2008	1350	1246	92.3%
2006-2007	1414	1324	93.6%
2005-2006	1142	1109	97.1%
2004-2005	1216	1175	96.6%

The data presented from Foster Care/Adoptions QATS Reports shows a decline in the description of programs and services which will help the child age 16 or over prepare for the transition from foster care to independent living. The goal of the agency is to have all youth age 16 or over have a transitional plan developed by 10/31/2009. Staffs are receiving training at the regional levels from 10/2009 through 12/2009 which will focus on the Youth in Transition Plan (YTP) requirements and the methodology for achieving successful Connections for Permanency.

During the October 23, 2009 focus group in Monroe, the provider's responded to the question of OCS preparing workers and caregivers meet OCS goals:

Stable placements for foster children have improved which indicate that the foster parents are receiving adequate training on how to help provide the needs of the children. It takes too long for families to be certified. Foster/adoptive pre-service training has been reduced to seven weeks (one night per week) with a 90-day certification period. Although recruitment is bringing in foster parents we are losing as many as we certify which makes the need critical. Many foster parents choose to leave the program or they adopt and do not want or have room for other children.

Louisiana has an extensive history of occupation by various cultures, e.g. French, Spanish which directly impacts today the agency's goal to seek and provide culturally appropriate services for families and children. Case plans are individualized, interpreter services are available, therapeutic providers are of various races and ethnicity, family relationships and involvement are considered, and the agency will seek to provide diverse services based on the needs of the families and children.

OCS CFSR Statewide Assessment OCS Staff Focus Group

August 7, 2009 – 12 Louisiana Social Services Supervisor Association (LSSSA) Members

Are current casework practices, timelines and services available to families sufficient to meet their needs? If not what would you change and what would you offer to families and children that you feel would make a difference in maintaining or reunifying families?

- Restore funding to FRC (Family Resource Centers).
- Have the Child Welfare Specialist IIIs or Family Services workers teach parenting classes/skills.
- Hire psychologists, psychiatrists and therapists.
- Inexperienced staff is a problem.
- In Natchitoches Parish, mental health refuses to see facility children, which is a problem.

PAF/RAF services are funded by state dollars. PAF funding saw an increase in funding for SF years 2007 and 2008; however, due to economic restraints SFY 2009 saw a decrease in funding. RAF services have seen a decrease in funding since SFY 2007 which may be attributed to: the agency emphasis on preventive services and a reduction in foster care residential services. Refer to Service Array, Item 35 for specific information.

LIHEAP EXPENDITURES

FOR SFY 2007 - 2009

Low Income Home Energy Assistance Program		
Region		Amount
Major/Minor 080/380 -- 080/090		
LSFY2007		
Orleans District		1,703.24
Baton Rouge Region		12,516.76
Covington Region		22,340.86
Thibodaux Region		1,589.76
Lafayette Region		4,209.96
Lake Charles Region		4,295.37
Alexandria Region		8,585.07
Shreveport Region		19,759.58
Monroe Region		8,201.10
Jefferson District		2,654.02
Missing Region		1,190.00
Major 080 FY TOTAL		87,045.72
SFY2008		
Orleans District		5,079.85
Baton Rouge Region		9,892.18
Covington Region		15,533.82
Thibodaux Region		3,246.17
Lafayette Region		5,682.16
Lake Charles Region		6,598.08
Alexandria Region		10,555.44
Shreveport Region		12,899.49
Monroe Region		6,358.20
Jefferson District		2,109.47
Missing Region		506.71
Major 080 FY TOTAL		78,461.57
SFY2009		
Orleans District		1,011.41
Baton Rouge Region		6,825.93
Covington Region		14,113.07
Thibodaux Region		1,365.65
Lafayette Region		4,398.23
Lake Charles Region		1,154.04
Alexandria Region		7,685.93
Shreveport Region		10,736.23
Monroe Region		9,406.93
Jefferson District		2,418.32
Missing Region		0.00
Major 080 FY TOTAL		59,115.74

TIPS TIM4035 & TIQ1120R1/R2 reports--EOFY-June

IHLEAP OCS administered program provides immediate energy crisis services to families and individuals who are faced with a home heating or cooling crisis. Energy crisis services are also intended to assist in the preservation of a family's integrity by reducing the burden of home energy costs. For CI and FS cases this program provides assistance with heating and/or cooling when that may assist to stabilize the family, improve the adequacy of their housing and/or prevent placement of a child. The program is for OCS foster care cases in utilities for heating or cooling of the home is a barrier to safely returning the foster child home, securing a visiting resource or stabilizing a family.

**PAF EXPENDITURES
FOR SFY 2007 - 2009**

PAF(Preventative Assistance)	
Region	Amount
M/M 080/080--085--086	
SFY2007	
Orleans District	4,427.11
Baton Rouge Region	37,810.20
Covington Region	15,349.90
Thibodaux Region	3,717.27
Lafayette Region	4,353.15
Lake Charles Region	10,452.93
Alexandria Region	17,749.13
Shreveport Region	54,148.82
Monroe Region	19,460.38
Jefferson District	6,948.82
Missing Region	-1,900.29
Major 080 FY TOTAL	172,517.42
Major/Minor	Amount \$
040/040 Katrina-PAF/RAF	170,517.30
040/071 Rita-PAF/RAF	53,140.22
Major 040 FY TOTAL	223,657.52
SFY2008	
Orleans District	12,018.24
Baton Rouge Region	28,308.05
Covington Region	34,969.97
Thibodaux Region	8,205.28
Lafayette Region	12,819.43
Lake Charles Region	17,007.04
Alexandria Region	27,475.42
Shreveport Region	51,984.87
Monroe Region	18,937.42
Jefferson District	31,454.46
Missing Region	-2,579.28
Major 080 FY TOTAL	240,600.90
Major/Minor	Amount \$
040/040 Katrina-PAF/RAF	39,650.79
040/071 Rita-PAF/RAF	35,172.91
Major 040 FY TOTAL	74,823.70

SFY2009	
Orleans District	10,442.59
Baton Rouge Region	32,006.05
Covington Region	30,362.74
Thibodaux Region	2,622.26
Lafayette Region	7,623.15
Lake Charles Region	11,666.80
Alexandria Region	9,341.94
Shreveport Region	38,793.38
Monroe Region	19,670.32
Jefferson District	7,005.53
Missing Region	-258.35
Major 080 FY TOTAL	169,276.41
Major/Minor	Amount \$
040/040 Katrina-PAF/RAF	721.50
040/071 Rita-PAF/RAF	0.00
Major 040 FY TOTAL	721.50

TIPS TIM4035 & TIQ1120R1/R2 reports--EOFY-June

**RAF EXPENDITURES
FOR SFY 2007 - 2009**

RAF (Reunification Assistance)	
Region	Amount
Major/Minor 080/087 -- 080/089	
SFY2007	
Orleans District	4,446.02
Baton Rouge Region	14,975.35
Covington Region	4,465.49
Thibodaux Region	7,715.17
Lafayette Region	5,315.41
Lake Charles Region	6,453.03
Alexandria Region	9,503.41
Shreveport Region	14,071.50
Monroe Region	3,723.62
Jefferson District	3,392.71
Missing Region	1,067.51
Major 080 FY TOTAL	75,129.22
Major/Minor	Amount \$
040/040 Katrina-PAF/RAF	170,517.30
040/071 Rita-PAF/RAF	53,140.22
Major 040 FY TOTAL	223,657.52
SFY2008	
Orleans District	11,229.46
Baton Rouge Region	17,762.40
Covington Region	11,793.59
Thibodaux Region	8,720.64
Lafayette Region	10,957.60
Lake Charles Region	8,420.28
Alexandria Region	19,025.60
Shreveport Region	17,069.18
Monroe Region	8,669.27
Jefferson District	32,645.08
Missing Region	2,052.31
Major 080 FY TOTAL	148,345.41
Major/Minor	Amount \$
040/040 Katrina-PAF/RAF	39,650.79
040/071 Rita-PAF/RAF	35,172.91
Major 040 FY TOTAL	74,823.70

SFY2009	
Orleans District	6,853.24
Baton Rouge Region	22,544.10
Covington Region	11,139.59
Thibodaux Region	8,299.28
Lafayette Region	8,243.35
Lake Charles Region	6,632.24
Alexandria Region	10,602.09
Shreveport Region	13,457.93
Monroe Region	8,771.15
Jefferson District	9,273.25
Missing Region	1,800.08
Major 080 FY TOTAL	107,616.30
Major/Minor	Amount \$
040/040 Katrina-PAF/RAF	721.50
040/071 Rita-PAF/RAF	0.00
Major 040 FY TOTAL	721.50

Due to PAF/RAF combined, data is in RAF report.

A Louisiana Residential Review Commission in was formed in 2008 which produced “*A Blueprint for Transformation and Change: in Louisiana’s Residential Programs.*” OCS will continue to work with the Casey Foundation and others to examine treatment plans and modalities so that residential providers may begin to use evidence-based short-term interventions with demonstrated positive outcomes. Quality improvement programs in residential settings are being implemented and licensing revisions are being made. The most promising practice at this point or improving overall standards of care and resource development is for the agency to adopt a proven, uniform and consistent level of care system for Louisiana institutions and foster homes based on their demonstrated capacity to meet the physical, emotional and mental health needs of children in care.

Strengths and Promising Practices:

The Preventive Assistance Fund Service (PAF) is a concrete service available to families active in CPI. PAF allows staff to access funds to purchase items or services (or both) for families who are at risk of out-of-home placement due to temporary, urgent financial circumstances when meeting the financial need may stabilize the family and prevent an out-of-home placement. In addition, it is available for families experiencing serious difficulties for which prevention services are determined necessary in order to effectively address the care and safety needs of the children. Consideration should be given to the family’s basic needs which are necessary to support preventive services and family preservation and to assist in the implementation of the CPI case planning and delivery process. Contract providers for Intensive In-Home Services may access PAF for OCS families.

The Preventive Assistance Fund (PAF) allows OCS FS Workers to access funds to purchase items or services (or both) to prevent the removal of children from their families and placement in foster care. The intent of this initiative is to help families in crisis to stabilize, thus avoiding out of home placements for children through emergency service provision and implementation of the FS case plan. The PAF may also be used for families in a situation in which the prevention services are necessary in order to effectively address the serious care and safety needs of the children.

Foster Care utilizes Reunification Assistance Fund services; however, it is preferable that parents and other family members access their own resources or demonstrate financial responsibility for securing services when appropriate. In some situations there may be a specific barrier to permanency that the family can not readily remedy or afford actions necessary to remove the barrier. In these situations, Reunification Assistance Funds (RAF) are available on a limited basis to families for concrete services such as, but not limited to, food, rent, water, payment of bills, used washers and dryers, refrigerators, building supplies, etc.

LaCarte is a charge-card issued by a chosen vendor for the State of Louisiana, and used as a tool to assist in the management of purchasing and accounting. The LaCarte card is limited to use by individual DSS employees; for official State use only; for a single swipe/purchase of \$1,000 or less; and, for use on approved merchant category codes. This card enables employees to purchase items with the convenience of a credit card, while maintaining control over those purchases. The LaCarte card allows OCS staff to purchase, within designated parameters, to remove barriers for permanency and safety of family and children.

The following case practices apply to Family Service (in-home services) and Foster Care cases. Family Service and Foster Care workers are responsible for making initial and ongoing assessments of the needs of children, parents and foster parents. These efforts begin at intake using Structured Decision Making and continuing with Family Centered Assessment and Case Planning.

Structured Decision Making is a comprehensive, research and evidence based tool used to assist workers in making reliable, valid and equitable decisions regarding the likelihood of repeat maltreatment as well as assist in expediting permanency of children. The family is re-assessed every 90 days from intake.

Family Centered Assessment and Case Planning processes guide workers in completing thorough assessments that provide individualized, culturally responsive, flexible and relevant services for families. To complete this task worker use The Assessment of Family Functioning (AFF) tool to engage family members and to gather information that is used in determining services to families and assists in the development of case plans. The

AFF is completed by the assigned worker over a period of up to 30 days. The assessment is typed using the online Family Assessment Tracking System and must be completed by the 30th day after the case is opened. The assessment is reviewed and updated periodically. These programs address the individual family and family members which allows for great flexibility by individualization of goals and services.

Barriers:

As with all state agencies, budget limitations pose an impact on workers as they attempt to manage extreme workloads. A steady workforce allows for skills to locate and involve the family members, children and other case partners and then reliable development and implementation of the assessment instruments.

Continuation and expansion of PAF/RAF services is necessary to assist staff in providing concrete items which may prevent a child's removal from the home and to facilitate the placement of a child with parents or relatives.

Our Tracking Information and Payment System (TIPS) and all the ancillary systems are barriers. TIPS, which is used to report NCANDS and AFCARS, is now well over twenty years old. Though upgraded over the years, it cannot provide detailed data. Among other limitations, it and the other systems, lacks the ability to automatically identify and match children's geographic location of origin against available placement resources in that same area with any degree of precision. The Louisiana Department of Social Services is planning to embark on an agency wide streamlining and modernization effort which is to include the design, development and implementation of a SACWIS. The "Request for Proposal" for SACWIS is expected to be released early in 2010.

F. Agency Responsiveness to the Community

Louisiana achieved substantial conformity with the systemic factor of Agency Responsiveness to the Community.

Item 38: State Engagement in Consultation With Stakeholders *In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?*

Policy:

Agency policy regarding responsiveness is in the DSS/OCS Continuous Quality Improvement (CQI) Plan and Procedures Handbook. It describes the purpose and processes of CQI teams, including stakeholder involvement. Additionally, policy for each program area addresses collaboration with external partners as appropriate.

Performance In CRSR Round 1:

In the 2003 CFSR, Item 38 was rated as a strength, and was not addressed in the PIP.

Evaluative Assessment of Performance:

Louisiana became accredited through the Council on Accreditation (COA) almost simultaneously with the 2003 CFSR. Implementation of COA standards strengthened consultation with stakeholders. An array of collaboration mechanisms has been developed to improve safety, permanency, and well-being, the primary goals of Louisiana's 2004-2009 and 2010-2014 CFSPs.

Three ongoing groups (composed of tribal representatives; educational, physical, mental health and substance abuse service providers; homeless coordinators and housing authorities; foster and adoptive parents, residential treatment facilities and private foster care providers; juvenile courts, regional Family Resource Centers; and service consumers) provide feedback through quarterly meetings. CQI Statewide Community and Consumer Stakeholder Committee and Regional Continuous Quality Improvement Committees identify issues related to safety, permanency and well-being, agency policy, and service provision, and offer suggestions for improvement. Citizens Review Panels examine the policies, procedures, and (where appropriate) specific cases to evaluate the State CAPTA plan and specific areas of the child protective system addressed in the plan. Three Citizen Review Panels are currently active: Beauregard Parish, Lafayette Region, and Monroe Region.

Consumer satisfaction surveys are made available to all visitors (including service consumers, foster parents and other service providers) to OCS offices. The results of these surveys are reviewed and acted upon through the regional CQI Committees and the Statewide Consumer Satisfaction/Feedback Mechanisms Committee. Council on Accreditation surveys are mailed to stakeholder groups (foster parents, service providers, and service recipients). Focus Groups are convened in conjunction with Peer Case Reviews or to obtain feedback on issues or planned changes.

Tribal Representatives: Four federally recognized American Indian tribes are located in Louisiana: Chitimacha (Lafayette Region), Coushatta (Lake Charles Region), Tunica-Biloxi Tribe and Jena Band of Choctaw (Alexandria Region). Tribal representatives participate in quarterly meetings of the Statewide Stakeholder Committee and the Lafayette, Alexandria and Lake Charles Regional CQI Committees. Tribal social services directors are invited to OCS training; agency foster home recruiters contact tribal social service directors quarterly to develop placement resources within the Tribal community; and Chafee Independent Living and Education and Training Voucher Providers make outreach efforts to the tribes. Child Welfare National Resource Centers are providing technical assistance to Louisiana through the Court Improvement Project to improve collaboration with tribes. Special provisions in OCS policy (including family background investigation, pre-removal services, hearing notification to parent and tribe and special placement consideration that apply to children who are eligible for membership in a federally recognized Tribe) were developed primarily in response to tribal suggestions. Tribes have expressed concerns about service availability in rural locations, but this remains an issue. OCS provides Tribes with funding announcements and

requests for proposals that have been published in the Federal Registers and has offered assistance and support to tribes who wish to establish IV-E programs.

Consumers: The Louisiana Youth Leadership Advisory Council (LYLAC) meetings (attended by youth in foster care and youth who have aged out, Chafee Foster Care Independent Living and Education and Training Voucher providers, and agency staff) are held quarterly. Services for transitioning youth have been redesigned with input from LYLAC members. Youth requested a voice in policy development and specialized workers. Policy development meetings regarding youth are now held via video conference with youth participation, but fiscal issues have prevented providing specialized workers.

Service Providers: OCS staff work with Chafee Independent Living Skills Providers and Education and Training Voucher Providers assure that youth obtain the skills and education needed for successful adult outcomes; with foster and adoptive parents, private foster care and residential treatment providers to assure adequate placement resources. Residential providers have been actively involved in the development of new licensing standards. Specific needs of individual children and families being served by OCS and a single partner agency or professional are addressed through meetings, phone conversations, electronic and paper communication to address case situations; children and families in need of the services of multiple agencies are addressed through the Interagency Service Coordination (ISC) process in which multiple partners convene to develop solutions for multiple-problem families.

Juvenile Court: The quality of working relationships between OCS and juvenile courts varies by region. When working relationships are not effective, OCS and the CIP have worked collaboratively to address problems. Also, the State Supreme Court, through the CIP, has recently hired a retired judge to serve as a liaison, educate the court system on child welfare issues, and assist courts in CFSR preparation.

Public and Private Child- and Family-Serving Agencies: Prevent Child Abuse Louisiana (PCAL) and OCS staff work together to increase public awareness of Louisiana's Safe Haven Law, and PCAL monitors parenting education provided. OCS staff works with Family Resource Centers located in each region to assure a community-based continuum of family support and preservation services, and support for foster/adoptive parents; with faith based organizations, local schools, civic, non-profit organizations and businesses to recruit foster parents and to meet the needs of youth aging out of foster care; with Braveheart, Inc. to provide back packs with comfort items to children entering foster care and scholarships for youth aging out of care.

Stakeholder participation in meetings is documented through sign-in sheets. Stakeholders continue to participate actively even though the agency is not able to reimburse for time or travel expenses. An item on the Council on Accreditation survey: *"The agency works with other community organizations to advocate on behalf of the people it serves"* was rated 3.96 on a 5 point Likert scale, indicating that engagement efforts are regarded as successful by the community. Peer Case Review data reflects improvement in services to meet educational, physical and mental health needs between SFY 2004 and FFY 2008.

Strengths and Promising Practices:

Agency staff and stakeholders participate in an ongoing examination of the agency's internal systems, procedures, and outcomes. The groups provide a forum for open discussion and consensus-building, allow in-depth discussion of issues, and provide useful feedback for OCS. LYLAC serves as a feedback mechanism and provides an opportunity for youth to share experiences.

Barriers:

Data received from OCS surveys has changed little over time causing concern that responses may be skewed by the survey method. Funds are not available for mail-in surveys to provide greater anonymity. It has been difficult to sustain Citizens Review Panels which provide valuable information. Engagement of biological parents continues to be difficult.

Item 39: Agency Annual Reports Pursuant to the CFSP. *Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP?*

Policy:

The CQI Plan and Procedures Handbook addresses stakeholder involvement in the development of the CFSP, attendant APSRs, and PIPs. Approaches to involving external partners in the CFSP and APSR are noted below.

Performance In CRSR Round 1:

Item 39 was rated as an area needing improvement in the 2003 CFSR because Louisiana had not made diligent efforts to ensure Tribes participated fully in the development of the APSR, and Final APSR reports were not shared with Tribes. The PIP addressed only outcome factors.

Evaluative Assessment of Performance:

Annual Reports pursuant to the CFSP are developed in consultation with stakeholders as an ongoing process as detailed in Item 38, allowing the agency to identify and respond to areas needing improvement quickly. Specific efforts to engage stakeholders in CFSP and APSR development include discussion as a specific agenda item at CQI and stakeholder committee meetings where plans, reports, and data are shared. Internet postings, electronic correspondence, public announcements in the Louisiana Register and major daily newspapers give external partners and the community at large an opportunity provide input on the CFSP and APSR. Interested parties are encouraged to provide comments by mail or in person at a public hearing.

Stakeholder involvement in 2005-2009 Final Report and 2010-2014 CFSP development began with a kickoff meeting on March 10, 2009 attended by OCS staff and representatives of the Department of Education, the Louisiana Foster Parent Association, Family Resource Centers, Chitimacha and Coushatta Tribes, Catholic Charities, private mental health providers, Capital Area Human Services District, Volunteers of America, Office of Juvenile Justice, Department of Health and Hospitals (Offices of Addictive Disorders, Citizens with Developmental Disabilities, and Mental Health), Louisiana Rehabilitation Services, and the Louisiana Supreme Court. Attendees were provided OCS baseline data and workgroups were established to develop goals, objectives and strategies. Subsequent goal development was coordinated via e-mail and telephone. Involvement is documented by sign-in sheets and agendas.

The effectiveness of stakeholder involvement in the process is demonstrated by a data-driven comprehensive report for the previous five years and plan for the next five years. Emphasis on staff recruitment and retention in the CFSP was strongly influenced by stakeholder concerns.

Strengths and Promising Practices:

Continuous involvement of stakeholders increases their ability to participate meaningfully in the compilation of the APSR and the development of the CFSP.

Barriers:

Involvement of biological parents has proven difficult. Youth were not able to attend the kickoff meeting because of school.

Item 40: Coordination of CFSP Services With Other Federal Programs. *Are the State's services under the CFSP coordinated with the services or benefits of other Federal or federally assisted programs serving the same population?*

Policy:

Coordination of services with other Federal or federally funded programs is addressed in the CQI Plan and Procedures Handbook and in program policy as related to specific collaborative efforts.

Performance In CRSR Round 1:

Item 40 was rated as a strength in the 2003 Louisiana CFSR and not addressed in the PIP.

Evaluative Assessment of Performance:

Louisiana's original PIP, approved in 2004, was revised and renegotiated following Hurricanes Katrina and Rita, setting forth the direction for the state's child welfare system. In that process, ACF Children's Bureau offered assistance from Child Welfare National Resource Centers (Child Protective Services, Family Centered Practice and Permanency Planning, Adoption, Youth Development, Organizational Improvement, Data and Technology, Legal and Judicial, Child Welfare Policy and Practice Group, and the NTAC for Children's Mental Health) to support OCS's development of evidence-based practices to support children being maintained in their own homes, appropriate placement options, preparation of transitioning youth, and facilitate timely adoption. This federally funded collaboration assisted in program and practice redesign.

Examples of collaboration with other federally funded programs to improve child welfare outcomes include:

- Substance abuse counselors have been placed in OCS offices to assess and refer clients, and prioritize in-patient treatment beds for OCS and TANF service recipients through collaboration with the Department of Health and Hospitals (DHH) Office of Addictive Disorders and TANF.
- DHH and OCS collaboratively worked with the legislature, resulting in approval of a Medicaid waiver resulting in continuation of Medicaid benefits for youth who have aged out of foster care; and have worked together to provide services for developmentally delayed children and to identify and treat mental health disorders in children, youth and parents; and are working to develop and implement health care oversight for children in foster care.
- Efforts are ongoing with the Department of Education to track education progress of children in foster care and establish transportation modes for educational stability.
- OCS and public universities offering social work degrees are collaborating to establish a unified and consistent curriculum for BSW students and to develop a Child Welfare Institute.
- OCS and the Office of Juvenile Justice (OJJ) have worked together to assure that caseworker visits occur monthly, that IV-E eligibility is calculated accurately for children in OJJ custody and that OJJ youth receive life skills training.
- OCS, CIP and Court Appointed Special Advocates (CASA) have worked together to improve agency efforts to locate permanent connections for children and youth in foster care.
- OCS, Louisiana Rehabilitation Services and the Workforce Investment Board improved the referral method for training and employment of youth aging out of foster care.
- OCS partners with Youth Oasis to support a transitional living program for youth funded under Part B of the Juvenile Justice and Delinquency Prevention Act of 1974.
- OCS and Louisiana's TANF agency are working to develop efficient referral process and provide cross training on policies and procedures in the New Orleans Region

Substance Abuse Counselors - during FFY 2007-2008, 1327 referrals were received; 355 were screened out; 410 did not show; 792 assessments were completed; 635 were identified as needing treatment; and 427 clients were admitted to substance abuse treatment. Permanent Connections - The percentage of children placed in a family home with relatives increased by 13.6% between SFY 04 and FFY 2008. Monthly caseworker visits increased from 55% in FFY 2007 to 61% in FFY 2008, with the percentage of those visits occurring in the child's residence increasing from 82% to 87%.

Strengths and Promising Practices:

The development of a unified and consistent curriculum for BSW students will provide "job ready" graduates, saving time and costs associated with new-worker training.

Barriers:

Tracking outcomes of collaborative efforts is difficult because of various agencies' confidentiality policies regarding data sharing; when data-sharing is not an issue, data compatibility often is. Collaboration regarding educational stability and outcomes is hampered by independently functioning local school boards.

G. Foster and Adoptive Home Licensing, Approval, and Recruitment

Louisiana achieved substantial conformity with the systemic factor pertaining to Foster and Adoptive Home Licensing, Approval, and Recruitment.

Item 41: Standards for Foster Homes and Institutions. *Has the State implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards?*

Policy:

Please refer to Service Array, Item 35 for additional information on specific topics.

The Child Care Facility and Child Placing Agency Act, Act 286 of 1985 as amended (Louisiana Revised Statutes 46:1401 – 1427) granted legal authority to the Louisiana Department of Social Services, Office of the Secretary to prescribe minimum standards for the health, safety and well-being of children in out-of-home care on a regular and consistent basis.

By state licensing law, all child care facilities and child-placing agencies, including facilities owned and operated by any governmental, profit, non-profit, private or church agency shall be licensed upon establishment that minimum requirements for a license are met and that the facility or agency is in compliance with all other state and local laws and regulations. The license is for one location and is not transferable from one person to another or from one location to another. The secretary of the department, in specific instances, may waive compliance with a minimum standard upon determination that the economic impact is sufficiently great to make compliance impractical, as long as the health and well-being of the staff and/or children is not imperiled.

Child residential licenses can be of two classes: Class A and Class B. The current Class A residential regulations require the provider to address these components for licensure: purpose; authority; procedures; definitions; administration and organization; human resources; quality of life; direct service management; treatment planning; physical environment; emergency and safety; therapeutic wilderness program; controlled intensive care facility or unit

All child placing agency licenses are Class A. DSS licensing standards for child placing agencies include a comprehensive list of components that each placing agency must have in place. In the area of foster family care the following are considered: foster home recruitment; foster home certification application; foster home approval process; foster home study; recommendations and notification regarding application; access to records; monitoring and annual recertification study; complaints against certified family foster homes; removal of child; revocation or refusal to renew family foster homes; grievance procedures; selection of home; agency responsibilities to family foster homes; qualifications of the foster parent(s); professional responsibilities of the foster parent(s); foster parent responsibilities for care and development of the child; environmental, health and fire safety; foster home records; service related to the child; placement agreement with family foster homes; and post family foster home care services.

Licensing standards for adoption agencies include: adoptive home recruitment; adoptive home application; adoptive home study; notification regarding application; access to records; updating home study; services to adoptive parents; review procedure; adoptive parent(s) records; adoptive services to the parent(s); placement authority; selection of an adoptive home; placement agreement with adoptive parent(s); placement supervision/services; inter-country placements; and post adoption services.

Louisiana does not have a separate set of licensing regulations for kinship care providers. Relatives and/or fictive kin must meet the minimum standards for family foster.

The Office of Community Services has a written agreement with each approved foster parent which outlines the requirements and responsibilities of the foster parent and agency as specified in the licensing standards and agency policy. The Home Development units monitor the foster homes for compliance with these standards. The agreement is signed by the Home Development worker and the foster parent(s) when the home is initially certified and remains in effect as long as the foster home is approved to provide foster care services.

The certification or home study process for becoming a foster/adoptive parent consists of the following:

- completing the application and the Family Assessment Packet;
- completing a series of pre-service training sessions;
- participating in home consultation meetings and individual interviews which include the applicant and all other members of the applicant's family and the Home Development (HD) Worker;
- completion of the home study; and,
- supervisory approval.

Throughout this process, both the OCS HD Worker and the applicant are engaged in a mutual assessment process to determine whether the applicant meets the agency's minimum requirements and has the skills and abilities to become a successful foster/adoptive parent. Because the agency is legally responsible for the homes that are certified, the final decision to certify a foster/adoptive home must rest with the agency. The HD Supervisor approves all certifications and closures.

The application (Form HDU 15) shall be distributed to persons attending pre-service training no earlier than Session 1 of the MAPP pre-service training and shall be accepted as soon as possible to facilitate meeting the legal time frame for completing the home study within ninety (90) days of the application (Louisiana Law R.S. 46:282,D), but no later than Session 3. Applicants should be encouraged to return the completed application by Session 3. If the applicant has not returned the application by Session 5, their case should be closed until they decide they are ready to proceed.

The application date is the date the completed application is received by the agency. A decision with regard to the certification or rejection of a foster/adoptive application is to be made within ninety days of the agency's receipt of a completed application form. One thirty day extension may be granted to allow potential foster/adoptive parents to come into compliance with agency requirements. Within seven days of the HD Worker completing the home study, the case record shall be submitted to the HD Supervisor and the decision made on whether to approve or disapprove the application for certification. A home is not certified until the Supervisor has reviewed, approved, signed the home study, updated TIPS/LARE and the certification date is documented on the CR8.

Agency policy considers relative placement to be the least restrictive placement alternative for a child entering/in foster care whether the relative is an approved caregiver or a certified family foster home. LA Children's Code Articles 622 and 627 provide rules for placement with a suitable relative who is the age of majority and who is willing to assume care of the child if such placement is in the best interest of the child.

Relatives who are not legally responsible for a child or friends of a foster child are made aware that a foster care board rate will not be paid until the home is certified. The relative or friend should meet the eligibility criteria for foster homes per DSS licensing and OCS policy based on a preliminary home assessment. The prospective child specific (relative/friend) applicant must agree to fulfill all the responsibilities expected of certified foster parents. Child specific (relative/friend) foster homes have first priority over any other applicants for pre-service training due to the need to complete their certification within the agency mandated timeframe. Within three working days of the child's emergency placement, the HD Unit should receive the OCS Form 417 along with the emergency placement agreement (OCS Form 427-C).

The completion of the certification process of a relative/friend home requires the HD Worker to have a minimum of two interviews with the applicants, which are to be in-home consultation meetings and complete the home study guidelines. Within seven days of the HD Worker completing the home study, the case record is to be submitted to the HD Supervisor for review and approval. The HD Supervisor is to approve or disapprove the certification within five days.

The Home Development (HD) Worker is to conduct a re-certification study on each family foster/adoptive home six months after the initial certification. One year after the six-month re-certification, it will be necessary to complete another re-certification study. This re-certification study is to be completed prior to the date that is one year from the previous certification. If the home is in good standing (i.e. no valid investigations of abuse/neglect, child care deficiencies or other concerns), it will be three years before the next re-certification is

due. If at any point issues develop which cause concern regarding the capacity of the family to maintain certification, additional supportive visits and actions to more fully develop the skills of the foster family may be necessary from the HD Worker. In some cases, recertification may take place prior to three years. These reasons include:

1. The family has an allegation or child care deficiency that warrants closer supervision;
2. There is a change in the family composition (marriage, divorce, new family member in household);
3. There is a change in the family circumstances (disability, illness, new home, financial crisis, criminal history, etc.); and
4. The family is on a corrective action plan.

The purposes of the recertification study are:

- to support the foster /adoptive parents and increase their satisfaction in the job by expressing appropriate appreciation and helping them assess and identify their strengths and needs;
- to determine whether the home, surroundings, and occupants continue to meet the certification requirements;
- to clarify and/or correct any problems that the foster/adoptive parents have experienced in the use of their home or that the agency has had in using their home;
- to determine how the home can best be used in the future to provide a placement resource for the types of children that are in the State's custody;
- to re-contract with specialized family foster homes if the agency wishes to continue the specialized use of the home;
- to help a certified foster/adoptive family withdraw from the program or change to a more appropriate program when their home has not been used by the agency within a two year period, and they do not wish to serve the children whom the agency must serve; and
- to determine whether a family should be decertified in cases of valid abuse/neglect, valid child care deficiencies, and/or failed corrective action plans.

The pre-recertification process for OCS family foster/adoptive homes includes: three months prior the recertification due date a Home Development supervisor-worker staffing to plan the actions and items needed for timely recertification; letter is sent to the foster/adoptive parent(s) to obtain a physical and secure any other necessary documentation for recertification including in-service training records; and an assessment of the care provided by the foster/adoptive parent is obtained from each foster care worker or adoption specialist who has placed children in the home since the last re-certification. The re-certification study consists of: a minimum of one in-home interview with the foster/adoptive parent(s); views of all the rooms in the home and surroundings to determine that there are no hazardous environmental, health or safety conditions; interviews any new members of the household over the age of five; obtains medical reports on any new members, including infants; and obtains criminal records and SCR clearances on any new members age 18 or older. The worker updates the electronic TIPS/LARE Provider file with the most current information and events and sends the record for supervisory review within five days and prior to the recertification due date. The worker then sends a letter within five days of the decision to re-certify or de-certifies the home to the foster/adoptive parent(s) confirming the decision. The letter states the actual date of re-certification and the renewal date. The foster parent ID card is included in the letter.

When a family does not meet an agency requirement or licensing regulation, the home may be considered for re-certification with a corrective action plan in effect if the safety of the child is not at risk. The corrective action should be thoroughly discussed with the foster/adoptive parent(s).

Performance in Round 1:

Item 41 is rated as a Strength because the CFSR found that Louisiana has implemented standards for foster family homes and child care institutions that are reasonably in accord with recommended national standards. Stakeholders commenting on this issue during the onsite CFSR affirmed that standards are in place for foster and adoptive homes and that all foster and adoptive homes meet licensing and policy standards occur in a timely manner.

Evaluative Assessment of Performance:

The period of license is one year as provided for in the published regulations and applications for renewal are due 60 days prior to expiration of the license. Licensing may provide for the issuance of temporary,

provisional, or extended licenses (See Item 42 for clarification of this statement.) The department is to inspect at regular intervals not to exceed one year or as deemed necessary by the department. All inspections are to be unannounced.

Licensing investigates all complaints, including complaints alleging child abuse, against any child care facility or child-placing agency. The department shall remove any child or all children from any facility or agency when it is determined that one or more violations exist within the facility or agency which places the health and well-being of the child or children in imminent danger.

Whereas Licensing monitors the providers for compliance with licensing standards, the OCS Residential Section has historically monitored all child residential and child-placing agency providers for compliance with provider agreements, provided technical assistance to the providers, and managed specific child placements in child residential facilities.

Licensing Child Program Counts

	<i>Alexandria Region</i>	<i>Baton Rouge Region</i>	<i>North Louisiana Region</i>	<i>Orleans Region</i>	<i>Total Licensed Providers</i>
Child Residential	11	13	16	12	52
Emergency Shelter	3	2	4	2	11
Foster Care Placing	4	6	8	11	29
Adoption Placing	3	4	5	9	21
Transitional Living	3	5	1	1	10
Maternity Home	1	1	0	0	2
Totals	25	31	34	35	125

The re-organization and re-alignment of OCS State Office program units occurred in FFY 2009 to combine like functions and enhance program performance. In March, 2009, the monitoring and technical assistance responsibilities for private child-placing agency providers were transferred to the Home Development Section. In July, 2009, the monitoring and management of the transitional living provider resources was transferred to the State Office Youth in Transition Section. This section was created in October, 2008 to coordinate specialized services to meet the needs of older foster youth and young adults. The Residential Section continues to monitor and provide technical assistance to residential providers. The four program units in State Office coordinate with Licensing, Regional Program Specialists and District Supervisors to improve services to children and youth in these out-of-home placements.

The Office of Community Services has Provider Agreements with Class A facilities and agencies that provide Residential, Emergency Shelter, Supervised Apartment, Foster Care, Therapeutic Foster Care, and Diagnostic and Assessment Services to children and youth in foster care or in transitional living. Each provider agreement contains a set of contract terms, generic standards applicable to all providers, and separate standards for each service provided. The standards are compatible with licensing standards and OCS policy with standards specific for the program design, the level of therapeutic intervention and expectations for child care.

OCS Child/Youth Programs

OCS Contracted Providers	Total Providers
Child Residential	29
Emergency Shelter	7
Transitional Living	6
Private Foster Care	1
Therapeutic Foster Care	3
Totals	46

Relative Placements				
FF Year	Total Children in Foster Care Placements	Relative Certified	Relative Non-Certified	Total Relative Placements
09/30/2009	4735	410	1065	1475
09/30/2008	4821	422	1058	1480
09/30/2007	5105	343	1209	1552
09/30/2006	4963	320	1116	1436
09/30/2005	4535	387	663	1050

Webfocus Report

As indicated in the above chart, as of 09/30/09, 8% of children in foster care were placed in certified (i.e. licensed) relative foster family homes and 22% were placed in non-certified relative homes approved by the agency. Relative caregivers may apply to become certified foster parents in order to receive the foster care board rate rather than the lower kinship payments offered to eligible relatives through the LA DSS/Office of Family Support Kinship Care Program.. The majority of relative caregivers do not become certified foster parents. Of the 657 family foster home certifications from January through November, 2009, 338 were certifications of non-relative applicants and 319 were certifications of relative caregivers.

The State Office Home Development Program Section began tracking monthly certification statistics in 2007 but until 2009 did not distinguish relative from non-relative certifications. The total number of new family foster home certifications for 2007 was 644 and for 2008 the number was 665. The total family foster homes certified as of November, 2009 was 2186. The total number of family foster homes certified at the end of 2008 was 2259 and at the end of 2007 was 2481. Two rounds of clean up occurred during 2007-2009 period to determine an accurate number of certified that could be utilized as placement resources for children in or entering foster care. A manual tracking system was developed to augment the automated tracing system which was not deemed an accurate reporting system at the time. State Office does not keep track of the number of recertification reviews. TIPS reports are generated for Home Development supervisors when reviews re-evaluations/reviews are coming due.. Some Home Development Supervisors also keep a manual tracking system to assure timely re-certification of family foster homes assigned to workers in their units.

Waivers can be issued for a home to complete the certification process. The waiver can only be considered for a standard as long as the placement does not pose a threat to the health, safety or welfare of children. By authority of the DSS Secretary, waivers are granted annually, as applicable, on a case by case basis by the State Office Home Development Unit for non-safety licensing or policy standards, usually for relative caregivers. There were 29 waivers granted during the reporting period ending 09/30/09 to allow family foster home certifications of relative caregivers. The types of standards waived were for:

- Age – over age 65 at initial certification
- Marital Status – separated from spouse and not divorced
- Sharing bedroom – children over age 6 sharing with a child of opposite sex or children sharing bedroom with an adult (under approved circumstances)

The agency has authority to waive certain licensing standards but only in situations where permanency of the child is supported and do not jeopardize the safety and well being of the child.. Such waivers have allowed the child(ren) to remain in the home of relatives and for relatives to be certified and reimbursed for the care of the child(ren).

Strengths and Promising Practices:

Transparency in decision making has been increased by posting licensing survey deficiencies on the department website. The public can now review survey and follow-up results from two years back. Surveys for the last 10 years are slowly being posted. The system ensures confidentiality of any staff or client associated with a deficiency Identifier codes rather than names are used on the survey document. The identifier sheet attached to the survey in Bureau of Licensing Automated System (BLAS) which contains the names does not print out with the survey.

A Louisiana Residential Review Commission was formed in 2008 which produced “A Blueprint for Transformation and Change: in Louisiana’s Residential Programs”. OCS will continue to work with the Casey Foundation and others to examine treatment plans and modalities so that residential providers may begin to use

evidence-based short-term interventions with demonstrated positive outcomes. Quality improvement programs in residential settings are being implemented and licensing revisions are being made. The agency has contracted with a licensing specialist who is currently revising these regulations.

The department formed a Licensing Regulation Task Force and contracted with a licensing specialist to complete revisions to child residential licensing standards to comply with Acts 388 and 400 of the 2009 Regular Session of the Louisiana Legislature. Act 388 mandates state central registry screening of current and prospective child care facility staff and volunteers. The new residential regulations, Louisiana Administrative Code, Title 67, Part V, Subpart 8, will be published in February or March 2010 and will become effective following the publication. Licensing will no longer issue temporary or provisional licenses. Only the child residential licensing regulations will be changed by rulemaking. The Child-Placing and Adoption regulations are in the process of being revised.

The new and revised Class A residential regulations, Title 67, SOCIAL SERVICES, Part V, Community Services, Subpart 8, Residential Licensing, Chapter 71, Child Residential Care, will require the provider to address the following components for licensure: authority (the licensing authority of the department of social services is established by r.s. 46:1401-1425 and R.S. 46:51 which mandate the licensing of all resident care facilities and resident placing agencies), definitions, licensing requirements, administration and organization, provider responsibilities, admission and discharge, resident protection, provider services, physical environment, emergency preparedness, and safety program.

Though the child-placing agency regulations are considered outdated, agency policy in compliance with these standards was sufficient to achieve COA accreditation in 2003. The most recent Child Welfare League of America Standards of Excellence for Family Foster Care Services, issued in 1995, are said to represent best practices and were used in the development of the standards of the Council on Accreditation of Services for Families and Children, Inc. The agency is currently undergoing COA re-accreditation.

Act 400 of 2009 transferred the functions related to licensure of child care facilities and child-placing agencies, other than daycare centers, from the Office of the Secretary to the Office of Community Services within the LA Department of Social Services. To avoid a conflict of interest, Act 400 also transferred the licensing of Office of Community Services to the Office of Family Support within the department. The Office of Family Support, responsible for day care licensing and day care surveyors, will perform the licensure function for OCS child-placing agencies. Each OCS regional office is licensed separately for foster care and adoption programs.

The DSS/OCS Licensing Section is now responsible for regulating eight types of facilities to include Child Residential, Transitional Living, Emergency Shelter, Maternity Home, Controlled Intensive and Adult Residential facilities and Foster Care and Adoption child-placing agencies other than OCS agencies. Act 381 of 2009 transfers Adult Residential Care Homes to the Department of Health and Hospitals effective 07/01/2010.

Act 194 of 2009 abolished, on 06/30/2009, the Louisiana Advisory Committee on Child Care Facilities and Child Placing Agencies. This Class A Committee was created by Act 286 of 1985. The department shall have the power to deny, revoke, or refuse to renew a license for a child-care facility or child-placing agency if an applicant has failed to comply with the provisions of this Chapter or any applicable, published rule or regulation of the department relating to child care facilities and child-placing agencies. Under the newly enacted organizational framework, DSS can take immediate regulatory and enforcement actions.

If a license is denied, revoked, or withdrawn, the action shall be effective when made and the department shall notify the applicant or licensee of such action. Upon the refusal of the department to grant a license or upon the revocation of a license, the agency, institution, society, corporation, person or persons, or other group having been refused a license or having had a license revoked shall have the right to appeal such action by submitting a written request to the secretary of the department.

Licensing work processes have been revised and/or established since 2005 for initial surveys, critical incident report review and triage, complaint intake and triage, review and processing of non-compliance statements and review and approval of corrective action plans. The licensing unit is up-to-date on licensing surveys and able to make timely follow-ups on corrective action plans. Surveys are being conducted 60 – 90 days prior to the anniversary dates for renewal. OCS CI units are responding quickly to investigate complaints or critical incidents and coordinating with other sections of the agency or department to suspend placements and/or revoke a license. Licensing developed intermediate enforcement actions until the new rules could be promulgated. Since January, five facilities have had their license revoked or voluntarily gave up their license to avoid revocation.

Training has been developed on “Defensible Deficiencies” so deficiencies written by the licensing surveyor will be defensible by the Bureau of General Counsel in the event of an appeal or court action. The training was delivered to all Licensing staff and residential staff at the regional and state office level.

Surveyors have laptops with online access to the electronic BLAS (Bureau of Licensing Automated System) instruments for conducting surveys. They are able to print the survey on site for providers to sign at exit conferences. Completed surveys are uploaded onto the network server on Fridays when surveyors return to the office which makes the survey reports accessible to all licensing staff.

Communication with providers has been increased by developing a Circular of notifications. When a notice is sent out, providers can go to the DSS website for the message. Training will be delivered to providers on the new licensing law and regulations in FY 2009/2010.

Work has been done to increase staff capacity for licensing in state and field offices. Staff utilization studies have been conducted to determine the need based on improved work processes and departmental goals.

The Office of Community Services has made extensive use of internal and external collaboration in the course of the agency reform initiatives. Internal collaborators for residential reform include departmental staff at all levels, program staff at all levels from Licensing, Residential, Home Development, Foster Care, Youth in Transition, Prevention, and CPI, Training, Legal, Fiscal, IT and Contract Sections. External collaborators have been Law Enforcement, Judges, providers, Office of Juvenile Justice, Office of Citizens with Developmental Disabilities, Advocacy Center staff, Foster Parents, Office of Family Support Medicaid and Child Care Licensing and Legislators. Home Development reforms resulted from Task Force Committees made up of staff at all levels and foster/adoptive parents.

OCS Residential Section staffs have redesigned the monitoring instrument for residential facility programs and are planning to begin making semi-annual monitoring visits. The new monitoring instrument reviews programs for Safety, Permanency and Well-being outcomes as well as for Systemic and Administrative Outcomes, the Physical Plant and for program strengths and concerns.

The Regional Program Specialist in each OCS region provides ongoing oversight and monitoring to residential and private child placing agency programs. All requests from OCS program field staff or from the facilities or private agencies concerning children in private provider placements are routed to State Office through the Regional Placement Specialists.

Based on reviews and reports, occurring at the time, OCS implemented an emergency policy in December, 2008 relative to CPI acceptance of non-reports on restrictive care facilities. The State Office Child Protection Investigation (CPI) Program Section now has to approve any non-acceptance reports made on residential facilities and/or staff to be sure that all appropriate reports are being investigated and to ensure consistency in report acceptance across the state.

In July, 2007, Home Development completed a Utilization Study in order to obtain an accurate list of certified foster homes statewide with the new expectation that Home Development staff would visit certified homes more frequently. All foster and adoptive homes were closed that were no longer available for placements.

The most promising practice at this point for improving overall standards of care and resource development is for the agency to adopt a proven, uniform and consistent level of care system for Louisiana institutions and foster homes based on their demonstrated capacity to meet the physical, emotional and mental health needs of children in care.

Barriers:

Barriers the State faces with regard to successfully addressing or implementing reforms are largely financial. As with all agencies budget limitations has impacted Licensing, Residential and Home Development with limited program and support staff positions and resources, e.g. supplies, equipment and services to increase placement resources. The agency is limited by current technology and delays in new programming due to a system of departmental priorities.

The current department structure or change in structure is not considered a barrier to implementing and upholding standards for foster homes and institutions unless the separation of the licensing functions for child placing agencies between OCS and OFS proves to be problematic in that OFS day care licensing surveyors are not qualified and experienced in licensing child placing agencies, especially complex agencies that provide public foster care and adoption services. As things currently stand, the restructuring of licensing, residential and private foster care has resulted in better coordination and thus improved safety for children in the Louisiana foster care system.

Item 42: Standards Applied Equally. *Are the standards applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds?*

Policy:

Louisiana Office of Community Services policy requires that all children whose placements are funded by title IV-E or IV-B have placements in approved foster family homes, child care institutions or day care centers that meet Class A Licensing standards. Standards are applied equally to all foster homes and institutions.

In response to the IV-E audit, in May 2005, LA DSS/OCS Licensing discontinued issuing provisional licenses. An initial regular license can be issued for a period not to exceed three months if an area of non-compliance does not present a threat to the health, safety or welfare of the facility occupants. If an approved corrective action plan is not completed within the 90 day period the license is revoked. As a result of the same audit findings, OCS discontinued emergency certification of family foster homes pending completing of the certification process.

OCS Home Development policy was revised effective January, 2005 to begin the recertification process three months prior to the certification deadline with a supervisor/worker staffing to assure the assignment and plan of action and items needed for timely recertification to occur. This revision allows for a recertification with a corrective action plan in place for a maximum of two months. No longer are extensions granted for delays in recertification.

A Final Rule was published in November amending the licensing standards in November, 2005. The Department of Social Services, Bureau of Licensing revised policy to allow for the periodic re-certification evaluations of family foster homes. It stated that "The Rule is being implemented to allow for longer certification time frames for foster/adoptive families in an attempt to prevent lapses in certification, which can impact federal IV-E funding to support the care provided to foster children in the custody of the state of Louisiana.

OCS Home Development now has the option of setting re-certifications deadlines every three years from the initial annual recertification so long as the home is in good standing i.e. no valid investigations of abuse/neglect, child care deficiencies or other concerns. This policy is coupled with requirements for support visits to foster homes within 10 days of the first placement and semi-annually from the date of the six month re-certification and first annual recertification. The purpose of the support visit is to observe the home environment, provide foster parents with information and education, to ensure the family's circumstances have not changed, to address the family's questions or concerns and make referrals to services or resources. The

support visits are documented in the record. If any concerns are identified during the home visit, the home is assessed for corrective action or de-certification and the annual re-certification deadlines may be reinstated.

Effective August 1, 2007, Regional OCS offices began conducting national fingerprint-based criminal clearance through the FBI PRINTRAK system for direct care staff of contracted residential and child placing providers caring for OCS foster children. Prior to the implementation of this procedure, the Bureau of Licensing and OCS required La. State Police clearances for child care staff. OCS Regional staff trained to complete fingerprint clearances for foster and adoptive parent applicants completes the fingerprinting on child care staff and signs the letter indicating that the fingerprint clearance was complete.

In the past, the agency experienced significant delays in waiver approvals by the Licensing Bureau which resulted in delayed certifications or re-certifications. The agency met with Licensing in relation to the IV-E PIP to improve the waiver process for the most common waiver requests. Refer to Item 41 for additional information.

Licensing/policy waiver requests are submitted in writing. The certification date cannot be effective until the waiver is obtained. Any foster/adoptive home that remains certified when not in compliance with licensing or agency policy requirements must be under an acceptable corrective action plan to resolve the problem that caused the non-compliance when the problem area to be addressed does not compromise the safety and/or well-being of the child/ren. Waivers are prohibited for criminal records specified in the Louisiana Child Protection Act and Public Law 105-89 or when the applicant is on probation/parole or cannot provide a disposition of a prohibited crime included in the criminal clearance. Office of Community Services policy allows for a waiver to licensing/policy standards when:

- The foster/adoptive parent is clearly able to meet the needs of a child placed in the home and meets all certification requirements other than the particular requirement in the waiver requested.
- The lack of compliance does not or will not present a safety or health hazard to a child
- The Home Development worker has the concurrence of the HD supervisor to certify a home with an approved licensing/policy waiver.
- If there is a child in the home, the child's worker and supervisor attest that certifying the home will not cause the child to be at substantial risk of harm and recommends that the home be certified
- The District Manager has reviewed the case and attests that certifying the home will not cause children placed in the home to be at substantial risk of harm
- Approval of the request will support permanency for the child.

OCS Policy requires that foster homes under investigation for abuse/neglect be put in suspend status. The Home Development sections, the gatekeeper for placements, are to allow no new placements in the home until the situation is satisfactorily resolved and the suspense is lifted.

As child-specific recruitment efforts increased and an emphasis was placed on finding relative connections to meet foster children's needs, home development staff identified a need for specialized training on child-specific certifications. A separate certification for relative providers is offered in every region. It is a condensed version of MAPP training.

Performance in Round 1:

Item 42 is rated as a Strength because the CFSR determined that the standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-E or IV-B funds. Stakeholders commenting on this issue for the onsite CFSR indicated that the standards are applied equally to licensed foster families and relative homes. Stakeholders noted that waivers can be requested, typically for non-safety-related issues.

Evaluative Assessment of Performance:

Eligibility Specialists statewide review cases for the child and provider's eligibility with federal requirements as outlined in 45 Code of Federal Regulations 1356.71 and Section 472 of the Social Security Act as amended. Home Development notifies the Eligibility Specialist when foster homes are certified, re-certified or not re-certified by submitting a FAST III form. Foster care staff notifies the Eligibility Specialist of any change(s) in

placement and if a relative has begun the certification process to become a certified foster parent. There is no specified timeframe but instructions to report changes to the Eligibility Specialist completes the family foster home certification, placement and re-placement process. The FAST III is a means of communicating changes to other staff within the agency.

The joint federal-state eligibility review of Louisiana's Title IV-E Foster Care Program held July 26-30, 2004, determined that the IV-E Foster Care Maintenance Program was not in substantial compliance with federal child and provider eligibility requirements for the period 10/01/003 through 03/31/04. Five cases were determined ineligible for federal funding, two for provisional residential provider licenses, two for lack of national criminal checks in the residential provider records, and one delayed family foster home re-certification. The IV-E Program Improvement Plan implemented by LA DSS for one year was approved effective 05/09/05.

A statewide review of OCS Home Development cases was completed in December, 2005. Lapses in certification contributed to the agency having to reimburse the federal government \$52,512/60 for the past year." Home Development policy was subsequently issued revising re-certification timelines, a change accepted by federal auditors. Refer to Item 41 for additional information.

RAM 05-050 required each Region to develop a monitoring system for timely completion of re-certifications and/or to evaluate the effectiveness of the procedures already in place. Each region submitted their monitoring system to State Office for inclusion in the PIP quarterly reporting. This information is not available.

The secondary Title IV-E Federal Review was held in State Office on 09/17-21/07. The review covered the period 01/01/06 – 03/31/07 and 150 cases were reviewed. The state passed the review. The one error related to a non-licensed foster home that was paid two months before being fully certified. The state reimbursed the money. Eligibility Specialists now confirm that the home is certified before allowing payments to be made. Based on the data presented in Item 41, 19% of foster homes are certified relative homes. Data is not available regarding the number of waivers granted for relative certified homes.

Licensing standards do not have variations solely for relative family homes. As presented in Item 41 agency policy describes certification of relative and non-relative foster homes.

Strengths and Promising Practices:

In 2006, OCS and the LA Foster Parent Association saw the passage of the Foster Parent Bill of Rights, by the 2006 Legislature of Act 439. The Foster Bill of Rights outlines proper procedures, policies, and practices that should guide the work and relationships between OCS and foster parents. Chief among those rights is the ability of foster parents to have a voice in the choices and decisions made by the agency on behalf of the children on their care.

Most recently, the Secretary has granted the Office of Community Services a temporary waiver to the licensing standard requiring tuberculosis (TB) testing for foster/adoptive parent applicants. The U.S. Department of Public Health (OPH) has ceased routine screening for low risk populations and foster/adoptive applicants have been identified as a low risk population. The waiver is effective through April 20, 2010.

Barriers:

The agency, with full support of the department has done everything possible to eliminate barriers and improve processes for timely and appropriate approval and utilization of foster homes and child care institutions for the safety, permanency and well-being of children in need of care.

Many times, children are placed in a relative home before the proper procedures are followed. These procedures include state central registry clearances and FBI clearance. This delay results in a financial hardship for the caregiver. The agency has made relative placements and later find out a family member has a criminal record that will not allow for us to approve the home or to obtain a waiver. This results in the children being replaced.

The Department of Social Services currently does not have a cumulative information system to provide data to track and allow all staff to access reports on foster homes and residential providers.

There is a shortage of respite providers and, in some areas of the state, a shortage of Class A Day Care Centers. Also, the current budget shortage necessitates reductions in the use of available day care services. Consequently, some foster/adoptive parents lack the support services they need to continue fostering and/or to sustain difficult placements.

Item 43 – Requirements for Criminal Background Checks. *Does the State comply with Federal requirements for criminal background clearances related to licensing or approving foster care and adoptive placements, and does the State have in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?*

Policy:

Licensing standards and agency policy require that a criminal record clearance be conducted on any individual interested in providing care and supervision of children placed in agency custody. The individuals include: prospective foster/adoptive applicants and all household members 18 years or older; non-certified caregivers, child placing agency staff; and private foster/adoptive applicants; and other potential caregivers. This is accomplished through fingerprints submitted to the State Police and Federal Bureau of Investigations via PRINTRAK Livescan equipment in the regional offices. In cases where the caregivers are unable to utilize PRINTRAK as a result of being physically challenged and unable to get to the office to be printed, manual fingerprints can be obtained. In addition, for adults who do not have fingerprints which can be clearly scanned or legibly rolled on a fingerprint card, a name clearance may be requested from the Louisiana State Police and the state law enforcement agency in any other states where the individuals have lived. The use of the PRINTRAK equipment has resulted in timely certification of foster families and hiring of staff at private agencies due to the quick response time. When the criminal clearance results are received, the Regional Administrator designee verifies and submits reports to the provider that no crimes in the Louisiana Child Protection Act and Public Law 105-89 have been committed. By law, OCS cannot release any information contained in the reports to the facility or the individual being fingerprinted. The original criminal clearances marked “Confidential” are maintained in a secure location in the OCS Regional Office.

The agency’s licensing staff monitors to ensure compliance in this area. During the last statewide assessment, criminal clearances were taking approximately 6 weeks to obtain. With PRINTRAK equipment, results are received within 24 hours of submission.

Families cannot obtain certification status or accept placements until they are cleared through a criminal background check. Negative results from a criminal clearance are assessed to determine the severity of the charge and the effect on placement. Louisiana law prohibits certification of applicants with convictions of certain crimes. These crimes are outlined in the law and in agency policy. All other convictions are open to waiver consideration, if the region feels the potential of the home outweighs the severity of the charge.

Performance in CFSR Round 1:

Item 43 is rated as a Strength because the CFSR findings indicate that Louisiana complies with Federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements for children. According to the Statewide Assessment, criminal background checks are required for foster and adoptive parents in Louisiana. Procedures for certification and recertification are standardized statewide.

Evaluative Assessment of Performance:

Quality Assurance data indicates compliance as follows:

Date	Compliance	Yes	No	App. Cases	N/A	Totals
10/03-9/04	66.1%	113	58	171	1446	1617
10/04-9/05	71.7%	104	41	145	1188	1333
10/05-9/06	78.9%	146	39	185	985	1170
10/06-9/07	58.4%	192	137	329	1190	1519
10/07-9/08	65.2%	208	111	319	1188	1507
10/08-7/09	72.8%	155	58	213	978	1191

Data shows that the criminal record clearances for non-certified foster homes since 2004 have significantly increased by 5.7%. The compliance rate for this type of home may be lower than certified foster homes due to the agency programmatic placements in and monitoring of the home.

When an adult joins the household, fingerprinting is completed. There is not a timeframe in policy regarding this but we are in the process of establishing a three day timeframe.

Strengths and Promising Practices:

A barrier the State has faced is obtaining criminal background clearances on staff of child care facilities prior to them beginning employment. The agency developed a Program Improvement Plan (PIP) after the 2004 IVE audit as the agency was cited on 2 cases. The citations were in regard to providers not having documentation of criminal background clearances on staff performing work duties. The PIP was completed and the agency passed the following IVE audit indicating that compliance in this area has improved. The Licensing automated tracking system does not contain information on individual citations, so the agency is unable to determine compliance in this area. A promising approach in this area is the development of a new automated tracking system. This new system will have the capability to track individual deficiencies and it will be implemented in 2009.

The agency does have a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children. The purpose of the case plan is to guide the worker, supervisor, parents, foster/adoptive parents and the court in working towards the goals of safety, well being, and permanence for the child. OCS policies and case plan forms are designed to meet all requirements of State and Federal laws on case planning. The case plan is developed with the parents, children, and the foster parents during worker contacts and finalized at the Family Team Conference (FTC). The case plan is updated on an on-going basis and formalized at each FTC.

Safety is assessed on an on-going basis through worker visits. Regular visits are mandated in policy by Foster Care and Adoption staff and safety issues are assessed during these visits. Home Development staff also conducts on-going in-home visits. These visits are to ensure that the home continue to meet the needs of the child.

The residential staff has redesigned the monitoring instrument for residential facility programs and is planning to begin making semi-annual monitoring visits. The new monitoring instrument reviews programs for Safety, Permanency and Well-being outcomes as well as for Systemic and Administrative Outcomes, the Physical Plant and for program strengths and concerns. Heretofore, monitoring has been done on an annual basis with technical assistance as the provider needed.

The Regional Program Specialist in each OCS region provides ongoing oversight and monitoring to residential and private child placing agency programs.

Barriers:

An area needing improvement is in utilizing relative resources for placement before a criminal background check is conducted. Agency policy requires that criminal clearances be conducted on all providers but in relative placements this is not always accomplished prior to placement. In cases where the placement is made prior to the clearance being conducted, a brief assessment of the home is made and the criminal clearance is to be conducted as soon as possible.

Item 44: Diligent Recruitment of Foster and Adoptive Homes. *Does the State have in place a process for ensuring the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed in the State?*

Policy:

Recruitment and retention plans are created at State Office level to provide for greater uniformity of efforts and outcomes throughout the State. The last five years of enhanced recruitment and retention efforts have resulted in our agency's promotion of a unified message to internal and external stakeholders. Nine dedicated regional foster/adoptive home recruiters, jointly trained in the areas of general, targeted, and child-specific recruitment, have spent the last 2 years flooding local communities with the message of need and strategies for communal involvement regarding potential foster and adoptive homes based on our children's culture, ethnicity, and special needs. From churches to schools, at local parks and restaurants, corporate offices to corner stores, Good Morning Acadiana to Baton Rouge's Around Town show; wherever an audience can be found, recruiters are on hand to share the message that providing safe and nurturing homes to all foster children is a communal responsibility and can only be realized through the joint efforts of skilled and trained agency professional and community partners.

Data pertaining to the demographic and geographic make-up of children coming into care is reviewed monthly and used by recruiters as the driving force to target homes and communities to compliment the needs of the children coming into care. The demographic breakdown of certified foster parents is also monitored monthly and incorporated into recruitment efforts. Particular emphasis is placed on parishes/communities having the greatest impact of children coming into care by sharing statistics pertinent to each community with the constituents of that community through public service announcements via various media outlets, dissemination of information to local community centers, faith-based institutions, and other entities involved in safeguarding the residents of these communities.

Regional recruiters provide monthly reports of their activities reflecting the recruitment and retention efforts in their region for the prior month. These reports are reviewed by the recruitment supervisor and best practices are identified and shared with other regional recruiters at monthly staff meetings. This affords all recruiters the opportunity to glean from the innovative practices of their colleagues. As these best practices are customized to fit the needs of the other regions, the goal of unified recruitment efforts throughout the state with more quantifiable outcomes is improving.

Performance in Round 1:

Item 44 is rated as a Strength because the CFSR determined that Louisiana has in place an identifiable process for assuring 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. The pool of foster/adoptive homes (57.4% African American and 42.6% Caucasian) matches the racial composition of children in foster care (58.5% African American and 39.3% Caucasian).

Evaluative Assessment of Performance:

TIPS data indicates that there were 4,681 children in foster care as of December 31, 2008; 50.3% (2,357) were African American and 47.7% (2,233) Caucasian. Another 1.6% (76) of the foster children was Hispanic. Of the 2,695 certified foster homes of the same time period, 45.1% (1,215) were African American and 52.3% (1,412) Caucasian. The other 0.6% of certified foster homes was labeled "other". Statistics show that 68.7% (3,217) were in non-relative placements, 8.5% (401) were in relative certified homes, and 22.2% (1,040) are in relative non-certified homes. Lastly, 87% (4,074) of the children in foster care are in a family home while only 11.4% (534) are in congregate care. This steadfast monitoring of the ethnic and racial diversity of the children as they come into care and the ongoing customization of recruitment strategies account for changes as they occur by dedicated regional recruiters who continue to align the makeup of Louisiana's foster and adoptive homes with the children being served. All children entering foster care are placed in a certified or licensed placement.

The increases in the number of callers to the Home Development Intake lines, and the number of persons attending Foster/Adoptive Parent Orientation each month indicate that recruitment efforts have been effective.

No valid data is available prior to 7/07. Recruiters began manually tracking and reporting the information in 7/07. Intake callers statewide, 7/07 to 12/07 there were 1708 calls,
1/08 to 12/08 there were 2642 calls
1/09 to 12/09 there were 2790 calls

Attendees to Orientation Statewide: 7/07 to 12/07 there were 473
1/08 to 12/08 there were 1174
1/09 to 12/09 there were 1420

We have not realized an increase in the number of certified homes so far due to statewide cleanup of our TIPS system which resulted in the closure of many homes open in error. Recruiters go out into their communities and share the message of need for more safe and nurturing homes for children in care from that area. Recruiters arm themselves with statistics of the number of children from a particular parish or county in care, and the message that our Agency's goal is to keep children in their community/neighborhood while their parents work on getting them back home safely. Recruiters engage the constituents of each community to take responsibility for caring for their children. Alliances are made with local media, churches, community leaders, school personnel, and others to partner with us to share this message of need. Once an Agency contact is made, recruiters stay in contact with these individuals from facilitating the Orientation sessions (or introduction to the Agency and the foster care/adoption processes) through to their certification or exit from the process. This personal touch better engages prospective foster/adoptive parents to not only start the process but to continue to the end because the recruiter serves as the conscientious reminder of why they started.

As children with special needs for care are identified, a referral is made to the recruiter who has built relationships with prospective foster/adoptive parents. Recruiters assess their pool of resources for possible placement options to meet that child's specific needs, or the recruiter begins from scratch with recruiting for a family to meet the child's needs. From Google searches of local agencies that work within the child's identified area of need for prospective parents, to commandeering a team of foster parents and other supportive members (child's teachers, therapist, pastor, etc.) to assist in searching for a prospective family willing and able to meet the child's needs; recruiters strategize to find a family to meet the special needs of each child in care.

Strengths and Promising Practices:

Positive retention efforts include the passing of the Foster Parents Bill of Rights, the creation of the Louisiana Advocacy Support Team (LAST), the growing efforts of the Young Adult Program (YAP) and Youth Advisory Council (YAC), and Court Improvement Projects that create new partnerships and accountability between the courts and OCS staff. Internal stakeholder retention efforts include a Statewide Foster Parent Appreciation and Support campaign with Casey Foundation which included a training in each region of how to support foster and adoptive parents, a panel discussion to include foster/adoptive parents, community partners, and motivational speakers to remind staff that we could not provide for foster/adoptive children without our dedicated foster and adoptive parents. Posters and other eye-catching written material were provided and continue to be highlighted in local offices throughout the State.

As child-specific recruitment efforts increased and an emphasis was placed on finding relative connections to meet foster children's needs, home development staff identified a need for specialized training on child-specific certifications. A separate certification for relative providers is offered in every region. It is a condensed version of MAPP training.

The inclusion of Foster Parent Focus Groups were used beginning in 2006 as Louisiana worked to unify and streamline recruitment and retention efforts as well as certification processes of foster and adoptive families. Greater consistency in the message given out to prospective foster parents, information needed to become a foster/adoptive parent, elimination of OCS jargon in presentations were all implemented/improved upon as a result of the September 2006 focus group summary. The 2006 focus group consisted of 12 certified foster and adoptive parents. Statewide enhancement and streamlining of training and retention have been making a difference. The results of another focus group of 4 respondents in October 2008 revealed that of these newly certified foster families all felt very good support from their first call to the Agency to Orientation, and throughout the certification process but felt abandoned of this supportive culture once certified.

The relationships that have been established and are continuously fostered by regional recruiters in their communities have created alliances with stakeholders throughout the State. The massive amount of free media, through public service announcements, regular television, newspaper, and magazine articles that present the Agency's commitment to finding safe and nurturing homes for foster and adoptive children have become "the norm" in many areas of the State. Adoptive children's biographical portraits are shared weekly, bi-weekly, monthly in many areas of the State on morning news shows (Home of My Own, Tuesday's Child, Ark-LA-Tek Angels) and in newspapers (Sunday's Child, Home of My Own, My Own Home) and more. Local recruiters have become icons of morning news shows such as the Good Morning Acadiana and WWL-TV's Morning News' quarterly Home of My Own interview. These features have made the message of communal responsibility and accountability more tangible to everyday viewers and have resulted in a new allegiance in local communities by individuals and corporate stakeholders to share in the drive to provide safe and nurturing homes for all of our children who need them in their own community.

The key collaborators include certified foster and adoptive parents, prospective foster and adoptive parents, and the many stakeholders throughout the communities. Pastors, faith-based organization leaders, community center directors, local media, judges, mental health providers and other healthcare providers, corner store owners as well as corporate directors provide a key service in the sharing of the message of need for safe and nurturing homes in every community to provide for children who need them.

The tailoring of recruitment efforts to meet regional needs while applying universal practices with quantifiable outcome is the agency's driving force. The cleanup of the agency's data system has provided a clearer picture of where we are in the number of children in care and the number of homes available in the areas where these children are being removed. Greater efficiency in tracking geographic and demographic trends of children coming into care will be matched with recruitment efforts to meet the needs. The greater inclusion of foster parents to assist in recruiting others from their communities will be maximized. Foster parent inclusion as trainers of new foster/adoptive parents has provided a needed personal insight over the last few years for prospective foster/adoptive parents. Their addition to universal recruitment efforts will continue to be a focus in years to come.

As the demographics in the southern regions of Louisiana changed due to Hurricanes Katrina and Rita, especially the Greater New Orleans area; general, targeted and child-specific recruitment efforts continue to evolve to meet the changes. Grass-roots recruitment efforts were implemented to include the regional recruiter going out to the communities as they repopulated, meeting with residents, pastors, community leaders, community center managers, and local media spokespersons to share data that reflects changes in the number of available foster and adoptive homes given the devastation of Katrina and Rita. Bringing into focus that as residents returned to trailer communities, lacking the familial and communal supports that they were once accustomed to, the need for new residents to step in and meet the needs of vulnerable children was imminent to safeguarding our returning residents. Many African-American communities were devastated and the area saw a great loss of communities of certified foster and adoptive homes in the New Orleans East areas, Gentilly, and the 9th ward.

Stakeholders to include OCS staff, foster and adoptive parents, judicial members, community partners, service providers, faith-based community, local media and more were personally asked to step in and provide for safe and nurturing homes for our children in need of them. The influx of Caucasians and an upper-middle class of applicants to apply to become foster and adoptive parents was realized in the Greater New Orleans area during 2007 and 2008 as these efforts were maximized to reach out to those who were able to provide homes while others rebuilt and stabilized their lives. The influx of Mexicans and Hispanics to provide labor as areas of Louisiana rebuilt brought a targeted shift to recruitment of foster and adoptive homes to include Hispanic homes to meet the needs of Hispanic children coming into care. As one or two Spanish-speaking families were recruited to become foster and adoptive parents, they were "recruited" to recruit others "just like them". This became the resounding message in the Greater New Orleans area and soon a similar message spread throughout Louisiana as these dedicated regional recruiters share "best practices" in recruitment with each other. As new applicants came in to Foster/Adoptive Parent Orientation or Informational sessions, they were encouraged to help us care for "all of the children of our communities" by bringing in at least 7 more persons "just like them".

Barriers:

Barriers to these customized recruitment efforts include turnover in staff; the lack of financial support to our foster/adoptive families; a lack of respite care to allow our dedicated foster parents rest along the way; emotional support to our kids, biological families, and foster/adoptive parents.

Semi-annual support visits are made to assist with support and retention of certified foster parents. These home visits by Home Development staff and recruiters give foster parents a time to share about the quality of their relationship with the Agency. There is a need for a foster parent liaison with home development/a paraprofessional who could work as a peer mentor to foster parents. This would enhance the communication between foster/adoptive parents and OCS but current funding would not accommodate the inclusion of this position. Foster parents also shared that the continuous change in foster care workers, due to staff turnover, creates a lack of consistency for the children and thus negatively impacts their ability to work with the children and the courts in providing a continuum of care.

Other barriers to recruitment efforts are: many foster parents really want to adopt and the agency's goal of reunification discourages prospective foster/adoptive parents; continued streamlining of the foster care system provides for reduced staff support to foster families; and, continued budgetary restraints and decline in supportive resources to foster families, which includes the challenges in finding viable respite services, continues to negatively impact recruitment and retention efforts.

Item 45: State Use of Cross-Jurisdictional Resources for Permanent Placements.

Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?

Policy:

Louisiana continues to improve its processes and use of the Photolisting Service of the Louisiana Adoption Resource Exchange (LARE) and National Exchanges to facilitate timely adoptive and permanent placement for waiting children. Much of the current policy relates to the use of manual LARE Photolisting Albums at Orientations, pre-service trainings, and at exchange meetings. Over the last several years the increased responses to Adoptive electronic Photolisting services has brought many inquiries and facilitated many matches for our waiting children. A lack of quantifiable baseline data to document these increases is noted but current changes are in place to assist in tracking these activities.

The enhanced version of the Child/Sibling Group Specific Recruitment Plan, now the OCS Form 2 CSRP was issued in July 2007. This delineates a clearer checklist, timeline, and accountability plan for ensuring timely action on behalf of children in waiting for adoptive and permanent placements. The process and Form 2 CSRP is very detailed and inclusive of reviewing prior connections to creating new ones, but a drawback to the new process is a need to review the accountability of each action enlisted on the document and to ensure that the agency representative with the greatest knowledge base in that area is completing the function. At a glance, the referral to the Adoptions Photolisting and Exchanges can be seen; regional flyers creation and dissemination to statewide recruiters and adoptions exchanges noted; new genogram completed and reviewed with the child; a recruitment team established; supportive services identified; Agency-based, local, and statewide resources identified and delineated; and an ongoing tracking of these cumulative services noted and assessed at least semi-annually for effectiveness and updated regularly by the adoptions worker and recruiter.

Enhancements to the LARE Photolisting and National Exchanges are in process. Regional recruiters have solicited the assistance of local professional photographers who are providing quality photos of our adoptive children on a regular basis. These photos are replacing the digital ones on their LARE profiles and have brought about a positive response from internal and external stakeholders. The recruitment supervisor now facilitates the follow-up of families to the Adopt-Us-Kids and Adoptions Photolisting sites. All referrals are monitored and followed up by recruitment staff effective July 2009 and will afford a better tracking of referrals and recruiters will become integral in ensuring that persons who inquire are routed to the correct person or process with less chance of disruption. It has already been noted that the number of inquiries generated through these electronic Photolistings is not realized in the number of outcomes to the local offices. Recruitment staff is working to track these inquiries and increase this area of outcome for our children.

The timely completion and receipt of home study requests through the Interstate Compact on the Placement of Children continues to provide a challenge to adoptive and permanent placement of children, especially with relatives out-of-state. The increase in the relative-placement requests has challenged the ability of the sending and receiving states to complete the home studies expeditiously as outlined in the Safe and Timely Interstate Placement of Foster Children Act of 2006.

Regional recruiters have adoption mini-exchanges bi-monthly during their monthly staff meetings. Tribal representatives and the adoptions program manager are invited to the exchange portions of these meetings quarterly in order to provide for a greater sharing of information regarding recruitment needs of our children and families. Bi-annual mini-exchanges in each region continue to bring together adoptions and home development staff, along with their regional recruiters to formally discuss and match potential families with children awaiting permanent homes.

Performance in CFSR Round 1:

Item 45 is rated as a Strength because the CFSR found that Louisiana has in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children. During the period October 1999 to September 30, 2001, 178 interstate adoptions were realized.

Stakeholders commenting on this issue noted that OCS/DSS is very successful in achieving cross-jurisdictional placements and makes effective use of multiple resources. Stakeholders said that although OCS/DSS has a strong inclination to keep children within Parishes, the OCS/DSS also uses interstate compacts, the Internet, private agencies, and adoption exchanges to secure suitable placements for children within the State and across State lines.

Evaluative Assessment of Performance:

OCS Quality Assurance data regarding Statewide Exits to Adoption in less than 24 months notes the national percentile of 36.8. The following current year data for Louisiana changes as the year progresses as follows:

1999 – 10.97%	2003 – 19.36%	2007 – 30%
2000 – 12.84%	2004 – 21.93%	2008 – 23.62%
2001 – 12.18%	2005 – 24.89%	2009 – 27.20%
2002 – 18.11%	2006 – 19.75%	

Though we continue to fall short of the national percentile of children exiting to adoption in less than 24 months of 36.6%, we have made significant increases over the last 10 years from less than 11% to more than 27.2%. OCS Quality Assurance data regarding Statewide Exits to Adoption – Median indicates a national percentile of 27.3 or lower. The following current year data for Louisiana changes as the year progresses as follows:

1999 – 47.84%	2003 – 35.22%	2007 – 29.69%
2000 – 44.35%	2004 – 34.27%	2008 – 32.53%
2001 – 41.64%	2005 – 30.51%	2009 – 31.18%
2002 – 36.32%	2006 – 32.79%	

In the area of children adopted in less than 12 months, the national percentile is 53.7%, and again, though we fall short of the benchmark, we have again realized marked improvement over the last 10 years from 37.08% to 47.1%. Continued enhancement in areas of child-specific recruitment and electronic Phototlisting are working to improve upon the outcomes in these areas.

Key collaborators in this area include state agencies responsible for completing home studies, prospective adoptive and permanent placement families, relatives of waiting children, tribal representatives, and adoption resource exchanges (local and national).

Louisiana on January 14, 2010, had 4395 children in foster care with 102 being in out of state placements; however, no children are in out of state residential settings.

Strengths and Promising Practices:

Promising efforts in the area include the transfer of the Photolisting's follow-up to the recruitment staff to ensure that persons are timely routed to through the system and invited to a local Orientation to begin the certification process if warranted, or are properly directed to the correct regional office to begin an ICPC request if it is deemed appropriate.

The recruiter supervisor is reviewing and updating the child specific recruitment processes to give better accountability to the functionality of the Agency staff assigned to implanting and accounting for the tasks.

The Louisiana Department of Social Services (DSS) has been awarded more than \$1.2 million from the U.S. Department of Health and Human Services (HHS) for exceeding past years' efforts to move the state's foster children into permanent adoptive homes. In Federal Fiscal Year 2008, 433 families adopted 587 Louisiana foster children, including 299 special needs children and 117 children over the age of nine. Louisiana's award for 2008 totaled \$1,206,559 and was the ninth largest amount awarded to the 37 states that met the criteria.

Barriers:

Some challenges to meeting these goals include the permanent connection measures. The willingness of adoptive parents to commit to maintaining permanent ties with the birth families of children, whom they are interested in adopting, is a hindrance to many prospective adoptive parents. Staff shortages to implement these child/sibling specific recruitment plans are also a challenge to meeting these goals. The recruitment plan's outcomes are contingent upon an intensive records review and interaction with the child and all persons who have been involved in his/her life to date.

The Adoptions Photolisting and Exchanges can be seen; regional flyers creation and dissemination to statewide recruiters and adoptions exchanges noted; new genogram completed and reviewed with the child; a recruitment team established; supportive services identified; Agency-based, local, and statewide resources identified and delineated; and an ongoing tracking of these cumulative services noted and assessed at least semi-annually for effectiveness and updated regularly by the adoptions worker and recruiter. Major challenges to this process lay in staff shortages resulting in a lack of consistent updating of the many facets included in the process.

Louisiana is working toward attaining the goal defined in Sec. 473B to receive incentive payments for completion of home studies within 30 days (according to its plan). OCS has not met this goal to date. Internal impediments to the completion of local home studies realized in this area include staffing shortages and the in-depth measures needed to ensure the safety of the home. Added challenges to the interstate home study completion process include the challenges of working between two states. The increased demands in this area as a result of the special needs experienced post-Hurricanes Katrina and Rita have stabilized.

SECTION V. STATE ASSESSMENT OF STRENGTHS AND NEEDS

Since CFSR Round 1, Louisiana has demonstrated improvements in many areas. A comparison of Louisiana's performance reflected in the CFSR Data Profile for FFY 2001 and FFY 2008 demonstrates improved performance on five of the six national data indicators examined in Round 1. Louisiana's 2008 performance on the Round 1 performance indicator for placement stability was below its 2001 performance. A comparison of OCS Webfocus data for FFY 2001 and FFY 2008 on the 17 national indicators examined in Round 2 likewise demonstrates improved performance on 15 of the indicators. Louisiana's 2008 performance on (1) median months in care for exits to reunification and (2) percentage of children in care for less than 12 months with no more than 2 placement settings was below its FFY 2001 performance. Louisiana Peer Case Review findings between Round 1 and Round 2 also demonstrate improvement on many items.

Louisiana's child welfare agency achieved accreditation and has maintained this standing with the Council on Accreditation (COA) since 2003. It is currently undergoing re-accreditation with final reviews and decisions expected in late Winter/early Spring 2010. To date, five regions as well as the OCS State Office have completed and been determined to be in compliance with COA standards. The Office of Juvenile Justice and all of its contract providers are accredited by the American Correctional Association. Through accreditation, Continuous Quality Improvement (CQI), and partnership with the Louisiana Court Improvement Program, the state has continued to reinforce and build upon its strengths in the seven systemic factors examined through the Child and Family Services Review. All seven systemic factors were strengths for Louisiana in CFSR Round 1.

In sum, Louisiana has demonstrated substantial improvements in its child welfare system and an unwavering commitment to continuous quality improvement despite formidable challenges since CFSR Round 1.

STRENGTHS

The seven systemic factors and Safety Outcome 2 are primarily strengths for Louisiana.

Statewide Information System

The statewide information system is primarily a strength. Louisiana's Tracking Information and Payment System (TIPS) for DSS/OCS and Juvenile Electronic Tracking System (JETS) for OJJ can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or who was in care within the immediately preceding 12 months) in foster care and is available to all child welfare staff statewide. Louisiana has additional automated systems that provide further information and functionality. Key opportunities for improvement are (1) to integrate or link the multiple systems into one comprehensive system with user friendly functionality and robust analytical and reporting capability, and, (2) to continually enhance the utility of the system by teaching staff how available data at the region, parish and supervisory levels can assist them in understanding and managing their cases.

Case Review System

The case review system is primarily a strength in Louisiana. Louisiana has detailed processes and timelines defined in law and policy requiring written case plans in conformity with federal requirements for every child in care, periodic reviews of the child's status occurring every six months, permanency hearings being held every 12 months, and termination of parental rights proceedings complying with the federal Adoption and Safe Families Act. Quality assurance data reflects that in more than 95% of cases the initial case plan is developed within 60 days of foster care entry and administrative case reviews are held every six months. Quality assurance data also reflects that in more than 90% of cases permanency and subsequent permanency hearings are held timely every 12 months.

Key areas of improvement include effective involvement of children, youth, parents, and foster families in case planning and decision-making processes by the agency and court; termination of parental rights proceedings being filed within ASFA timeframes or exception documented; agency staff training on effective court presentation; effective docketing and workload management by the court system; sufficient, adequately trained attorneys to represent children, parents, and the agency; and foster caregivers' being provided timely written notice of permanency hearings.

Quality Assurance System

The quality assurance system is primarily a strength. For many years, Louisiana has implemented standards of care and practice utilizing the Consolidated Child and Family Services Plan, DSS/OCS and DPSC/OJJ policy, and licensing regulations. The quality of the practice and care of children is tracked and evaluated through many levels of quality assurance from the individual case to aggregate data levels. Louisiana is in compliance with COA standards for Performance Quality Improvement (also known as Continuous Quality Improvement) for assuring children are provided quality services that protect their safety and health. Critical performance data, including all CFSR performance indicators, is available to staff at all levels from front-line staff through the Secretary of the Department for assessing strengths and needs of the service delivery system and making appropriate adjustments to optimize outcomes for children and families.

Key areas for improvement include a need to communicate and reinforce core performance objectives and to enhance use of key data elements to guide practice analysis at the regional and field levels, to expand analytic capacity in human and technological terms, and to consistently utilize the CQI process to assess the impact of policy, program, and practice changes on outcomes for children and families and foster an on-going cycle of innovation and improvement.

Staff and Provider Training

Louisiana operates a strong Staff and Provider Training system which provides the essential infrastructure to support, in a comprehensive and multifaceted approach, the goals and objectives in the state's approved CFSP, and provides training based on identified competencies necessary to promote successful delivery of services pursuant to the state's responsibilities under titles IV-B and IV-E. The agency consistently utilizes opportunities to engage in rigorous and detailed self-assessment of our workforce development issues, strengths, and needs. Training staff and partners are committed to the on-going review and revision of child welfare curricula so as to be responsive to changes in policies, practices, and performance expectations. Since the first CFSR, Louisiana's initial training curriculum for child welfare staff has been significantly expanded and exceeds state mandates for requisite hours and topics for newly hired staff. Louisiana also consistently embraces opportunities for improving practice through access to enhanced workforce development training and supports available to us in collaboration with our state and national partners.

Areas needing improvement include: (1) Better use of technologies to provide a variety of platforms and environments to facilitate staff and foster parents' access to state of the art, competency-based learning opportunities, including, but not limited to, opportunities for staff, supervisors, and providers to enhance clinical skills and increase knowledge of evidence-based interventions within a systems of care approach; and (2) redesign of in-service training for foster parents consistent with their current needs.

Service Array and Resource Development

Service array and resource development is primarily a strength. Louisiana took advantage of opportunities brought about by the storms in reevaluating and rebuilding certain aspects of the service array and partnering with fellow Federal, State, Tribal, and community agencies. The agency's plan has focused directly towards the redesign of front-end services with special emphasis on prevention, CPI intake and decision-making, the development of a continuum of care to prevent and respond to child maltreatment, meeting the individual needs of the family and child, and the evaluation of the current residential processes with the introduction of evidence-based short-term therapeutic interventions with demonstrated positive outcomes. The agency has implemented a number of front-end services and continues to evaluate and plan additional services. The safety and well-being of children within continued assessment and enhancement of relative and foster homes and residential settings, the individualization of family and child's needs with the use of Structured Decision Making and Assessment of Family Functioning/Case Plan, the provision of services with the focus on local and statewide availability, the achieving of timely permanency by reunification with parents, relatives and/or an adoptive family, and the focus on aging out youth for permanency and livelihood all continue to be held as the utmost goals of foster care.

State officials with the Departments of Health and Hospital, Education, Social Services, and Juvenile Justice are collaborating to explore funding methodologies and connecting services between agencies for children and

families with similar needs. All of these agencies serve similar groups of people who have behavioral and mental health issues. The merging of resources and services will allow a higher standard of care for children and families.

Key opportunities for improvement relating to Service Array and Resource Development include the need to stabilize, strengthen, and support the overall child welfare workforce. A steady workforce allows for skills to locate and engage family members, children and other case partners, reliable development and implementation of the assessment instruments, and effective case planning to achieve the goals of safety, permanency, and well-being.

There is also a vital need to explore grants and other funding opportunities for continuing and expanding the YAP program as state general funds previously used to fund the program are no longer available. Supplemental SSBG funds are filling that gap beginning July 1, 2009, but only for one year. Efforts to establish additional transitional housing have been sidetracked by Hurricane Gustav and the economy. There is also a need to carefully monitor the availability of community based services and supports to children and families generally during the current economic downturn. Due to state fiscal constraints, Louisiana had to reduce funding to family resource centers in the current state fiscal year.

Agency Responsiveness to the Community

Agency responsiveness to the community is primarily a strength. Louisiana has a highly structured CQI process for stakeholder involvement to assure that community involvement is an ongoing process, not an annual event related to plan development. Stakeholders have contributed to planning efforts through attending planning meetings, reviewing and analyzing data, and sharing their perceptions of how OCS could improve services. Participation is excellent from the court system, tribes, foster parents and youth.

The input of external partners has resulted in very significant agency changes. Collaboration with National Child Welfare Resource Centers (NRC), private foundations, other child welfare agencies and local stakeholders has also resulted in an expanded, evidence-based service array including Alternative Response Family Assessment, Intensive Home Based Services, Multi-Systemic Therapy, and in-house substance abuse counseling; increased availability of viable foster family/adoptive homes and a reduction in the number of children and youth served in residential treatment facilities; redesigned services for adolescents in foster care and young adults who have aged out of foster care; development of a post-graduate Adoption Competency Certificate Program for OCS and private adoption agency staff. Key opportunities for improvement relate to providing for greater participation and input by biological parents, tribal youth, and relative caregivers.

Foster and Adoptive Home Licensing, Approval, and Recruitment

The Foster and Adoptive Parent Licensing, Recruitment and Retention systemic factor has been an ongoing strength for Louisiana. Foster parent licensing standards are implemented statewide and are reviewed for compliance by the Licensing Section. Licensing also licenses the residential treatment care programs along with private child placing programs. Licensing standards and DSS/OCS policy include comprehensive expectations surrounding home studies, certification, qualifications and responsibilities of foster parents, placement agreements, child services, complaint and grievance procedures as well as procedures that address environmental, health, and safety concerns. Louisiana applies standards equally to all foster homes with provisions for waivers on a case by case basis. Conviction of certain crimes, however, will bar certification. Louisiana has implemented criminal record checks for all adults in foster/adoptive homes. Use of the system, PRINTRAK, allows fingerprints to be submitted to the State Police and Federal Bureau of Investigation and has resulted in a quicker response time and more timely certification of foster/adoptive families.

With regard to residential placements, the Licensing Section monitors the providers for compliance with licensing standards while the residential treatment section monitors providers for compliance with provider agreements, provides technical assistance, and manages child specific placements. Louisiana is experiencing some of the same difficulties with foster/adoptive home recruitment as other states. Louisiana did, however, hold a Statewide Foster Parent Appreciation and Support campaign with support and participation of the Casey Foundation which included a training in each region of how to effectively and significantly support foster/adoptive parents.

Foster parent recruitment is based on the population of the children in care. Louisiana continues to improve the process and use of the Photolisting Service of the Louisiana Adoption Exchange (LARE) and National Exchanges for timely adoption and permanent placement. Louisiana also has an enhanced version of the Child/Sibling Group Specific Recruitment Plan to assist in permanency efforts.

Key areas for improvement include focusing on areas that will customize recruitment efforts and offer more supports and resources to foster parents. It would also be helpful to look at a cumulative information system where data could be tracked and allow all staff access to reports on foster homes and residential providers.

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

Safety Outcome 2 – Children Are Safely Maintained In Their Homes Whenever Possible and Appropriate is primarily an area of strength in Louisiana though there are some areas where on-going improvements must continue to be made. Statewide peer case review (PCR) findings reflect Item 3 - Services to the family to protect children in the home being rated as a strength in 96% of applicable cases (164 cases). Louisiana's performance has improved on this item since CFSR Round 1 when it was identified as an area in need of improvement based on on-site review findings that only 79% (22 cases) of the 28 applicable cases were determined to be strengths. Louisiana's rate of re-entry into foster care for FFY 2008 as measured by national data indicator C1.4 Re-entries into foster care in less than 12 months is also very low at 6.7% and was a strength for Louisiana in CFSR Round 1 as well.

PCR findings also reflect strong performance on Item 4 – Risk Assessment and Safety Management with 92% (275 cases) of applicable cases being found to be a strength and 8% of cases (25 cases) being found to be an area in need of improvement. This item was identified as a strength for Louisiana in CFSR Round 1. Of the 48 applicable cases reviewed in the on-site, 85% (41 cases) were rated as a strength.

Key strengths include the Leading Innovations in Family Transformation and Safety (LIFTS) and Focus on Four reforms as well as expansion of the array of evidence-based services available to safely maintain children in their own homes. While Peer Case Review findings reflect strong performance on Items 3 and 4, the impact of these investments on other key performance indicators including child maltreatment recurrence and foster care re-entry are not clear. Key opportunities for improvement include better understanding of the impact of these reforms on core performance indicators and the development of quality of care process measures to inform and improve practice relating to safety and risk assessment. Quality assurance data and focus group feedback also reflect opportunities for improvement relating to workforce and technology investments.

AREAS NEEDING IMPROVEMENT

Safety Outcome 1, Permanency Outcomes 1 and 2, and Well-Being Outcomes 1, 2, and 3 are primarily areas needing improvement in Louisiana.

Safety Outcome 1: Children are protected from abuse and neglect.

Louisiana's performance on the two national data indicators relating to Safety Outcome 1: Children Are Protected from Abuse and Neglect denote it is an area needing improvement. Louisiana's FFY 2008 performance of 93.5% on national data indicator S1 – Absence of maltreatment recurrence falls short of the national performance standard of 94.6%, while slightly exceeding the national median performance of 93.3% and Louisiana's FFY 2001 performance of 93.2%. Louisiana's FFY 2008 performance of 99.53% on national data indicator S2 – Absence of child abuse and neglect in foster care within 12 months also falls short of the national performance standard of 99.68%, while exceeding the national median performance of 99.5%. Louisiana's performance on the CFSR Round 1 national data indicator relating to maltreatment in foster care demonstrated improvement. Data from Louisiana's Peer Case Review and ACCESS system reinforce Safety Outcome 1 being an area needing improvement in Louisiana.

Key strengths relating to Safety Outcome 1 include a focus on improving the safety and well-being of children in residential treatment facilities through adoption of strict policies relating to placement of younger children, licensing and contract expectations reinforcing the critical importance of protecting children from abuse and neglect while in the facilities, and a focus on maintaining or returning children to family settings. Key

opportunities for improvement include timely initiation of investigations and a better understanding of the key factors influencing maltreatment recurrence in Louisiana.

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

Louisiana's performance on the four permanency data composites relating to Permanency Outcome 1: Children Have Permanency and Stability in Their Living Situations denote it is an area needing improvement. While Louisiana exceeded the national performance standard for Permanency Composite 1 – Timeliness and Permanency of Reunification and Permanency Composite 2 – Timeliness of Adoptions, it underperformed the national standard for Permanency Composite 3 – Permanency for Children and Youth in Foster Care for Long Periods of Time and Permanency Composite 4 – Placement Stability. In the latest round of Louisiana's Peer Case Review process, only 1 of the 6 items, namely Item 5 – Foster Care Re-entries, relating to Permanency Outcome 1 was determined to be a strength in more than 95% of the cases reviewed.

Key strengths demonstrated by Louisiana relating to Permanency Outcome 1 include low foster care re-entry, large increase in the percentage of children reunified with their parents or relatives, dramatic improvement in the timeliness of adoptions within 24 months, and improvements in progress toward adoption for children in foster care for 17 months or longer. Key opportunities for improvement include timeliness of reunification, stability of foster care placements, and permanency for children and youth in foster care for long periods of time.

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

While Louisiana demonstrates substantial strengths in preserving the continuity of family relationships and connections for children, Permanency Outcome 2 is primarily an area in need of improvement based on PCR and QA data reflecting the need for greater facilitation of visits and connection with parents and siblings, greater engagement and involvement of fathers, and earlier identification and use of relatives as placement resources when appropriate.

Key strengths for Louisiana relating to Permanency Outcome 2 include placement of foster children in close proximity to their parents/communities and with siblings; large increase in the use of relative placements; and increased focus on preserving connections. Key areas for improvement include facilitation of visits with mothers, fathers, and siblings; maintenance of the relationship of child in care with parents; on-going work in identifying and connecting with fathers and relatives early in the case; and on-going work in preserving and re-establishing connections.

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

This is an area needing improvement in Louisiana. Quality assurance data and Peer Case Review findings document the need for improved performance in all items examined including needs assessment and service planning, involving children and parents in case planning, and visiting with children and parents in in-home and foster care cases.

Key strengths for Louisiana relating to Well-Being Outcome 1 include expanded in-home service array and utilization of new assessment tools and processes including the GAIN-SS, Assessment of Family Functioning, Alternative Response Family Assessment, substance abuse assessment by in-house substance abuse counselors, and Cuyahoga County child assessment tool.

Key opportunities for improvement relating to Well-Being Outcome 2 include sustaining and evaluating a continued focus on effective assessment and case planning for in-home and out of home cases, increasing the understanding of and communication with foster parents regarding the needs of children placed in their homes, greater involvement of children, youth, and parents in case planning and decision-making at the agency and court level, and more frequent, quality, documented visits by caseworkers with children and parents.

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

While Louisiana has demonstrated substantial improvements toward children receiving appropriate services to meet their educational needs including 94% of cases reviewed through PCR being found to be strengths for

Item 21, Well-Being Outcome 2 remains an area needing improvement based on data reflecting very poor educational outcomes for foster children.

Key strengths for Louisiana for Well-Being Outcome 2 include 2009 state legislation supporting children remaining in their schools of origin upon entering foster care and collaboration between the state child welfare agency and the Department of Education relating to the sharing of critical educational data. Key areas for improvement include strategies for consistently evaluating children's educational needs and providing appropriate services responsive to those needs.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Overall, Well-Being Outcome 3 remains primarily an area needing improvement in Louisiana based on the lack of appropriate, integrated mental health services available statewide to meet the needs of children in the child welfare system. Key strengths for Louisiana include sustained provision of adequate services to meet the physical health needs of children, though some issues remain relating to dental health needs. Another key strength is the pool of mental health providers experienced in serving child abuse and neglect victims available through the DSS/OCS Mental Health Provider Program (sometimes also referred to as the CEP Program). Louisiana also continues to advance strategies for more effectively meeting the mental health needs of children involved in the child welfare system through implementation of evidence based approaches including the Homebuilders Model of Intensive Home Based Services and Multi Systemic Therapy and innovative programs such as the Infant Teams in Orleans and Jefferson Parishes, the Infant, Child, and Family Center in the Greater Baton Rouge area, and inter-departmental Systems of Care work related to high risk infants.

Key areas for improvement include expanding the availability and array of evidence based services for meeting the mental health needs of children in the child welfare system statewide, including trauma informed treatment strategies, infant mental health, and appropriate behavior intervention strategies for children struggling in family and school settings. Children, youth, staff, child advocates, and community partners all expressed concerns regarding the appropriate use of psychotropic medications. A related concern is the severe shortage of child psychiatrists available statewide to consult and oversee psychotropic medication usage.

Another key area for improvement includes increasing the clinical competencies of child welfare staff in understanding and facilitating integrated, holistic approaches to meeting the mental health needs of children through coordinated family, school, community, and provider interventions and strategies. Parents, foster parents, and relative caregivers must also be provided with the knowledge, information, and supports they need to understand and effectively meet the needs of children in their care.

TWO ADDITIONAL SITES FOR ON-SITE REVIEW: **SELECTION CONSIDERATIONS AND RECOMMENDATION**

1. Data Issues

- a. A high degree of variability on CFSR Measures
 - i. Large regional ranges between highest and lowest performing regions.
(Used DSS Child Welfare Children only)

Measure	Standard	State Perf	Regional Range
S1	94.6	93.06	8.74
S2	99.68	99.08	1.39

Measure	75th %ile	State Perf	Regional Range
C.1.1	75.2	64	22.7
C.1.2	5.4	9.86	8.91
C.1.3	48.4	47.37	26.99
C.1.4	9.9	7.68	10.34

Measure	75th %ile	State Perf	Regional Range
C.2.1	36.6	27.54	48.52
C.2.2	27.3	30.72	19.43
C.2.3	22.7	24.71	24.19
C.2.4	10.9	16.53	26.98
C.2.5	53.7	51.3	56.4

Measure	75th %ile	State Perf	Regional Range
C.3.1	29.1	29.36	29.11
C.3.2	98	91.23	32.67
C.3.3	37.5	59.79	41.77

Measure	75th %ile	State Perf	Regional Range
C.4.1	86	82.88	12.33
C.4.2	65.4	62.51	14.24
C.4.3	41.8	38.14	43.91

- ii. 7 different DSS regions were ranked 1 or 2 in first 6 CFSR Measures (2 Safety and 4 Permanency Composite 1).
- iii. 7 different DSS regions were ranked 9 or 10 in first 6 CFSR Measures (2 Safety and 4 Permanency Composite 1).
- iv. 9 of 10 regions covered by 1, 2, 9, or 10th ranking.

v. Conclusion – the CFSR measures do not have a pattern that will suggest a site.

b. Population Data

i. Louisiana

People Quick Facts

	Louisiana
Population, 2008 estimate	4,410,796
Population estimates base (April 1) 2000	4,468,968
Persons under 5 years old, percent, 2008	7.00%
Persons under 18 years old, percent, 2008	25.10%
Persons 65 years old and over, percent, 2008	12.20%
Female persons, percent, 2008	51.50%
White persons, percent, 2008 (a)	64.80%
Black persons, percent, 2008 (a)	32.00%
American Indian and Alaska Native persons, percent, 2008 (a)	0.60%
Asian persons, percent, 2008 (a)	1.40%
Native Hawaiian and Other Pacific Islander, percent, 2008 (a)	Z
Persons reporting two or more races, percent, 2008	1.10%
Persons of Hispanic or Latino origin, percent, 2008 (b)	3.40%
White persons not Hispanic, percent, 2008	61.90%

ii. Children Regional Population – **southern regions in bold**

- 1. 807,876 Southern parishes
- 2. 300,097 Northern parishes

2008 Census Child Population Estimates Regionalization of parishes done by Joe Keegan		
Region	Year	Under 18
01	2008	64,171
02	2008	132,396
03	2008	137,226
04	2008	118,874

2008 Census Child Population Estimates Regionalization of parishes done by Joe Keegan		
Region	Year	Under 18
05	2008	166,176
06	2008	72,376
07	2008	78,463
08	2008	138,555
09	2008	83,079
10	2008	116,657

iii. 25% Rural Population <http://www.raconline.org/states/louisiana.php>

1. “with a 2008 estimated population of 4,410,796 people – with 1,133,982 people living in rural Louisiana (USDA-ERS).” Downloaded 10/26/09.

iv. **Conclusion – Have two sites in south LA and one in more northern LA consistent with child population statistics. Choose one rural site and one more urban site.**

c. Child Welfare FC data

REGION	Census 2008 Pop Est Children <18	Percent of State Total	# Foster Children as of 10/15/2009	PERCENT of State Total	FC Pop per 1000 Census Pop Children
ORLEANS_DISTRICT	64,171	5.8%	133	2.8%	2.1
BATON_ROUGE	132,396	11.9%	212	4.4%	1.6
COVINGTON	137,226	12.4%	851	17.9%	6.2
THIBODAUX	118,874	10.7%	367	7.7%	3.1
LAFAYETTE	166,176	15.0%	956	20.1%	5.8
LAKE_CHARLES	72,376	6.5%	517	10.8%	7.1
ALEXANDRIA	78,463	7.1%	420	8.8%	5.4
SHREVEPORT	138,555	12.5%	559	11.7%	4.0
MONROE	83,079	7.5%	384	8.1%	4.6
JEFFERSON_DISTRICT	116,657	10.5%	329	6.9%	2.8
OTHER			39	0.8%	
TOTAL	1,107,973	100.0%	4,767	100.0%	4.3

i. **Conclusion – Since Orleans has a very low rate of children in foster care, choose two sites from regions that have higher rates of foster children per 1000 child census population. Alexandria and Lafayette regions are two such areas.**

d. Hurricane Impacts

- i. South LA has been hit by four hurricanes since 2005. In 2008 LA successfully completed the largest emergency event evacuation; most shelters were in north LA followed by emergency food stamp operations in south LA.
- ii. North LA now has the vast majority of the shelter beds in LA.
- iii. Middle LA has some shelters, but not hit like the southern and not sheltering like the northern parishes

iv. **Conclusion –**

1. **Choose sites that have different hurricane experiences and hurricane impacts.**
2. **Choose a southern Louisiana site impacted and damaged, but not devastated by the hurricanes, Lafayette Region. The more southeastern and southwestern sites had more direct hits from the four hurricanes. The other regions had higher degrees of impact, and Orleans is already a site.**
3. **Choose a region from the northern parishes which had more emergency sheltering responsibilities than direct hurricane damage. We chose**

Alexandria Region, because it does not have the highest number of shelter beds. Monroe and Shreveport Regions have the majority of shelter beds. In 2008 LA accomplished the largest peacetime evacuation in history with a full coastal evacuation. The northernmost regions shouldered the responsibility for high volume shelters. They still maintain that responsibility and emergency response activities each year.

e. Collaborations

i. Court Improvement Program

1. The CIP is very active in LA and the 16th Judicial District is very active in the CIP. Judge Porter has been involved in the broader process and on the subcommittee on disproportionality and disparity issues. The 16th JDC comprises Iberia, St. Mary and St. Martin parishes in Lafayette Region.
2. Rapides Parishes is in the Alexandria Region where we have very strong judges and partnerships with the courts.

ii. Tribal Agency partnerships

1. During the last CFSR the Chitimacha Tribe - Head of Social Services was one of our statewide stakeholder interviewees. This tribe is located in St. Mary Parish. The Chitimacha Tribe and the Department work well together.

iii. Both Rapides and 16th JDC parishes are Models for Change sites for the John D. and Catherine T. MacArthur Foundation, designed to accelerate reform of juvenile justice systems across the country.

2. Other Site Selection Considerations

- a. Adoption Cases – Louisiana handles FC cases waiting adoption in their regional offices. Louisiana wanted to select two regional office sites (urban) to include adopted adoption cases, Orleans and Rapides. The selection of the parishes of the 16th JDC allow the inclusion of cases with a goal of adoption, but not completed termination proceedings.
- b. Adequate Cases – the two sites appear to have adequate cases.
- c. Hotels – New Iberia has good hotel accommodations, as does Alexandria.
- d. Orleans and Rapides are Office of Juvenile Justice regional office sites, while the 16th JDC parishes are not. This will result in juvenile justice cases in the two of the site reviews.
- e. Both Rapides and 16th JDC parishes have relatively strong performance in seeing children within CPI response priority (71% and 67%)
- f. Rapides has weaker Composite 1 measures while the 16th JDC Parishes have strong Composite 1 measures.

3. Suggested Sites

a. **Rapides Parish** – Consists of Rapides Parish (Alexandria) Office and Alexandria Regional Office

	1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	2.5
Rapides	54.3%	11.8	34.8%	15.1%	40.0%	25.5	47.5%	34.0%	88.5%
	3.1	3.2	3.3	4.1	4.2	4.3			
Rapides	42.0%	94.3%	100.0%	80.2%	52.0%	27.2%			

b. **Iberia, St. Mary and St. Martin Parishes** – comprises the 16th JDC. LA would be open to limiting this site to Iberia and St. Mary for ease of logistics.

	1.1	1.2	1.3	1.4	2.1	2.2	2.3	2.4	2.5
Iberia Parish	60.6%	6.8	50.0%	5.3%	#NULL!	#NULL!	0.0%	0.0%	#NULL!
St. Martin	63.6%	10.5	45.8%	4.7%	#NULL!	#NULL!	0.0%	0.0%	0.0%
St. Mary	77.4%	10.1	66.7%	7.1%	#NULL!	#NULL!	0.0%	0.0%	#NULL!
	3.1	3.2	3.3	4.1	4.2	4.3			
Iberia Parish	25.0%	0.0%	50.0%	82.7%	62.9%	32.3%			
St. Martin Parish	20.0%	100.0%	100.0%	80.0%	81.8%	33.3%			
St. Mary Parish	75.0%	#NULL!	100.0%	58.7%	42.9%	33.3%			

Louisiana Statewide Assessment Process and Participants

Louisiana initiated its Round 2 Statewide Assessment process with a CFSR Kick-Off Event held June 16, 2009. Over 125 participants representing a wide array of child welfare professionals, community partners, and youth were in attendance along with vital partners from the federal ACF Dallas Regional Office and the National Resource Centers on Organizational Improvement and Data and Technology. Participants included partners and stakeholders with whom Louisiana consults in preparing its Consolidated Five Year State Plan and Annual Progress and Service Review. Participants also included individuals who will be involved in Louisiana's on-site review as well as Program Improvement Plan development and implementation.

Work Groups were initiated at the meeting to address key components of the Statewide Assessment. Key agency staff persons and stakeholder partners were identified to lead each work group. Each work group was composed of agency staff and key child welfare partners. Open invitations were extended for on-going participation and input in the Statewide Assessment process to courts, youth, tribes, and many other child welfare partners and stakeholders. Each Work Group prepared draft assessments of their respective areas. All Work Group members were invited to provide feedback on Statewide Assessment drafts. Some Work Groups met in person. Others held conference calls to organize and review key issues.

Statewide Assessment Work Groups included the following:

- Safety
- Permanency
- Well-Being
- Case Review System (including collaborative initiatives between the agency and the court/legal system)
- Foster & Adoptive Home Licensing, Approval, & Recruitment
- Service Array
- Workforce/Training

A Work Group focused on youth involvement met at the Kick Off meeting. The youth members of that group elected to participate in the Case Review, Permanency, and Foster & Adoptive Home Licensing, Approval, & Recruitment Work Groups according to their respective interests. Additionally, the existing CQI Consumer and Community Stakeholder Committee was invited to review drafts of the Agency Responsiveness to the Community assessment and an internal work group was formed to review the Quality Assurance systemic factor draft.

A full list of participants in Louisiana's CFSR Kick-Off Event and subsequent Statewide Assessment Work Groups follow. The CFSR Statewide Assessment process provided a great opportunity for Louisiana to engage key partners and stakeholders in reviewing the strengths as well as challenges the state faces in providing for the safety, permanency, and well-being of vulnerable children and families. It also provided an opportunity to evaluatively assess progress the state has made since CFSR Round 1 despite numerous challenges. It would have been helpful if the Statewide Assessment instrument guidance more fully described and delineated the various interconnections among items and outcomes as well as critical areas of focus. Also, some of the CFSR performance measures were more useful than others in assessing performance.

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June 16, 2009

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Child and Family Services Review Statewide Assessment Child & Family Well-Being Outcome Workgroup

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APPENDIX

**LOUISIANA OFFICE OF COMMUNITY SERVICES
TECHNICAL ASSISTANCE PLAN**

ACF RO VI Lead: Amy Grissom

OUTCOME / PROGRAM AREA	ACTIVITY (TA)	NRC LEAD	LA LEAD	STATUS
A1. Safety	Alternate Response Implementation <ul style="list-style-type: none"> • Support implementation expansion • Evaluate implementation of assessment • Integrate evaluation with case review • Address issues with case closure and measures 	NRC for Child Protective Services – Anna Stone NRC for Child Welfare Data & Technology - Gene Thompson	Walter Fahr	Pending Initiated In Progress Postponed Completed
A2. <i>Safety, Permanency and well-being</i>	<i>Implement Focus on Four comprehensive assessment process:</i> <ul style="list-style-type: none"> • <i>Train on assessment tool and family engagement</i> • <i>Obtain feedback from field staff, management & supervisory staff</i> • <i>Implement assessment process with quality monitoring</i> <i>Expand Family Finding Training</i>	<i>NRC for Family Centered Practice & Permanency – Lorrie Lutz</i>	<i>Rhenda Hodnett</i>	<i>Pending</i> <i>Initiated</i> <i>In progress</i> <i>Postponed</i> Completed
A2a. Safety, Permanency and well-being	Assist with capacity building and develop train –the –trainer in coaching family visits	NRC for Family Centered Practice & Permanency – Stephanie Boyd-Serafin & Marty Byer	Rhenda Hodnett	Pending Initiated In Progress Postponed Completed
A2b. Permanency	Fostering Connections Training	NRC for Family Centered Practice & Permanency Planning - Gary Mallon	Toni Buxton	Pending Initiated In Progress Postponed Completed
A3. Permanency	-Evaluate post graduate adoption competency curricula -Develop training for worker on talking to children about adoption(unpacking the no)	NRC for Family Centered Practice & Permanency Planning - Gary Mallon	Bruce Daniels	Pending Initiated In progress Postponed

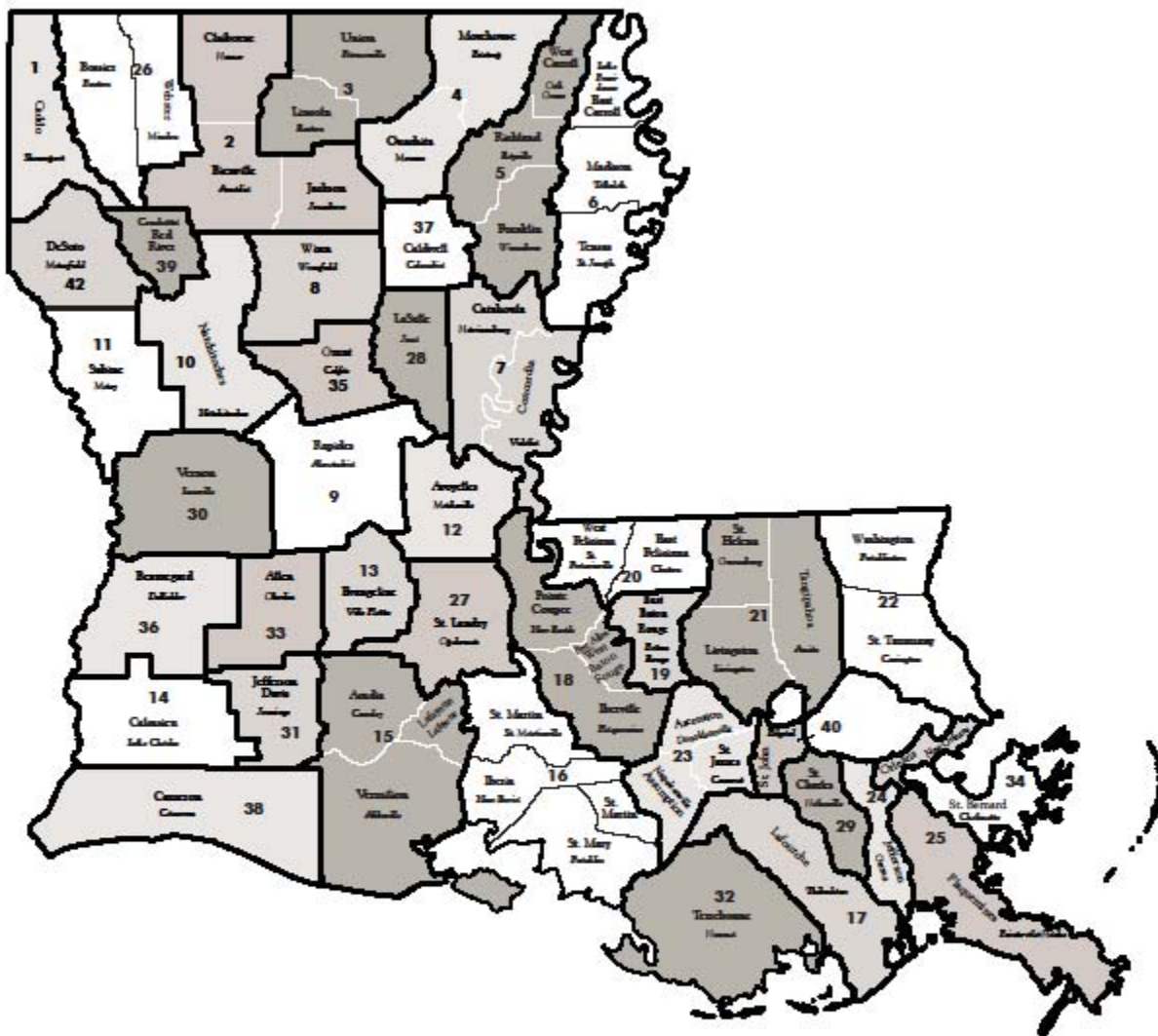
	(APPLA use)			Completed
A4. Permanency	-Assist in developing standardized levels-of-care system ONGOING CONSULTATION	NRC for Family Centered Practice & Permanency Planning - Gary Mallon	Joe Bruno	Pending Initiated In progress Postponed Completed
A5. Permanency	<i>Develop and implement practice model</i> <i>-Assist with development of IC application</i>	<i>NRC for Family Centered Practice & Permanency Planning</i>	<i>Joel McLain</i>	<i>Pending</i> <i>Initiated</i> <i>In progress</i> <i>Postponed</i> Completed
A6. Permanency /Youth INSERT CATHY’S EDITS	-Assist with redesign of independent living program and of youth advisory committee -Integrate the Ansell-Casey Assessment -Assist with youth permanency planning -Provide ACLSA Training of Trainers for new IL providers and OYD staff - July -Provide training for foster parents on teaching IL skills in the home -Facilitate IL Providers meeting in July -Provide information on Trauma Informed Care -Assist with expansion of tribal involvement -Ongoing assistance to youth advisory committee – will continue -Expand Family Finding training -Evaluation of IL program service delivery system, including ETV -Assistance with development of program evaluation component of mentoring program	NRC for Youth Development -Kathy Sutter NRC for Family Centered Practice & Permanency Planning	Celeste Skinner	Pending Initiated In progress Postponed Completed

	-Assistance with the development of transitional housing programs –need to review			
A7. Quality Assurance	-Provide assistance with modifying quality reviews to focus on practice (safety, permanency and family stability) -Assist with utilization of quality review information in management, supervision and practice -Integrate practice model implementation monitoring with quality assurance -Identify feedback loops and strategies to involve families in evaluation.	NRC for Organizational Improvement - Peter Watson	Jan Byland Michael Dailey	Pending Initiated In progress Postponed Completed
A8. Information Technology, Data Management	-Provide assistance with using data in decision-making for managers and supervisors -Assist with SACWIS design -Assess IT system and linkages to other systems	NRC for Child Welfare Data & Technology - Gene Thompson	Joe Keegan Michael Dailey	Pending Initiated In progress Postponed Completed
A9. Workforce	-Work Process Planning (working more effectively) ONGOING CONSULTATION	NRC for Child Welfare Data & Technology - Debbie Milner NRC for Family Centered Practice & Permanency Planning - Gary Mallon	Joe Bruno Sheila Madison	Pending Initiated In progress Postponed Completed
A10. Training System	Develop Training System <ul style="list-style-type: none"> Assist in formation of training consortium Assist in the development of a training system work plan Provide information about other state training program designs Workforce Development Supervisory training Specialized legal training 	NRC for Organizational Improvement - Susan Kanak NRC for Family Centered Practice & Permanency Planning - Gary Mallon NRC for Legal and Judicial - Joanne Brown	Marty Gibson	Pending Initiated In progress Postponed Completed

A11. CFSR	Assist OCS and courts prepare for 2010 onsite CFSR <ul style="list-style-type: none"> Assist OCS with development of the Statewide Self-Assessment Work on Youth Engagement Work on Family Engagement 	NRC for Organizational Improvement –Melody Roe NRC for Legal and Judicial - Joanne Brown NRC for Family Centered Practice & Permanency Planning Stephanie Boyd-Serafin NRC for Youth Development -Kathy Sutter	Jan Byland	Pending Initiated In progress Postponed Completed
A12. Service Array	Assist with advancement of quality mental health services to children and families in the child welfare system (credentialing, training, standards and performance based-contracting) including mental health services for youth <ul style="list-style-type: none"> Provide assessment models 	NTAC for Children’s Mental Health –Debra Cady	Suzy Sonnier	Pending Initiated In progress Postponed Completed
A13. Organizational Streamlining	Assist w/ review of DSS Proposal for Streamlining Departmental functions. Capacity building analysis of current DSS Streamline Commission Internal Document	NRC for Organizational Improvement Kris Sahonchik	Joel McLain	Pending Initiated In progress Postponed Completed
Court Priorities				
B1. Strengthen internal & external professional development capacity	Assist with conference presentations <ul style="list-style-type: none"> Together We Can Conference 2010 Older Youth Summit Planning 	NRC for Legal and Judicial- Joanne Brown NRC for Youth Development -Kathy Sutter	Mark Harris	Pending Initiated In progress Postponed Completed
B1a. Strengthen internal & external professional development capacity	Assist with CIP training grant regarding the identification of resources	NRC for Legal and Judicial- Jennifer Renne	Mark Harris	Pending Initiated In progress Postponed Completed

B2.Disproportional Representation	Assist with Disproportional Representation <ul style="list-style-type: none"> Analyze data Assist with strategy development Review strategies/models from other jurisdictions Assist in the development of protocols, a manual, and training -Review disproportionality issues across child welfare continuum from removal through permanency.	NRC for Legal and Judicial - Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed
B3a. Strengthen internal & external professional development capacity	Training <ul style="list-style-type: none"> New DAs 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed
B3b. Strengthen internal & external professional development capacity	Improve legal representation <ul style="list-style-type: none"> Assess agency representation, possibly including a survey of the agency attorneys, child welfare workers, judges; interviews with OCS regional administrators and OCS leadership Developing/presenting training based on survey results, agency priorities and ABA model standards for agency attorneys. Analyze findings and craft recommendations around policy and procedures Strengthen the training program for new social workers around state/federal law, preparation for court, testifying, judicial expectations and writing effective court reports. 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed
B4. Information	Provide information regarding: <ul style="list-style-type: none"> Models for connecting with judges 	NRC for Legal and Judicial- Joanne Brown	Mark Harris	Pending Initiated In progress

	<ul style="list-style-type: none"> • Expansion of Benchmark Conferences • Interstate placement • Improving IV E reviews • Revise Model forms 			Postponed Completed
B5. Work on CIP strategic plan relative to: *Improving Outcomes for Older Youth; *CFSR - Statewide Assessment (Case Review System) *Disproportionate Minority Representation.	Work on CIP strategic plan relative to *Improving Outcomes for Older Youth; *CFSR - Statewide Assessment (Case Review System) *Disproportionate Minority Representation	NRC on Legal and Judicial Issues - Judge Joanne Brown	Mark Harris	Pending Initiated In progress Postponed Completed



2008 Louisiana District Court Map

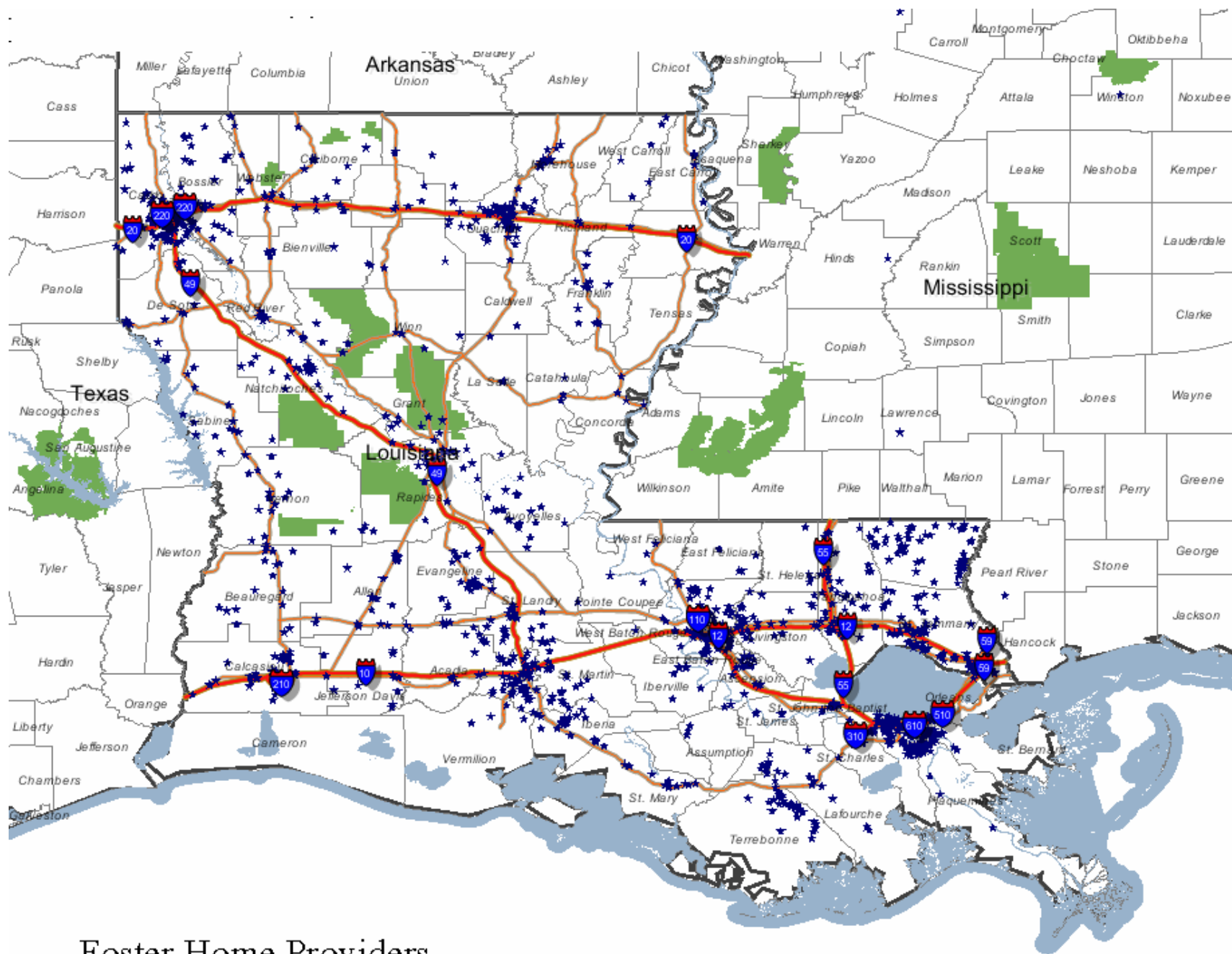
Louisiana Court System

The courts of Louisiana are traditionally classified into layers of courts, as follows: the Supreme Court as the court of last resort; five intermediate courts of appeal; 48 courts that are regarded as district courts, consisting of 41 general jurisdiction district courts, two specialized district courts, four specialized juvenile courts, and one specialized family court district; the city and parish courts, consisting of forty nine city courts and three parish courts. The four specialized juvenile courts exercise exclusive original jurisdiction for all juvenile matters in Caddo, East Baton Rouge, Jefferson and Orleans Parishes. The Family Court Division of the 14th Judicial District Court exercises exclusive, original jurisdiction in Calcasieu Parish. While all city courts may exercise juvenile jurisdiction within their territorial limits, many cede this jurisdiction to the relevant district court.

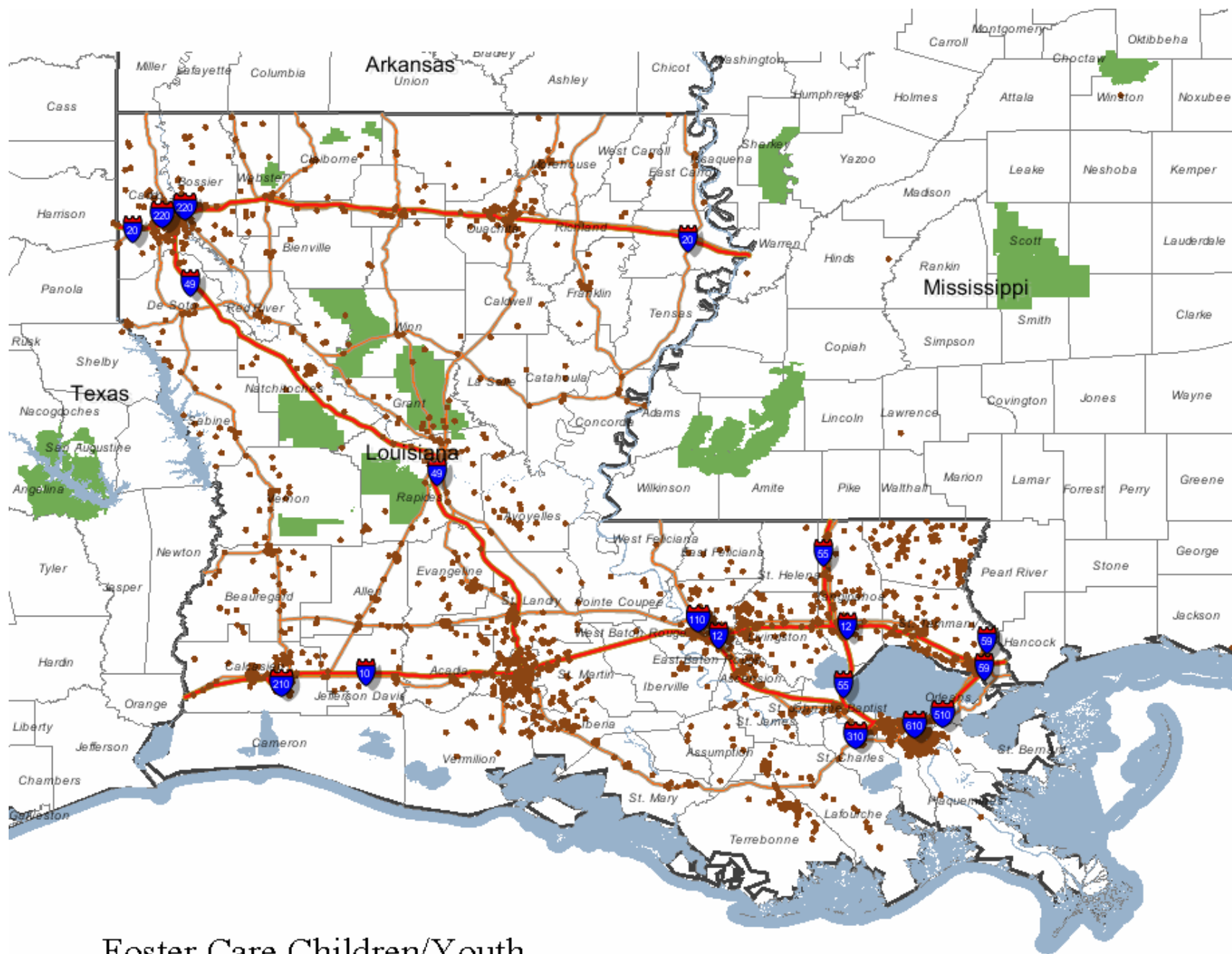
ACRONYM LIST

ACCESS	A Comprehensive Enterprise Social Service System	FINS/FNS	Families in Need of Services
ACF	Administration for Children and Families	FOF	Focus on Four
ACLSA	Ansell-Casey Life Skills Assessment	FPLS	Federal Parent Locate Services
AD	Adoption Program	FS	Family Services
ADAVL	Adoption Available	FTC	Family Team Conference
ADS	Adoption Subsidy Program	GAIN-SS	Global Appraisal of Individual Needs-Short Screener
AFC	Alternate Family Care Home	GSW	Graduate Social Worker
AFCARS	Adoption& Foster Care Analysis & Reporting System	HA	Adoptive Home
AFDC	Aid to Families with Dependent Children	HB	Foster Home
AFF	Assessment of Family Functioning	HCR	LA House Concurrent Resolution
AP	Adoption Petition	HD	Home Development
APLA	Alternative Permanent Living Arrangement	IA	Interagency Agreement
ARFA	Alternative Response Family Assessment	ICPC	Interstate Compact on the Placement of Children
AR/FTC	Administrative Review/Family Team Conference	ICWA	Indian Child Welfare Act
ASFA	Adoption and Safe Families Act	IEP	Individual Educational Plan
BLAS	Bureau of Licensing Automated System	IHBS	Intensive Home Based Services
BSW	Bachelor of Social Work	IJJIS	Integrated Juvenile Justice Information System
CAPS	Child Care Assistance Payments Program System	ILC	Independent Living Coordinator
CAPTA	Child Abuse Prevention Treatment Act	ILP	Independent Living Provider
CASA	Court Appointed Special Advocate	ILSP	Independent Living Skills Program
CBCAP	Community Based Child Abuse Prevention	ISIS	Integrated Statewide Information System
CC	Children's Code	ISP	Individual Service Plan
CCAP	Child Care Assistance Program	IT	Information Technology
CEP	Clinical Evaluation Program	JDC	Judicial District Court
CFCIP	Chafee Foster Care Independence Program	JETS	Juvenile Electronic Tracking system
CFP	Casey Family Program	JIRMS	Juvenile Information Records Management System
CFSR	Child and Family Services Review	KCSP	Kinship Care Subsidy Program
CILP	Chafee Independent Living Program	LA4/SP	LA 4 year old/Starting Points
CINC	Child in Need of Care	LaCarte	Louisiana's Purchasing Card Program
CIP	Court Improvement Program	LA-Kiss	LA Kinship Integrated Service System
CNF	Criminal Neglect of Family	LAMI	LA Automated Management Information System
COA	Council on Accreditation	LA-RAPP	LA Relatives as Parents Program
CPI	Child Protection Investigation	LARE	LA Adoption Resource Exchange
CPS	Child Protection Services	LASES	LA Automated Support Enforcement System
CPTP	Comprehensive Public Training Program	LCSW	Licensed Clinical Social Worker
CQI	Continuous Quality Improvement	LCWCWP	LA Child Welfare Comprehensive Workforce Project
CRP	Citizens Review Panel	LDOL	LA Department of Labor
CWFRC	Child Welfare Family Resource Center	LEAP	LA Educational Assessment Program
CWLA	Child Welfare League of America	LIFTS	LA Innovations for Family Transformation & Safety
D&A	Diagnostic and Assessment Home	LIHEAP	Low Income Home Energy Assistance Program
DHH	Department of Health & Hospitals	LMFT	Licensed Marriage & Family Therapist
DOE	Department of Education	LPC	Licensed Professional Counselor
DSS	Department of Social Services	LRS	LA Rehabilitation Services
EFT	Electronic Funds Transfer	LSSSA	LA Social Service Supervisor Association
EPSDT	Early Periodic Screening & Diagnostic Testing	LYLAC	LA Youth Leadership Advisory Council
ETV	Educational Training Vouchers	MDT	Multi-Disciplinary Team
FAFRC	Foster & Adoptive Parent Family Resource Centers	MEPA/IPA	Multi-Ethnic Placement Act/Inter-Jurisdictional Placement Act

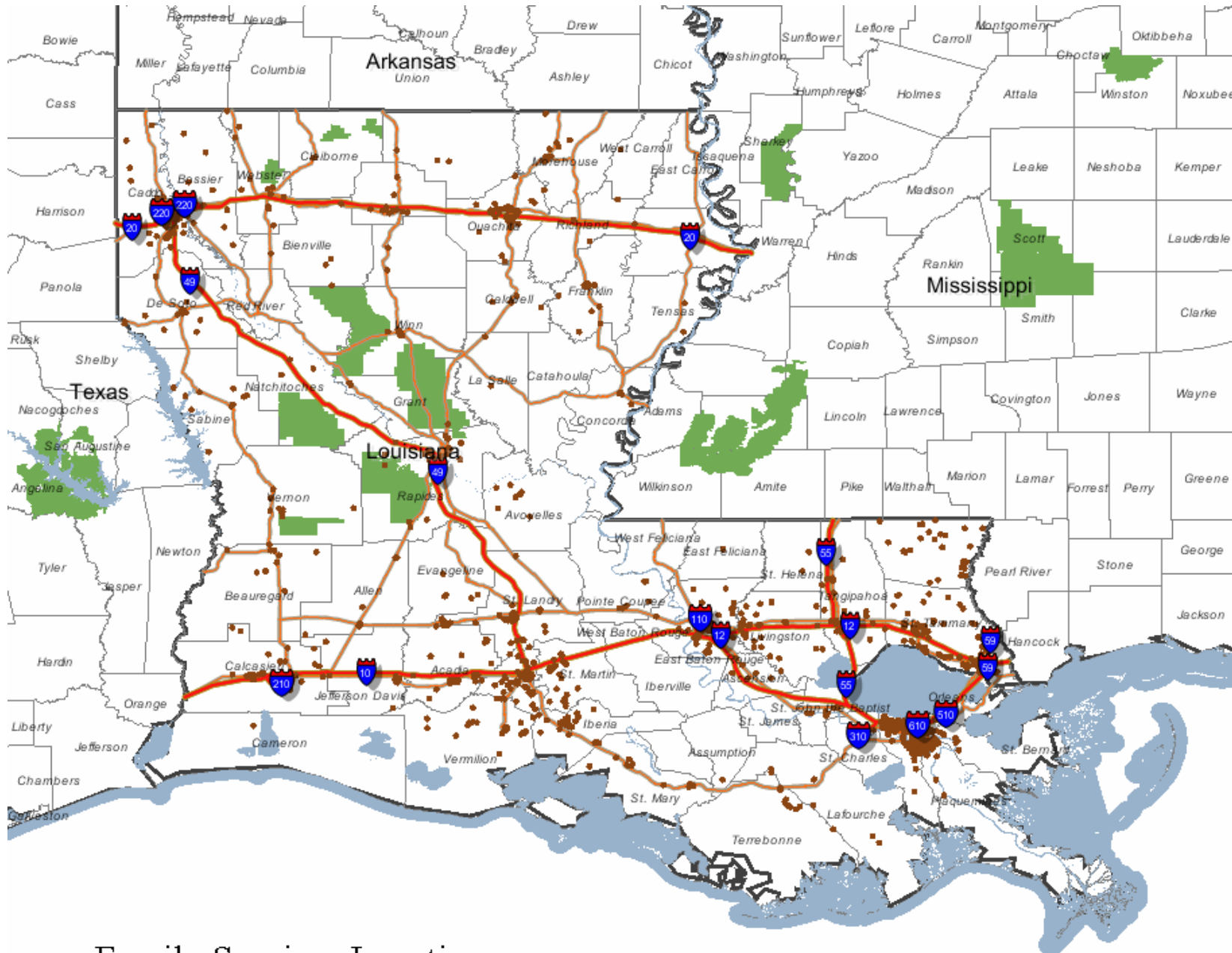
FAST	Financial Assessment Transaction Form	MOU	Memorandum of Understanding
FATS	Family Assessment Tracking System	MST	Multi-Systemic Therapy
FC	Foster Care	MSW	Master's of Social Work
FGDM	Family Group Decision Making	NCANDS	National Child Abuse & Neglect System
NPP	Nurturing Parent Program	Title IV-E	Section of Social Security Act: federal funding for foster care 50/50 match for program administration, 70/30 state match
NRC	National Resource Center	Title IV-D	Child Support
NYTD	National Youth in Transition Database	TP	Transition Plan
OAD	Office of Addictive Disorders	TPR	Termination of Parental Rights
OCDD	Office of Citizens with Developmental Disabilities	WIA	Workforce Investment Act
OCS	Office of Community Services	WIB	Workforce Investment Board
OFS	Office of Family Support	YAP	Young Adult Program
OJJ	Office of Juvenile Justice		
OMF	Office of Management & Finance		
OMH	Office of Mental Health		
PAF	Preventive Assistance Funds		
PCR	Peer Case Review		
PFC	Private Foster Care Home		
PIP	Program Improvement Plan		
POS	Purchase of Services		
QA	Quality Assurance		
QATS	Quality Assurance Tracking System		
RAF	Reunification Assistance Funds		
RAM	Regional Administrative Memorandum (no longer in use)		
RFI	Request for Information		
RFP	Request for Proposal		
RMS	Random Moment Sample		
RSW	Registered Social Worker		
SA	Services to Agencies		
SA	Supervised Apartments		
SACWIS	State Agency Child Welfare Information System		
SAVRY	Structured Assessment of Violence Risk in Youth		
SCR	State Central Registry		
SDM	Structured Decision Making		
SP	Services to Parents		
SSA	Social Security Administration		
SSBG	Social Security Block Grant		
SSDIB	Social Security Disability Income Benefits		
SSI	Supplemental Security Income		
SSN	Social Security Number		
STEP	Strategies to Empower People		
TANF	Temporary Assistance to Needy Families		
TAP	Transitional Assistance (housing) Program		
TCC	Transitional Child Care		
TFC	Therapeutic Foster Care		
TIPS	Tracking, Information & Payment System		
Title IV-B	Section of Social Security Act: emphasis on pre-placement & prevention, capped entitlement program allocated on 75/25 match		



Foster Home Providers



Foster Care Children/Youth



Family Services Locations

Louisiana Family Resource Centers

Reg.	Contact Person	Center Name	Address	City	Zip	Phone	Fax	Email
I	John Longoria	VOA Orleans & Jefferson	3939 N. Causeway Blvd., Suite 101	Metairie	70002	(504) 836-8700	(504) 836-6886	jlongoria@voagno.org
II	Jerry Patton	Discovery	660 North Foster Drive Bldg. B	Baton Rouge	70806	(225) 925-4368	(225) 925-4380	jpatton@selu.edu
III	Linda Starns	Renew		Hammond	70401	(983) 878 - 2036		lindastarns@gmail.com
IV	Gina Bergeron	NSU Family Service Center	101 Afton Drive /P.O Box 2131	Thibodaux	70310	(985) 493-2490	(985) 493-2489	gina.bergeron@nicholls.edu
V	Evangeline Boudreaux	Extra Mile	525 Buchanan	Lafayette	70501	(337) 237-2090 ext113	(337) 237-2083	evangelineb@bellsouth.net
VI	Shelly Baker	Educational & Treatment Council (ETC)	2400 Merganser St., Bldg B P.O. Box 864	Lake Charles	70601	(337) 433-1062	(337) 439-1094	shelly@etc-youth.org
VII	Brenda Willson	VOA	3900 Lee Street	Alexandria	71302	(318) 442-8026	(318) 445-5416	bwillson@voanorthla.org
VII	Roberta Guinn	VOA	1849 Cowart P.O. Box 2445	Jena	71342	(318) 992-5962	(318) 992-8357	robertavoa@centurytel.net
VIII	Madeline Leslie	Project Celebration, Inc.	580 W. Main St.	Many	71449	(318) 256-6242	(318) 256-2064	proicelebration@bellsouth.net
VIII	H'jordis Foster	Community Support Programs-Portals	3341 You're Drive Suite 200	Shreveport	71105	(318) 865-1422	(318) 865-4566	h'foster@cspla.org
IX	Tamara Thompson	University of La. Monroe Child Welfare Fly. R.C.	3001 Armand, Suite G	Monroe	71201	(318) 340-0230	(318) 340-0233	tthompson@ulm.edu

SFY 2008-2009 CPI, FC, & FS TURNOVER (By Region)

	ALEXANDRIA		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	23	8	34.78%
FC	42	7	16.67%
FS	10	5	50.00%
Total:	75	20	

	LAFAYETTE		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	29	7	24.14%
FC	65	9	13.85%
FS	12		0.00%
Total:	106	16	

	BATON ROUGE		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	23	9	39.13%
FC	32	5	15.63%
FS	9	1	11.11%
Total:	64	15	

	LAKE CHARLES		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	12	7	58.33%
FC	27	10	37.04%
FS	5	3	60.00%
Total:	44	20	

	COVINGTON		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	28	7	25.00%
FC	76	14	18.42%
FS	19	4	21.05%
Total:	123	25	

	MONROE		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	19	5	26.32%
FC	39	6	15.38%
FS	12	2	16.67%
Total:	70	13	

	GNO-JEFFERSON		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	14	4	28.57%
FC	29	10	34.48%
FS	8		0.00%
Total:	51	14	

	SHREVEPORT		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	31	11	35.48%
FC	51	7	13.73%
FS	16	1	6.25%
Total:	98	19	

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	GNO-ORLEANS		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	8	3	37.50%
FC	16	6	37.50%
FS	2		0.00%
Total:	26	9	

	THIBODAUX		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	18	1	5.56%
FC	23	12	52.17%
FS	4		0.00%
Total:	45	13	

**2008-2009 CPI, FC, & FS TURNOVER
(Statewide)**

	Statewide		
	Staff On Board 7/1/08	Separations 7/1/08-6/30/09	Turnover
CPI	205	62	30.24%
FC	400	86	21.50%
FS	97	16	16.49%
Total:	702	164	

**FOSTER CARE DESCRIPTIVE STATISTICAL DATA FOR FOSTER
CHILDREN ENTERING FOSTER CARE as of dates chosen.**

By Court Location

Start Date

End Date

FOR CALENDAR YEAR 2008

1/1/2008

12/31/2008

RUN DATE 11/3/2009

RGN	REGION	Race			REGION TOTALS
		AFRICAN- AMERICAN	CAUCASIAN	OTHER	
01	ORLEANS_DISTRICT	89	2	1	92
		97%	2%	1%	
02	BATON_ROUGE	183	56	7	246
		74%	23%	3%	
03	COVINGTON	140	394	13	547
		26%	72%	2%	
04	THIBODAUX	96	85	11	192
		50%	44%	6%	
05	LAFAYETTE	306	285	18	609
		50%	47%	3%	
06	LAKE_CHARLES	100	158	25	283
		35%	56%	9%	
07	ALEXANDRIA	111	162	13	286
		39%	57%	5%	
08	SHREVEPORT	330	173	14	517
		64%	33%	3%	
09	MONROE	90	49	5	144
		63%	34%	3%	
10	JEFFERSON_DISTRICT	113	75	4	192
		59%	39%	2%	
99	OTHER	22	21		43
		51%	49%	0%	
		1,586	1,464	111	3,151
		50%	46%	4%	

FOSTER CARE DESCRIPTIVE STATISTICAL DATA FOR FOSTER CHILDREN ENTERING FOSTER CARE as of dates chosen.

By Court Location

Start
Date

End Date

FOR CALENDAR YEAR 2008

1/1/2008

#####

RUN DATE 11/3/2009

RGN	REGION	OPN_GRP						
		00-02	03-05	06-08	09-11	12-14	15-17	
01	ORLEANS_DISTRICT	27	12	8	7	11	27	92
			39		15		38	92
		Age 0-5	42%	Age 6-11	16%	Age 12-17	41%	
02	BATON_ROUGE	66	35	30	28	43	44	246
			101		58		87	246
		Age 0-5	41%	Age 6-11	24%	Age 12-17	35%	
03	COVINGTON	193	93	82	63	66	50	547
			286		145		116	547
		Age 0-5	52%	Age 6-11	27%	Age 12-17	21%	
04	THIBODAUX	66	36	18	13	35	24	192
			102		31		59	192
		Age 0-5	53%	Age 6-11	16%	Age 12-17	31%	
05	LAFAYETTE	220	108	78	78	74	51	609
			328		156		125	609
		Age 0-5	54%	Age 6-11	26%	Age 12-17	21%	
06	LAKE_CHARLES	109	49	46	26	25	28	283
			158		72		53	283
		Age 0-5	56%	Age 6-11	25%	Age 12-17	19%	
07	ALEXANDRIA	96	59	45	30	29	27	286
			155		75		56	286
		Age 0-5	54%	Age 6-11	26%	Age 12-17	20%	
08	SHREVEPORT	179	111	68	67	56	36	517
			290		135		92	517
		Age 0-5	56%	Age 6-11	26%	Age 12-17	18%	
09	MONROE	45	26	19	14	20	20	144
			71		33		40	144
		Age 0-5	49%	Age 6-11	23%	Age 12-17	28%	
10	JEFFERSON_DISTRICT	58	28	19	18	33	36	192
			86		37		69	192
		Age 0-5	45%	Age 6-11	19%	Age 12-17	36%	
99	OTHER	14	6	4	5	6	8	43
			20		9		14	43

Age 0-5	47%	Age 6-11	21%	Age 12-17	33%	
1,073	563	417	349	398	351	3,151
	1,636		766		749	3,151
Age 0-5	52%	Age 6-11	24%	Age 12-17	24%	

FOSTER CARE DESCRIPTIVE STATISTICAL DATA FOR FOSTER CHILDREN IN CARE as of date chosen

By Court Location

AS OF DECEMBER 31, 2008

RUN DATE 11/3/2009

Selected Date

12/31/2008

RGN	REGION	# Foster Children	% Foster Children
01	ORLEANS_DISTRICT	134	3%
02	BATON_ROUGE	260	6%
03	COVINGTON	864	18%
04	THIBODAUX	374	8%
05	LAFAYETTE	951	20%
06	LAKE_CHARLES	416	9%
07	ALEXANDRIA	397	8%
08	SHREVEPORT	575	12%
09	MONROE	349	7%
10	JEFFERSON_DISTRICT	339	7%
99	OTHER	22	0%
		4,681	100%

**FOSTER CARE DESCRIPTIVE DATA FOR FOSTER CHILDREN EXITING
FOSTER CARE as of dates chosen.**

By Court Location

Start Date

End Date

FOR CALENDAR YEAR 2008

1/1/2008

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#performance /2009

RGN	REGION	CLOS_CD	ADP	AGE	COR	CRH	DEC	LWN	LWR	MAR	RUN	TOA	
01	ORLEANS_DISTRICT		22	21	3	55	2	2	27		4	1	137
			16%	15%	2%	40%	1%	1%	20%	0%	3%	1%	100%
02	BATON_ROUGE		29	24	5	137		2	84		3	3	287
			10%	8%	2%	48%	0%	1%	29%	0%	1%	1%	100%
03	COVINGTON		128	45	4	182	1	7	198	1	3		569
			22%	8%	1%	32%	0%	1%	35%	0%	1%	0%	100%
04	THIBODAUX		41	23		92	1	2	42			1	202
			20%	11%	0%	46%	0%	1%	21%	0%	0%	0%	100%
05	LAFAYETTE		81	41		298		4	98		2	2	526
			15%	8%	0%	57%	0%	1%	19%	0%	0%	0%	100%
06	LAKE_CHARLES		68	16	1	111	2	1	109				308
			22%	5%	0%	36%	1%	0%	35%	0%	0%	0%	100%
07	ALEXANDRIA		63	24		239	1	2	65		3		397
			16%	6%	0%	60%	0%	1%	16%	0%	1%	0%	100%
08	SHREVEPORT		51	36	2	322	1	9	131		1	3	556
			9%	6%	0%	58%	0%	2%	24%	0%	0%	1%	100%
09	MONROE		30	22	1	58		1	43		1	1	157
			19%	14%	1%	37%	0%	1%	27%	0%	1%	1%	100%
10	JEFFERSON_DISTRICT		71	25	7	100	3		56		1	2	265
			27%	9%	3%	38%	1%	0%	21%	0%	0%	1%	100%
99	OTHER		3			33			9		1	1	47
			6%	0%	0%	70%	0%	0%	19%	0%	2%	2%	100%
			589	278	23	1,632	11	30	864	1	19	14	3,461
			17%	8%	1%	47%	0%	1%	25%	0%	1%	0%	100%

5	BeauCare	Family Support and Visitation Center	DeRidder
5,6	Big Brothers Big Sisters of Southwest Louisiana	BBBS Mentoring - Breaking the Cycle of Violence in Beauregard Parish	Lake Charles
5	Calcasieu Parish Police Jury	Guilty Initiative for Living Responsibly	Lake Charles
5	Calcasieu Parish School Board	Parent to Parent	Lake Charles
5	Cameron Community Action Agency	Cameron Abuse Prevention	Grand Lake
5	Educational and Treatment Council, Inc.	TUP Life Skills Training	Lake Charles
5	Families Helping Families SWLA	Pressed 8 Program	Lake Charles
5	Family and Youth Counseling Agency	Sexually Abused Children's Support Group	Lake Charles
5	Family and Youth Counseling Agency	Active Support Group	Lake Charles
5	Literacy Council of SW LA, The	After School Enrichment Program	Lake Charles
5	Prevent Child Abuse Louisiana	Nurturing Families of Louisiana	Baton Rouge
5	United Way of SW LA	Bridges/Born Learning	Lake Charles
5	United Way of SW LA	Crisis for Kids/Safe Kids	Lake Charles
5	Whistle Stop Supervised Visitation Center	Life Skills Program for Youth	Lake Charles
5	Whistle Stop Supervised Visitation Center	Child Abuse Prevention Through Crisis Intervention and Parental Support	Lake Charles
6	Big Brothers Big Sisters of Southwest Louisiana	BBBS Mentoring - Breaking the Cycle of Violence in Vernon Parish	Lake Charles
6	Central Louisiana AHEC	Fetal Alcohol Syndrome Training	Alexandria
6	Central Louisiana AHEC	Shaken Baby Syndrome Education Program	Alexandria
6,6,7	Central Louisiana Breastfeeding Coalition, Inc.	Mom on Call	Alexandria
6	Family Counseling Agency	Second Steps *	Alexandria
6	LSU Agricultural Center	LiSafe Early Literacy Program	Baton Rouge
6	United Way of Central Louisiana	Early Childhood Initiative	Alexandria
7,7,8	Center for Children and Families, Inc. The	Family Resource Project	Monroe
7	Center for Children and Families, School of Human Ecology, Louisiana Tech University	Children's F.U.N.N. Day	Ruston
7	Center for Families, The	Changes and Choices: Enhancing Self-Esteem in Pre-Teens and Teens	Shreveport
7	Central Louisiana Breastfeeding Coalition, Inc.	Mom on Call	Alexandria
7	Community Renewal International, Inc.	Neighborhood Support Program	Shreveport
7	Gingerbread House: Bossier/Caddo Children's Advocacy Center	Knowledge is Power: Child Sexual Abuse Prevention Program	Shreveport
7	LSU Agricultural Center	Bonding with Baby through Books	Baton Rouge
7,7,8	North Louisiana Area Health Education Center	Healthy Start ABC's Region 8 (Caddo, Bossier, Webster, Bienville, Calcasieu, DeSoto, Sabine)	Rossier City
7	Project Celebration	Safe Dates	Mary
7	Providence House	Children's Support Coordinator for Homeless Families	Shreveport
7	Saint Catherine Community Center	Parent Center	Shreveport
7	Volunteers of America of North Louisiana	Parent Empowerment Centers	Shreveport
8	ARC.O, A Community Resource	Parent Education and Support	Monroe
8	Center for Children and Families, Inc. The	Good Touch/Bad Touch	Monroe
8	Children's Coalition for NE LA	Nurturing Parenting Program	Monroe
8	LSU Agricultural Center	Reaching to Our Children - Building Our Future Project	Baton Rouge
8	North Louisiana Area Health Education Center	Healthy Start ABC's Region 6 (Lincoln, Jackson)	Bossier City
8	North Louisiana Area Health Education Center	Healthy Start ABC's Region 6 (Gallatin, East Carroll, Franklin, Madison, Morehouse, Richland, Union)	Bossier City
8	North Louisiana Area Health Education Center	Hope Planning Center (Ouachita)	Bossier City
8	Ouachita Parish School Board NE LA Family Literacy Interagency Consortium	Proving Parent Growth	Monroe
8	Our House	Pier Partnership Preventing Truancy	Monroe
8	United Way of Northeast Louisiana	United Way 2-1-1	Monroe
8	University of LA Monroe	Reaching Families Mentoring Children IV	Monroe
8	Wellspring Alliance for Families, The	Some Things Take Two	Monroe
8	West Monroe Boys Club-Boys and Girls Club of NE Louisiana	After School for All	West Monroe
9	ADAPT, Inc.	Project Safe	Bogalusa
9	Boys and Girls Club of SE LA	Homework Help - A Life Trainer	New Orleans
9	Child Advocacy Services	Recognize, React and Report	Hammond
9	LSU Agricultural Center	The Florida Parishes Early Childhood Literacy Project	Baton Rouge
9	Parish Center of St. Tammany Parish Hospital, The	First Steps and Mom to Mom - A Mentoring Program	Covington
9	St. Tammany Children's Advocacy Center	Swards of Children Trainings	Covington
9	St. Tammany Parish Library	Shine the Light	Covington
9	Youth Service Bureau of St. Tammany	Family Strengthening Program	Covington
9	Youth Service Bureau of St. Tammany	CASA Training and Development	Covington
10	Catholic Charities Archdiocese of New Orleans R.S.P. Program	Break the Cycle/Wraparound Alumni Initiative	New Orleans
10	Council on Alcohol and Drug Abuse	Too Good for Drugs	New Orleans
10	Family Service of Greater New Orleans	Child-Parent Relationship Training*	New Orleans
10	Family Service of Greater New Orleans	Active Parenting	New Orleans
10	Jefferson Youth Foundation	Positive Alternatives 4 Media Smart Kids	Marrero
10	Jewish Family Services	Teen Life Counts	Metairie
10	Pasquines Community CARE Centers Foundation, Inc.	Anger Management in Pasquines Parish	Belle Chasse
10	Turning Point Partners	Healing the Trauma of At-Risk Youth	New Orleans
10	Waymaker Ministries	Children of Addicted Parents	Harvey