Louisiana



2025 – 2029 Five-Year Child and Family Services Plan

2025 – 2029 Child and Family Services Plan

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SECTION 1: INTRODUCTION, VISION & COLLABORATION-

INTRODUCTION TO DEPARTMENT OF CHILDREN AND FAMILY SERVICES

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

ADMINISTRATION OF PROGRAMS: The DCFS provides comprehensive social services and child welfare programs including intake, protective services, family services, foster care, adoption, guardianship subsidy and extended foster care. Services are administered statewide within a centralized organizational framework with 9 regional offices and 42 parish offices. Services are available in all 64 parishes.

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

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

DCFS VISION STATEMENT: We care for the well-being and safety of Louisiana's people.

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

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

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

Child Welfare Priorities:

- A competent, stable workforce invested in carrying out the Child Welfare Principles of Practice:
- A family willing and able to meet the unique needs of any child who must be brought into foster care;

- Improved outcomes for older youth in foster care, especially regarding permanent connections; and
- Improved technology for maximum efficiency and effectiveness in practice.

The DCFS focuses on ensuring that those who are historically underserved or marginalized and those adversely affected by persistent poverty and inequality communities are engaged and represented in all work including community outreach and by providing support for workforce practice needs creating opportunities for equitable support and permanency outcomes. Support is provided in the following areas: training and development, tribal nations, federal planning, Workforce Development, CQI, engaging those with lived experience, identifying stakeholders and providers including those who work in areas of poverty, community development, cohesive development of workforce culture, and through the youth, parent, and foster parent advisory boards. Aligning with the implementation date of July 1, 2024, the manager will be included in and provide oversight of the agency's response and plans for the federal register designated requirements. This includes but is not limited to any work related to LGTBQI+ designated placement requirements, implementation, and practice as outlined by the Federal Register. This work, in practice, will be reported throughout the APSR.

LINK TO LOCATION OF THE STATE'S APSR: Louisiana's past federally approved Annual Progress and Services Reports (APSR) and Child and Family Services Plans (CFSP) are posted on the DCFS website and can be located at the following link: http://www.dcfs.la.gov/index.cfm?md=pagebuilder&tmp=home&nid=210&pnid=184&pid=315

The 2025-2029 CFSP will be posted on the DCFS website after approval by the Administration for Children and Families/Children's Bureau.

<u>Development of the 2025-2029 Child and Family Services Plan (CFSP)</u>: Consultation with federal partners on the development of the CFSP and the upcoming statewide assessment was done via phone calls, online meetings, and e-mail correspondence. During the meetings, the DCFS provided information on how the department planned to approach long term planning. The strategy involved reviewing the systems the state has in place, the available data resources through the DCFS and stakeholders as well as the incorporation of the child welfare principles of practice.

In preparation for this five year planning cycle, the DCFS engaged staff and various stakeholders [ex. Louisiana Court Improvement Project (CIP), young adults who have aged out of foster care, previous birth parents, and current/previous foster parents] in the development of the 2025-2029 CFSP. The Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach continues to be involved in discussions involving preparation for the Statewide Assessment and ensuring that there is a diverse and inclusive group of internal and external stakeholders on the team.

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

partnership between Southeast Louisiana University, the University Alliance, the Pelican Center and the CIP.

The incorporation of the work completed through CQI meetings leading up to the CFSP process, which involved many stakeholders was core to CFSP development. The stakeholders involved in the CQI process were legal and judicial partners, the CIP, CASA, tribes, frontline workers, Community-Based Child Abuse Prevention agencies, Children's Justice Act grantees, service providers, faith-based partners, community organizations, representatives of state and local agencies, youth, foster caregivers, parents and other partners. The stakeholders involved represent a multitude of diverse backgrounds and assist in incorporating various perspectives into the development of the CFSP. The ongoing collaboration with these entities to report annually on the CFSP process and measure change in practice will continue in planning over the next five years and in monitoring the effectiveness of overall department progress in client service delivery.

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

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

- 1. The Louisiana Court Improvement Program (CIP) partners collaboratively with the DCFS child welfare and legal stakeholders to improve outcomes for Louisiana's children and families. Louisiana has a decentralized court system consisting of independent court districts with elected judges. An enormous cooperative effort among local courts, juvenile courts, and state and parish agencies is required to effectively comply with state and federal mandates. Through various work efforts and processes, the CIP, the DCFS, and other child welfare and legal stakeholders are working toward the following:
 - Providing Quality Trainings: This is accomplished through the promotion of best practice and collaboration among stakeholders serving children and families through the implementation of the Pelican State Center for Children and Families. For additional information on the Pelican Center, please refer to the training portion of this plan. Together with the CIP, Pelican Center, CASA, the DCFS, and the state universities alliance, a multi-disciplinary training academy has been developed to provide numerous multidisciplinary trainings and resources. Interdisciplinary education and training through the annual "Together We Can" Conference continues as does other multi-disciplinary and joint trainings. These collaborations allow for data exchange, identification of challenges, and recognition of promising practices and strategies for improvement statewide.
 - Ensuring High Quality Court Hearings and Representation in CINC Cases: This is accomplished through numerous multidisciplinary workgroups focused on improving CINC court hearings and legal representation in CINC cases involving

- significant data collection, sharing, and analyzing, strategy development and implementation, and resource creation and provision.
- Improving the Quality of Safety Decision-Making: The CIP and the DCFS partner to ensure all relevant stakeholders are introduced to and trained in the state's Child Welfare Safety and Decision Making Model (CWADM). There is special emphasis on collaboration between the DCFS and the courts to ensure concerted efforts are made to assess and manage the risk and safety concerns bringing a child to the attention of the DCFS.
- 2. Louisiana Department of Education (LDE) and the DCFS collaborate as follows: The Fostering Connections Act (P.L. 110-351), the McKinney-Vento Act (42 U.S.C. § 11431 et seq.), and the Every Student Succeeds Act (20 U.S.C. § 6301 et seq.) emphasize educational stability for vulnerable populations. These laws mandate coordination between child welfare agencies and Local Education Agencies (LEA) (such as school districts) to prevent learning disruptions and promote school success for children in foster care.

Every Student Succeeds Act (ESSA): The Louisiana Department of Education (LDE) and the DCFS has built a strong partnership through implementation activities around the Every Student Succeeds Act (ESSA). LDE and the DCFS State Office Staff have been involved in supporting the implementation of ESSA and ensuring compliance with state laws. LDE and the DCFS has designated educational points of contact in each school district and parish office for improved communication within the local education authorities. These points of contact will continue to work to address issues specific to the individual school systems and children with whom they work. LDE and the DCFS points of contact will meet biannually to maintain their working relationships and address general issues regarding compliance with state and federal laws.

Improving educational outcomes for children in foster care: Educational stability for children and youth is a crucial aspect, especially for those experiencing transitions due to foster care or homelessness. Key principles of educational stability include: (1) preserving school continuity when a child enters foster care or experiences a home placement change; (2) ensuring efforts are made to keep children in their current school unless it is not in their best interest, and (3) avoiding frequent school changes which can negatively impact a child's academic progress and well-being. The DCFS continues to educate field staff regarding the importance of educational stability once a child enters foster care. The DCFS has implemented the new AFCARS data elements in 2023.

Special Education Advisory Panel (SEAP): The Special Education Advisory Panel (SEAP) was established in accordance with the requirements of the Individuals with Disabilities Education Act (IDEA) 2004 SEC. 612 State Eligibility (21) and provides policy guidance with respect to special education and related services for children with disabilities in Louisiana. The DCFS Foster Care Manager remains an active participant in SEAP to support advocacy and change for children in Foster Care with special needs. Joint participation in this collaborative allows both departments greater insight into the needs of students eligible for special education services in Louisiana. SEAP has participants from

other state agencies, community/advocacy organizations as well as families and past recipients of services from the state's public school special education programs.

Childcare Services for DCFS Clients: Child Welfare (CW) staff work with LDE staff to access childcare services for DCFS clients through the Child Care Development Fund (CCDF) of the Child Care Block Grant (CCBG). The fund provides early learning services to children in the Child Protective Services (CPS), Family Services (FS), and Service to Parents (SP) programs to prevent removal; and, childcare services for children in Foster Care (FC) or children of minor foster children with parents in foster care or extended foster care to promote placement stability. The partnership in provision of these services for child welfare clients will be an ongoing collaborative. The DCFS should provide early learning services to at least 33% of children served in the FC program.

Continuity of child care services: In addition to its value to a family's financial health, continuity is of vital importance to the healthy development of young children, particularly the most vulnerable. Research has shown that children have better educational and developmental outcomes when they have continuity in their child care arrangements. Unnecessary disruptions in services can stunt or delay socio-emotional and cognitive development because safe, stable environments allow young children the opportunity to develop the relationships and trust necessary to comfortably explore and learn from their surroundings. The DCFS has a continuity of care process to ensure childcare services are continued after case closure in all CW programs.

Success Through Attendance Recovery (STAR): This task force was developed to address the school attendance crisis in Louisiana. Chronic absence, missing ten percent of school days in an academic year, is an early predictor of negatively impacting academic success. Missed school days equal lost instructional time, which results in negative outcomes for academic achievement. The task force was developed to combat chronic absenteeism, which affects reading proficiency, student performance, socialization and graduation. This task force identified barriers in July 2022. The current focus is to address systematic approaches with standardization processes, roles, and responsibilities; prioritize resources; identify data processes through accurate record keeping, training on implantation, and accountability with schools; and meet the needs of children with more family involvement, trauma informed schools, and additional services.

Early Childhood Care and Education Commission (ECEC): Louisiana's Early Childhood Care and Education Commission was established by the 2018 Regular Legislative Session ACT 639, and has been charged with creating a vision and framework for the future of early childhood care and education in Louisiana. This commission works closely with the Louisiana Legislature to research issues related to early childcare and education to improve outcomes for children under the age five in Louisiana.

3. The Louisiana Department of Health (LDH) and the DCFS collaborate as follows: Office of Citizens with Developmental Disabilities (OCDD) and Human Services Districts: LDH and the DCFS staff coordinate at the state level and with local Human Services

Districts to obtain services for developmentally/ intellectually challenged children and youth.

<u>Interagency Service Coordination Council (ISCC)</u>: LCH and DHH jointly participate in the ISCC, which provides a forum for collaborative service delivery for children and youth with developmental and/or intellectual challenges. A DCFS Program Consultant remains an active participant in the State Interagency Coordination Council (SICC) to support advocacy and change for children under the age of three receiving developmental services through the Early Steps Program.

4. The Comprehensive Addiction and Recovery Act of 2016 (CARA): As part of the State's efforts to monitor ongoing efforts and services related to substance-exposed newborns, quarterly meetings are held in each region focusing on the ongoing compliance and activities related to the POSC (Plans of Safe Care). The regional meetings include the DCFS staff and local stakeholders for each region, and address services to families and their substance-exposed newborns. State level meetings are held to address systematic issues identified in the regional level meetings. This work will continue over the next few years.

CARA/Substance Exposed Newborns 2025-2029 goals:

- Ensuring CARA quarterly meeting are occurring as scheduled and increasing community stakeholder participation in the meetings.
- Ensuring meetings are productive, meaningful and if possible held in conjunction with already scheduled meetings such as CQI to increase the likelihood of the meetings occurring as scheduled.
- Increasing local office awareness of substance exposed newborns at each meeting and ensuring data is trickled down to all staff.
- Including a more preventive approach at meetings by becoming informed of the community deficits/family experiences that lead to substance use and hinders recovery. Once gaps are identified, the quarterly meeting can address needs.
- Invite providers to the table.

 Measured by quarterly meetings held as scheduled, community partners/providers participation in the meetings, and by identified action plans.
- 5. The Heroin, Opioid Prevention and Education Council (HOPE): Through legislation, an advisory committee to the Governor was formed to address the opioid epidemic. The DCFS serves on HOPE. The HOPE Council has already completed two primary tasks, developing a statewide website to capture data related to the opioid epidemic, and a comprehensive listing of all related initiatives occurring in the state. The council submitted a report to the legislature with recommendations to improve the response including the formation of a subcommittee. Current work includes:
 - Addressing outpatient pharmacy Suboxone access and dispensing barriers
 - Requiring and Supporting Treatment of Opioid Use Disorders in Emergency Departments
 - Seeking Medicaid Reimbursement for Peer Navigators in Emergency Departments

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- Continuing and Enhancing Support for Harm Reduction Efforts
- Expanding Access to Methadone Clinics through Extended Hours and Mobile Dosing Units
- Adoption of New American Society of Addiction Medicine (ASAM) Criteria in 2024
- Continuing Support of Telehealth/Remote Options for SUD Service Delivery
- Including Isotinazene, Brophine, Xyalazine and Kratom into Future HOPE Annual Reports

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

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

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

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

- The DCFS Foster Care and the Federal Benefits Programs work with the federally recognized tribes to assure Title IV-B and Title IV-E eligibility is determined accurately for children served in Child Welfare programs within the tribes. This work is ongoing.
- Transitioning Youth Program staff and tribal liaisons work together to assure eligible youth receive the life skills training needed to function independently as adults.
- 8. Foster Parent and the DCFS collaboration: The Quality Parenting Initiative (QPI) was completed statewide as of May 2017. Partnership Agreement Plans were developed, and signed by foster parents and DCFS staff during FFY 2018 as evidence of a commitment to the QPI. Staff at all levels have QPI expectations incorporated into their annual planning and performance evaluation documents. Processes for initial client service provision such as Comfort Calls, Icebreaker Meetings, etc., have been implemented into practice to support the relationship development between birth parents and foster caregivers. In FFY 2023, the DCFS implemented the QPI Champions

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program, which identified foster caregivers and DCFS staff to serve as leaders in QPI implementation in each region across the state. QPI Champions meet regularly throughout the year with Youth Law Center staff to discuss strategies for improving relationships among foster caregivers, birth parents, and DCFS staff. The focus for ongoing collaborative efforts between foster parents and the DCFS staff. The focus for ongoing collaborative efforts between foster parents and the DCFS during FFYs 2025-2029 will be further developing the QPI Champions program to ensure that each region has a team of foster caregivers and the DCFS staff working to strengthen Child Welfare relationships, advocate for quality parenting, and improve outcomes for children and youth in foster care.

- 9. Temporary Assistance to Needy Families (TANF) collaborative: On an ongoing basis, the DCFS Child Protective Services (CPS), Prevention/Family Services (FS) and Foster Care (FC) Program staff work with the DCFS Temporary Assistance to Needy Families (TANF) unit under the Family Support Division of the DCFS to ensure access for Child Welfare clients to various financial assistance programs. An example of this collaboration would be the Louisiana Kinship Navigator Program. This program provides a service network for kinship caregivers to provide education on programs and services available to meet the needs of the children in their care, locate services to meet their own needs and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.
- 10. **Citizen Review Panels (CRP):** For additional information on CRPs, please refer to the CAPTA portion of this plan.
- 11. Federal Partners: DCFS collaborates with ACF Region VI on the compilation and submission of various reports and other documents, and receives ongoing support from the regional office on matters of practice and policy as well as support from the Capacity Building Center for States.
- B.) Private Not for Profit Organizations: Louisiana is engaged in ongoing collaboration with:
 - 1. The **Casey Family Programs (CFP)**: The following are strategies which will be ongoing efforts for collaborative work during 2025-2029:
 - Judicial engagement to increase safe reduction and expedite permanency;
 - Policy reform and well-being;
 - Safety and Risk model;
 - Services to help birth families remediate safety issues to facilitate reunification;
 - Strengthen system capacity to support timely permanency.
 - 2. Crossroads (New Orleans, LA), a faith-based organization is developing plans for outreach in the New Orleans area in relation to supporting current caregivers of children in foster care as well as exploring other opportunities to be a community resource for families involved with the child welfare continuum of services. Crossroads was instrumental in the initiation, organization and dissemination of TBRI training around the

state for foster caregivers, residential providers, DCFS staff, legal partners, and other stakeholders. Crossroads assists with a wide variety of recruitment, training and support efforts for foster/adoptive parents.

- 3. Empower 225 is a faith-based organization affiliated with Healing Place Church, a Baton Rouge local, non-denominational church. HP Serve has developed an extensive array of foster care service projects including human trafficking survivor services; transitional living services for youth aging out of foster care; a homeless shelter for youth without a place to live; and, foster parent recruitment and support services. (For additional information on HP Serve, please refer to the Program Evaluation section of this plan.)
- 4. Louisiana Baptist Children's Home (LBCH), a faith-based organization affiliated with the Louisiana Baptist Association continues to collaborate with the DCFS in the development of basic and specialized foster homes to meet unique care needs of children in foster care.
- 5. Louisiana Foster and Adoptive Parent Association (LFAPA) provides supportive services to foster parents by supporting local associations. Trainings are also provided along with grants and scholarships to members. Additionally, the organization assists in the recruitment of new foster parents. The LFAPA also provides supportive services to foster parents experiencing an allegation of abuse or neglect through the Louisiana Advocacy Support Team (LAST).
- 6. The Louisiana Heart Gallery (LHG) and the DCFS collaborates to recruit adoptive homes for children who are freed for adoption in the state of Louisiana. The following regions have a LHG Regional Director: Alexandria, Lafayette, Shreveport, Covington, Lake Charles, and Baton Rouge/Ascension Parish. Events for children to develop a portrait and video are being held across the state. The videos and portraits will be placed on AdoptUSKids, the DCFS social media and LHG websites.
- 7. One Heart NOLA (OHN) is a faith-based, 501c3, non-profit organization serving the Greater New Orleans area. The OHN mission is to demonstrate the love of God by providing necessary resources to children and families in crisis. For more than 15 years, OHN has rallied local churches, businesses, civic groups and individuals to provide for the most vulnerable citizens in New Orleans. By developing a partnership with the Department of Children and Family Services, OHN has kept siblings together, provided basic necessities for families being reunified, offered college scholarships for youth, covered senior high school expenses and much more. The vision is for "local people to care for local kids." OHN has several projects including:
 - Providing financial assistance for educational projects to keep foster children in high school and/or college with the goal of having them graduate;
 - Providing financial assistance to 18-24 year-olds who have aged out of the foster care system; and,
 - Providing beds for children who need them.

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8. **James Samaritan (JS)** is a non-profit organization in the Covington Region. James Samaritan not only works with churches and volunteers in the community, but also supports foster youth and caregivers as well as young adults who have exited foster care to EFC.

<u>Resources:</u> JS provides appropriate beds to support placements of children in foster care and necessities for foster parents who lack financial resources.

<u>Recreation:</u> JS provides sports uniforms and fees so children in foster care can participate in extracurricular activities.

<u>Transitioning youth:</u> JS provides youth engagement activities and mentors for youth and young adults.

<u>Family visitation and event venue:</u> JS opened a Family Center to create a safe environment for family visits, parties and other events.

- 9. The department's national photo listing of children available for adoption is managed online at the www.AdoptUsKids.org internet site. This recruitment service features children on a national level who are awaiting adoption and are without an identified adoptive resource. This website features families who have been certified to adopt. A program manager on the state office level, who serves as the liaison between the families who have expressed an interest in a child and the child's adoption worker, monitors the website. This service is provided through a contract with the Adoption Resource Exchange Network.
- 10. The **Louisiana Adoption Advisory Board (LAAB)** is a long-time partner with the DCFS in providing a mechanism for networking among professionals involved in various aspects of the adoption continuum.
- 11. Wendy's Wonderful Kids (WWK) of the Dave Thomas Foundation is a grant program which the department is utilizing to fund specialized recruiters in each of the nine regions of the state to find child specific placements for hard-to-place populations of children. This collaboration is described in more detail in the sections of the plan dedicated to Service Array and Foster Home Recruitment.

The stakeholders mentioned are only some of the core groups with whom the DCFS regularly collaborates in serving the children and families touched by the department. The DCFS also works with grantees of the Louisiana Trust fund including many Advocacy Centers, Grandparent's Raising Grandchildren, LA Adoption Advisory Board, CASA, Family Resource Centers, My Community Cares and other community programs. Throughout the plan, you will find additional information regarding other key stakeholders such as the Family Resource Centers funded through the Promoting Safe and Stable Families Grant and the Independent Living Skills providers funded through the Chafee Grant. Collaboration with these stakeholders is discussed within areas of the plan focused on those grants.

SECTION 2: ASSESSMENT OF CURRENT PERFORMANCE IN IMPROVING OUTCOMES- The department believes the following federal outcome indicators will be positively impacted by implementation of the activities planned through the 2025-2029 CFSP. The department will take the action steps outlined in the CFSP based on an analysis of the data collected/received through the Annual Progress and Services Report, Louisiana's Data Profile

reports provided by the Children's Bureau, the CQI case review process, the DCFS information system reports and stakeholder input.

RELATED FEDERAL OUTCOME MEASURES:

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

DATA SOURCES AND DATA ANALYSIS: During the 2020-2024 timeframe, the DCFS was able to complete all action steps outlined in the PIP by the deadline of May 31, 2021, which was recognized as an expeditious timeframe for completion. The DCFS continued to pursue work that began under the PIP including efforts toward implementation of the Child Welfare Assessment and Decision Making Model, continued work in improving Workforce Development, and enhancements to Systems and Trainings to reach improvement in overall outcomes. Louisiana saw an increase in performance in most Outcome areas from the Round 3 CFSR time frame to the most recently completed Review Period (RP11); however, based on review of the most recent two review periods, item ratings have begun to decline in most areas.

Louisiana has utilized the CFSR On-Site Review Instrument in consultation with oversight from the Children's Bureau to ensure continued collection of data and information. Since the Round 3 CFSR, Louisiana has conducted case reviews, inclusive of case related interviews, to ensure comparative data collection to utilize as a means of assessing the State's performance in the 7 outcome measures and as a means of providing feedback for areas of Strength and Areas Needing Improvement on both a micro and macro level of practice. The state conducts reviews in all regions with reviewers who are based in most regions. Reviewers reviewed cases and conducted interviews across the state simultaneously based on the statewide random sample. Reviewers crossed regions as necessary to control for the randomness of the sample. On an ongoing basis, the Louisiana case reviews are not stratified by location and the sampling frame includes all geographic areas of the state and was representative of the child welfare population served with the major metropolitan area identified as New Orleans.

Since the round 3 CFSR, there has been no review period where Louisiana passed the expected rate to meet substantial conformity in any of the outcomes or associated items. These include the following outcomes: Safety Outcome 1, Safety Outcome 2, Permanency Outcome 1, Permanency Outcome 2, Well-Being Outcome 1, Well-Being Outcome 2 and Well-Being Outcome 3.

During the five years, the agency has maintained performance at or better than the national performance on all of the data indicators except, Placement Stability, with Reentry to Foster Care remaining at the national performance.

The information from data profiles, combined with the decline of item 4 in the most recent Review Period (RP11) and work done through the DDOC has led to further exploration into what is leading to placement instability. The DCFS has also completed Ad Hoc reviews on Placement Stability for six quarters and will use that data to assist in root cause analysis.

Work continues to improve outcomes for children and families and to provide a more comprehensive, coordinated and effective child and family services continuum. This work will be through continued work on retention of a stable workforce, utilization of coaching and consultation to develop staff knowledge, skills, and abilities, and ongoing reinforcement of the Child Welfare Assessment and Decision Making Model throughout the life of a case to ensure safety, permanency, and well-being of children and families.

Based on a review of the data over the past five years, Louisiana identified a need to improve in the areas of Safety Outcome 1 and 2, Permanency Outcome 1, and Well-Being Outcome 1. The developed goals, strategies and activities found within the state's CFSP will address these primary outcomes but also inherently address the other outcomes and systemic factors needing improvement considering the interconnectedness of these outcome areas.

To assess the outcome and rating areas, data has been compiled on each item since the CFSR baseline time frame. All data provided below is a mean of the ratings from RP1 2019 through RP1 2024.

Safety Outcome 1 - 65.9% Compliant (mean rating from last 10 review periods)

Item 1: Louisiana's performance on the timeliness of initiating investigations of reports of child maltreatment over the past five years of data indicates that an average of 65.9% of cases reviewed were rated as a strength. The primary concerns for the remaining 34% of cases (area needing improvement rating) were contact with a victim or at least one perpetrator not occurring in a timely manner and no valid reasons for not making face-toface contact in a timely manner. In the most recent two review periods, Louisiana has seen a substantial decline from the average of ratings that ranged between the mid-60s to 80%. The ratings dropped to 47.8% for RP2 2023 and to 30% for RP1 2024. When looking at administrative data over the past several years, there has been a slight decline in response priority. For FFY 2021, Louisiana's percent of response priority met for all priorities was 51.6%. For FFY 2022, Louisiana experienced an approximate 5% decline to 46.3% timeliness of response priority for all priorities. Based on administrative data for FFY 2023, Louisiana experience another 5% decline in the response priority for all priorities to 41.6%. Thus far for FFY 2024 (10/1/23 to 3/31/23), Louisiana's response priority for all priorities per administrative data is 43.6% with a slight increase of 2% from last FFY. Although administrative data doesn't support the same significant decline in response priority as the CQI case reviews which showed an approximately 40% decline over the last several years, further exploration and assessment will be conducted into the recent decline in timeliness of initiating investigations in the reviews to determine if additional work is needed in this area and possible root causes of the decline. For both Statewide Data Indicators associated

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with Safety Outcome 1, Louisiana performed better than the national standard. Louisiana continued to see a lower Risk Standardized Performance related to the Recurrence of Maltreatment and Maltreatment in Foster Care.

Planned Activities 2025-2029:

- Exploration into the possible causes for the recent decline in meeting response priority inclusive of any issues with cases getting to the queue on time, assignment of cases, and meeting face to face.
- Once possible causes are identified, further assessment and analysis to identify possible root causes.

<u>Safety Outcome 2 – 37.8%</u> Compliant (mean rating from last 10 review periods)

- Item 2: Louisiana's performance on concerted efforts to provide safety related services to the family to prevent children's entry into foster care or re-entry after reunification indicates 45.5% of cases reviewed over the past five years received a strength rating. Although this is substantially higher than the 8.1% rating seen in CFSR Round 3, the Area Needing Improvement cases continued to be based on a lack of effort to engage parents and caregivers in safety related services, delays in providing appropriate services and services provided did not match the family's identified needs. As Louisiana continues to expand the services available through Prevention Services provided by Child First and Intercept, the agency expects to see an increase in this item rating.
- Item 3: In the past five years of data collected, Louisiana received a 38.1% rating related to assessment of risk and safety. Through implementation of the Child Welfare Assessment and Decision Making Model, Louisiana has seen an increase in the rating for this item. The height of this item rating was seen in RP1 2021 and RP2 2021 (51.4% and 52.2%) which are in line with when implementation of CWADM Phase 1 was completed. There has been a recent decline in item 3 rating over the past several review periods, with the most recent review period (RP1 2024) having a rating of 24.5%. While this is above the Round 3 CFSR baseline rating (13.9%), it is not the expected increase sought through the implementation of CWADM. Through the continued work in CWADM Phase 2, the agency expects to see an increase in this item rating to a strength rating comparable to RP1 and RP2 2021 ratings. The primary concerns leading to an Area Needing Improvement:
 - Lack of frequent or quality contact with parents;
 - o Incorrect or insufficient risk and safety assessments;
 - o Not including all caretakers or children in risk and safety assessments;
 - o No risk and safety assessments at critical points of the case;
 - o Delays in providing and follow up on services;
 - o Lack of Utilization or Insufficient safety plans.

Planned Activities 2025-2029:

- Reference section on Intercept and Child First Planned activities for increase in referrals etc.
- Reference section on CWADM

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<u>Permanency Outcome 1</u> – 27.6% Compliant (mean rating from last 10 review periods)

- Item 4: Placement stability Over the past 5 years, Louisiana has overall performed well in item 4 in regards to Placement Stability. The item received the second highest of Louisiana's ratings with an average of 82.2% strength ratings. In the most recent review period, Louisiana experienced a substantial drop in placement stability with a 65.5% rating. Ongoing assessment and analysis is underway as this item is connected to the only Data Indicator where Louisiana has performed below the National Standard for several years (Placement Stability). The information from data profiles, combined with the decline of item 4 in the most recent Review Period (RP11) and work done through the DDOC has led to further exploration into what is leading to placement instability. The Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach will also continue to work with the CQI unit and CIP on placement stability of African-American youth. The DCFS has also completed Ad Hoc reviews on Placement Stability for six quarters and will use that data to assist in root cause analysis. Preliminary results of multiple review periods in 2023, indicate that the agency is utilizing placements of convenience often where a child is placed in a home based on availability and not based on placements that are willing to keep the child long term.
- Item 5: Permanency Goal Louisiana averaged a 70.1% rating in its efforts to establish appropriate permanency goals for children in a timely manner. Based on exploration of item 5, some noted areas of decline between the last two review periods includes a comparable decline when looking at both the timeliness and appropriateness of goals with approximately a 12-14% decline in each of those area from RP10 to RP11. There was a significant decline in the filing of the Termination of Parental Rights Petition where we saw a 91.7% rating in RP10 but declined to 66.7% in RP11.
- Item 6: Timely Achievement of Permanency Goal The average of ratings for timely achievement of Permanency goals was 37.4%. The remaining 62.6% received an Area Needing Improvement rating based on trends including untimely filing of Termination of Parental rights, failure to provide services to children and parents, lack of efforts to work with fathers and delays in referring relatives for certification. The DCFS continues to partner with the CIP in discussions about the root cause of some of the delays to achievement of case plan goals. There is exploration and work being conducted to produce a timeline for judges to assist them in understanding the reasons for the timeframes and staying on target with those timeframes for Child in Need of Care cases as continuances have been cited as a large reason for delays in achievement of permanency. The plan is to have the timeline completed to provide to judges at the Annual Judges Conference in June 2024.

Planned Activities 2025-2029:

- o Continuation of current quarterly Placement Stability Reviews through FFY 2025.
- o Provide feedback from reviews to regional and state office leadership bi-annually.
- In FFY 2025, create a workgroup and utilize data from reviews to explore root causes of Placement Instability incorporating stakeholders from CIP and those with lived experience.
- o See CIP section for details of work related to item 5 and 6.

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<u>Permanency Outcome 2 – 31.4%</u> Compliant (mean rating from last 10 review periods)

- Item 7: Placement with Siblings Louisiana scored an average of 79.5% in its efforts to ensure siblings in foster care are placed together. In 30.5% of the cases receiving area needing improvement ratings, Louisiana did not provide a valid reason for not making an effort to place the siblings together. Upon further exploration of the last two review periods (RP10 and RP11), the percentage of siblings placed together did not decline significantly (44.4% to 37.5%), but the valid reason for the separation was significantly lower in RP11 leading to a 50% decline (90% to 40%). Exploration into causes for this seem to be a lack of available foster homes for sibling groups of three to four and a lack of available homes available to take a small sibling group of older children.
- Item 8: Visiting with parents and siblings in foster care Louisiana scored an average of 55% strength ratings on cases regarding visitations with parents and siblings in foster care. There were 45% with an area needing improvement. The primary reason for the area needing improvement was due to Louisiana not ensuring frequent visits occurred. In reviewing the last two review periods, in RP10, the rating dropped to 45.5% and the rating dropped again in RP11 to 37.5%. The biggest declines noted between RP10 and RP11 were in relation to the frequency of the visitation for each party. The frequency of visits with the mother saw the smallest decline with a 10% decrease; however, both the father and siblings saw a 20% decline in the frequency rating. Quality of visits that did occur remained consistent with prior review periods.
- Item 9: Preserving Connections Louisiana made an effort to maintain the child's connection on more than half of the applicable cases reviewed, with an average strength rating of 69.4%. The 30.6% of cases with an area needing improvement rating, was primarily due to not ensuring the child maintained contact with relatives. For RP10, item 9 saw a significant increase from the prior completed review period with a 93.3% rating. In RP11, the rating declined to 48.3% which is the lowest rating during the time frame tracked, including baseline data. ACT 350 reviews began in late 2023 to explore the agency's exploration early on into relatives and that connections for permanency are explored. The first few review periods were a pilot of the new instrument. Data collection began in the first review cycle of 2024 and the data is still being analyzed.
- Item 10: Relative Placement Louisiana scored an average of 72.4% in its efforts to ensure children in foster care are placed with relatives. Louisiana received an average of 27.6% area needing improvement, primarily due to not making an effort to locate relatives. In RP10, the agency saw an increase in the performance in item 10 with an 86.7% rating, which is one of the highest ratings during the timeframe. A substantial decline was noted in RP11 with a 35% decrease to 51.7%. The decrease is attributed to a decrease in the number of children placed with relatives. In RP10, 16 of the 30 target children were placed in relative placements and in RP11, 10 of the 29 target children were placed with relatives. When looking at the concerted efforts to ensure relatives were identified, located, informed, and evaluated in RP11, there were fewer than half of the cases where children were not in relative placement and these concerted efforts were demonstrated leading to a decline in the rating. Louisiana will continue to monitor performance in relation to item 10 and determine through further exploration whether there are correlations between the concerns of placement instability and the decrease in utilization of relative placements.

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• Item 11: Relationship of child in care with parents – Louisiana received a 54.3% strength rating for promoting, maintain the child, and parent relationship. An area needing improvement rating of 45.7% was primarily due to not engaging the parents to participate in the child's activities and appointments. Through further exploration of a recent decline in the item rating for the last two review periods, in RP10 there was a significant decline in the rating for item 11 from the previously completed review period with a 25% decline to 42.9%. The state again saw a decline in item 11 in RP11 to 30.4%. The biggest decline in this area was related to the promotion of the mother's relationship with the child from 70% in RP10 to 39% in RP11.

Well-Being Outcome 1 – 33.3% Compliant (mean rating from last 10 review periods)

- Item 12: In the area of needs and services to children, parents and foster parents, Louisiana scored highest in the area of foster parents with an average of 76.8% over the past five years. Needs and services to children followed at 65.8% average. Needs assessment and services to parents had the lowest score at 32.1%. The main reasons were related to insufficient needs assessments, services not provide to meet parent's needs, services identified but not provided, and a lack of concerted efforts to locate parents for assessment.
- Item 13: Louisiana's performance in the area of child and family involvement in case planning over the last five years has averaged at 39.2%. Areas of concern for this item include the following: lack of engagement of fathers in case planning, a lack of ongoing discussions of goals, barriers or case progress with children and families. Through exploration into the recent decline in the item 13 rating, it was determined, that RP10 rating of 43.2% was consistent with most prior review periods; however, in RP11, there was a significant decline to 22.9%. The area with the most significant decline related to case planning involvement was in the area of engagement of the child in the case planning process with a drop from 79% in RP10 to 44.4% in RP11. Further analysis of the data related to case planning will be conducted to determine how to address the decline.
- Item 14: Caseworker visits with Children average performance rating over the past five years was rated 64.3%. The primary reasons for Area Needing Improvement ratings (35.7%) was based on a lack of quality of visit with children due to a lack of conversation around pertinent discussions related to safety, permanency, and well-being and frequency of visits was not sufficient to meet needs of the child. For RP10, visits between the worker and children declined to 57.8%. The decline continued in RP11 with a lower percentage than the baseline rating with a 42.9%. Based on results of case reviews conducted in RP11, the major factor that has led to the decline is the quality of the home visits as 27 of the 49 cases received an ANI rating based on quality. The frequency of the visits was not sufficient in 18 of the 49 cases with 10 cases showing visits occurring less than once a month. When comparing out of home to in-home cases, in-home cases had a lower percentage of strength cases with 35% of the in-home cases versus 48.3% of the foster care cases receiving strength ratings. Based on the recent decline in the last two review periods, the data and information related to item 14 will be sent to the State Office Foster Care and Family Services Unit for further discussion about possible solutions to implement for better outcomes in this area.
- Item 15: Caseworker Visits with Parents Louisiana's performance on this item averaged 34.7% over the last five years. The main factors leading to Area Needing Improvement

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ratings were a lack of engagement with fathers and quality of the visits were not sufficient to assess needs or deliver appropriate services. The agency continued to see a decline in practice related to item 15 in both RP10 and RP11 with a 32.4% and 27.9% rating respectively. In RP11, The frequency of contacts with father's was seen to occur less than monthly leading to a high percentage of cases receiving a no response for sufficient frequency of contact with fathers. The quality of visits with both parents also impacted the rating in a significant percentage of cases with only 36.5% of quality visits with mothers and 32% of quality visits with fathers. Of note is the in home services cases reviewed had a significantly lower percentage of quality visits with fathers in comparison to the out of home cases (23% in home vs 41.7% out of home). Although the agency has maintained an average strength percentage higher than the previous PIP goal, the agency is looking further into the reason for the decline related to frequency and quality of caseworker visits with parents and plans to address the work around this in the CFSP 2025-2029.

Planned Activities for 2025-2029:

- O CQI Unit will provide data to each state office program unit (Foster Care and Family Services) specific to their respective program to explore causes of declining strength ratings in assessment of needs of parents and children, engagement in case planning activities and home visit with parents and children.
- o In FFY 2025, there will be exploration into the root cause of lack of quality visitations through surveys, focus groups, and interviews to assist in the development of staff.
- Assessment of tools available through the Capacity Building Center for States website to assist in education and engagement of staff in the importance of quality caseworker visits.

Well-Being Outcome 2 - 84.1% Compliant (mean rating from last 10 review periods)

• Item 16: Educational Needs of the Child - Louisiana scored fairly well in accurately assessing and addressing children's educational needs. This item received a strength rating average of 84.1% over the past five years. In the most recent review periods, area needing improvement ratings were equally due to a lack of accurately assessing needs and the provision of those services due to a lack of assessments.

Well-Being Outcome 3 - 61.7% (mean rating from last 10 review periods)

• Item 17: Physical Health needs of the child -- Louisiana scored 71.7% in its efforts to address children's physical health needs. When exploring the cause of the decline in the most recent review period, it was determined that the lack of physical health assessment in in home cases declined significantly and the dental health assessment needs of foster children declined. Most of the in-home services cases where there was a lack of assessment were in cases involving drug affected newborns. Further exploration of the trend related to drug affected newborns for in home cases will be conducted and information provided to the Family Services Child Welfare Manager to address. Reinforcement of policy related to dental assessments will be covered in Policy Meetings and exploration into the cause of the lack of dental assessments will be done through discussion in upcoming CQI meetings.

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• Item 18: Assessment of Mental / Behavioral Health - Louisiana's performance on efforts to address the mental and behavioral health of children received an average strength rating of 56.1%. In the most recent review periods, when exploring differences based on program type, foster care cases had a decline in ensuring appropriate oversight of psychotropic medication with a decline from 71.4% in RP10 to 25% in RP11. If the trend is noted to continue, the CQI Unit will provide the data to the Foster Care Unit to further explore the causes of the decline. This area will be tracked in future review periods to determine if this decline continues to be a trend. In home cases showed a lower percentage of strength ratings than foster care cases with in home cases showing a 28.6% strength rating and foster care cases with a 41.2% rating in the most recent review period. Information related to the trends related to the decline will be provided to the State Office Family Services Manager. Exploration into the cause of the decline in Mental Health/Behavioral Health Assessment will be explored through discussion in upcoming CQI meetings.

SYSTEMIC FACTORS:

<u>Information Systems</u> – Louisiana is a state-based child welfare system with statewide information systems. The DCFS child welfare continuum is supported by multiple data systems, each developed for specific functions and/or roles. The systems support the primary DCFS programs, targeted program functions, assessments, quality assurance, cost allocation, and data visualizations to manage and evaluate program outcomes.

Data systems supporting primary DCFS programs:

- A Comprehensive Enterprise Social Service System (ACESS) 2.0
- Tracking Information and Payment System (TIPS)
- Common Front-End Access (CAFÉ)

Data systems supporting targeted DCFS program functions:

- Juvenile Electronic Tracking System (JETS)
- National Youth in Transition Database (NYTD)
- SansWrite
- NEICE Modular Case Management System (MCMS)
- Child Abuse Neglect System (CANS)
- Family Resource Center (FRC) Database

Data systems supporting the assessments and decision making by child welfare professionals:

- Family Assessment Tracking System (FATS)
- Structured Decision Making (SDM)
- Trauma Based Health (TBH)
- RedCap

Data systems supporting the quality assurance function:

- Quality Assurance Tracking System (QATS)
- Online Monitoring System (OMS)

Data systems supporting data collection for cost allocation:

- Random Moment Sampling (RMS)
- Training Cost Allocation System (TCAS)

Business intelligence tools utilized for bringing data sets together to create reports and visualizations used to manage business processes and evaluate program outcomes:

- SystemWare
- WebFocus

The landscape of child welfare data systems has grown to respond to evolving business needs. TIPS remains the core system of record enabling the DCFS to readily identify the status, demographic characteristics, location, and goals for the placement of every child in foster care. Many of these systems are technologically independent with limited interoperability, resulting in reliance on manual data re-entry as a family progress through the child welfare continuum. The DCFS policy requires workers to enter data into the data system(s) within two-days of an event. Manual data entry and re-entry creates a challenge to maintain high data quality, specifically related to accuracy and timeliness. The DCFS ensures that the information systems are capturing timely and quality data through the AFCARS submission error correction processes. Error reports are ran periodically and are distributed to the field for correction to ensure submission compliance.

The DCFS is committed to implementing comprehensive, intuitive, and integrated technology which dependably serves the complete child welfare continuum, and a Comprehensive Child Welfare Information System (CCWIS) planning project began 2023. A CCWIS will enable DCFS and its partners to overcome the interoperability limitations within the current child welfare technology landscape. A CCWIS will create efficiency of daily operations for child welfare workers and improve safety, permanency, and well-being outcomes for children and families.

Overall goals for the CCWIS include:

- A comprehensive, intuitive, integrated system which dependably serves the complete Child Welfare continuum.
- Improved data quality and enhanced reporting capabilities per federal Administration for Children and Families (ACF) regulations.
- Interoperable modern technology that is efficient, effective, and economical.
- Improved financial controls that reduce potential for fraud, waste, and abuse.
- Clear accountability and the ability to measure outcomes in the system.

The CCWIS planning project has outlined a multi-year journey to transition from the current technology landscape to a CCWIS ecosystem. This roadmap development commenced with careful planning and will continue through CCWIS certification. Design, development, and implementation of CCWIS is a priority for the next five-years. Change resistance can negatively affect the implementation process causing technology to not realize its full potential and desired outcome. Therefore, organizational change readiness will also occur in advance of, and during, the CCWIS implementation.

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Information systems governance will oversee all child welfare technology to ensure changes to the current technology landscape will align with the CCWIS project roadmap. Changes to the current data systems changes will continue to occur to drive improvements for data quality, streamline usability, and maintain alignment with evolving state and federal regulations, until CCWIS is implemented.

The following section provides brief descriptions of the data systems supporting DCFS programs, targeted functions, assessments and quality assurance within the current technology landscape.

A Comprehensive Enterprise Social Service System (ACESS) 2.0

ACESS is the official record of all Child Protection Services (CPS) investigations. ACESS supports centralized intake, transfers information to field offices, and collects documentation for all case activities. At completion, ACESS generates the Investigation Report which provides a synopsis of each investigation including safety threats and diminished caregiver protective capacities.

ACESS also supports the following functions:

- Mandated Reporter Portal,
- Comprehensive Addiction and Recovery Act,
- Human trafficking,
- Clearances to conduct searches against the State Central Registry and State Repository,
- Appeals and reviews.

Tracking Information Payment System (TIPS)

TIPS is the system of record for client information and generating payments for Child Welfare clients and providers. TIPS tracks client status, demographic characteristics, location, goals, placement services and paid supportive services for foster children. TIPS maintains a record of all child placements (regardless of placement type). TIPS is the source for the Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data. The NCANDS data collected in ACESS is migrated into TIPS via an interface. TIPS is the State of Louisiana's legally mandated Central Registry and the Louisiana Adoption Resource Exchange (LARE) included in the TIPS system along with multiple series of functions listed below:

- Captures client specific, Child Welfare data for the purposes of meeting AFCARS' requirements and authorizing necessary payments.
- Captures all petition information filed with the Child Welfare division.
- Captures Provider Specific information regarding their profile, service agreements, and client level service authorizations.
- Captures or displays financial information such as open provider payables, pay status, suspended payments, check cancellation, etc.
- Supports manual issuance of payments to Child Welfare providers.
- Supports management of overpayments, underpayments, recoupments, and payment corrections.

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- Tracks and reports Social Security, Supplemental Security Income and Parental Contributions received for foster children. The system also applies the revenues to the expenditures to reimburse State expenditures.
- Enables Child Welfare managers to track development and need of staff by program area, by location, and fiscal year.
- Supports functions such as worker setup, value table setup, funding rules, service rate setup, and caseload standards. Used by DCFS IT and Security.
- On-line memo system written for parish, regional, and state offices, as well as for accounting. The system will indicate to each user office when they have "mail" and allow them to read and print their memos. Memos sent from any office to a particular office, or to any group of offices, or statewide.

TIPS has interfaces to exchange data with Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) programs. Additionally, DCFS Has Memoranda of Understanding with the Department of Education (LDE) and Department of Health (LDH) for data matching to monitor educational outcomes for children in foster care, and psychotropic medication use for children in foster care. Using these interfaces and data sharing agreements, DCFS is able to review and verify information to serve children and families more effectively.

Common Front-End Access (CAFÉ)

Common Front-End Access (CAFÉ) is the main system used to support the eligibility determination functions within DCFS. It is a unified portal that allows for a comprehensive search of DCFS records to identify previous client records and prevent duplication of case numbers. Additionally, it can allow for verification of basic client demographic data such as birthdates, race, and ethnicity. There is capacity for client as well as provider information data collection through separate portals of the system. Confidential information regarding program specific information such as involvement with Child Welfare programs is protected from view by non-Child Welfare staff.

Juvenile Electronic Tracking System (JETS)

The Juvenile Electronic Tracking System (JETS) tracks client status, legal status, demographics, location, and goals for foster care youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). JETS is not interoperable with any DCFS information system. Foster children in OJJ custody are assigned a TIPS number to enable integration into the AFCARS file.

National Youth in Transition Database (NYTD)

The National Youth in Transition Database is web-based system to collect information on each youth who receives independent living services paid for or provided by DCFS. The system also collects demographic and outcome information on certain youth in foster care. Information is collected in on-line surveys and the data is provided to the federal government after each reporting period.

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Sans Write

SansWrite is a compliance-monitoring platform utilized to support the Licensing function for residential and facility licensure. This system collects and manages data for facilities, which support the needs of multiple programs, including but not limited to child welfare.

NEICE Modular Case Management System (MCMS)

The NEICE Modular Case Management System (MCMS) enables DCFS to create, process, and track ICPC cases electronically and share case information with other states in a secure manner.

Child Abuse and Neglect Clearance System (CANS)

CANS allows Providers/Entities to submit on-line request for Child Abuse/Neglect Clearance in accordance with the Louisiana Administrative Code. The CANS System is not the System of Record for the State Central Registry nor does it maintain any Investigation Data. CANS allows the Agency/Entity to do the following:

- Gain approval to make request (appropriate documentation is requested before an Agency/Entity is allowed to request a Child Abuse and Neglect Clearance)
- Submit request
- Pay the \$25 Administrative fee (if applicable)
- View Decisions via System Notifications

DCFS Program Staff uses the CANS System to:

- Approved/Deny Agency/Entities request to submit Child Abuse and Neglect Clearance
- Make determinations on Agency/Entities request based on Data in the State Repository for
- Abuse/Neglect and a State Central Registry (SCR)
- Provides Notification to the requesting Agency/Entity if the Applicant was listed on the
- Abuse/Neglect and a State Central Registry (SCR)

Family Resource Center (FRC)

The Family Resource Center supports staff serving together to empower families to attain self-sufficiency and ongoing independence. Family resource center provides financial help to poor families. FRC has contractors at different location in the state of Louisiana that can enter data into Web based screens from paper applications to support their work.

Family Assessment Tracking System (FATS)

The Family Assessment Tracking System (FATS) is used by Family Services, Foster Care, and Adoptions for recording family assessments, case plans, and tracking caseworker visits. FATS was developed as an electronic forms application. Staff can access FATS via the CAFÉ worker portal home page however, the systems are not interoperable. DCFS is able to provide essential data for reporting compliance for the Federal Visitation Report utilizing a data extraction from FATS.

Structured Decision Making (SDM)

Structured Decision Making (SDM) is a web-based system that supports risk and reunification assessment. This system is hosted by the Evident Change on a yearly subscription basis. SDM is accessible via CAFÉ on the worker portal home page.

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Trauma Based Health (TBH)

The TBH is a behavioral health trauma screening. The TBH/Survey is a web-based system /software. Because of confidentiality, the user only enters the client's TIPS number, so the user must then print the results of the survey for the record given that the information is not able to be retrieved by the front-line staff. The Snap Survey software is not owned by DCFS but rather is owned by PRG Research Company.

RedCap

RedCap supports various programmatic processes and data capture for the same. *Quality Assurance Tracking System (QATS)*

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

Online Monitoring System (OMS)

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

Case Review System:

Written Case Plan- In Louisiana, each child in foster care must have a case plan initiated by at least the 30th day after foster care entry and receive a finalized initial case plan within 45 days of the date the child was placed in the custody of the Department of Children and Family Services (DCFS). Afterward, the worker and family must review and update the case plan a minimum of every 6 months from the date of foster care entry, but may be reviewed and updated more frequently if necessary to meet the needs of the child and family.

Case plans are developed through worker preparation with parents, children, foster caretakers and other stakeholders who come together as a team in Family Team Meetings (FTMs), the purpose of which is to offer the parents support in achieving their goals for their family. The following policies and procedures are in place to assure case plans are developed for each child in foster care and the case plan is developed jointly with the child's parent(s):

- Written case plans must be presented to the court for review and approval a minimum of every six months;
- Completion of case plans must be documented in the case events of the Tracking and Information Payment System (TIPS);
 - O Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor;
- Written case plans are completed through the teaming process which involves including family, stakeholders, legal partners as team members in the planning process to support the family in defining goals, establishing action steps, and implementing the case plan;
- The case plan template is held in the Family Assessment and Tracking System (FATS), which makes it easy for any involved staff members statewide to pull up the case plan and review or document family progress;

- The Assessment of Family Functioning (AFF) is integrated into the electronic case planning template to allow for immediate review of family strengths, needs for improvement, parental caretaking capacities, risk level for the family, specialized assessment of runaway or trafficked youth and transitional needs of youth to guide the case planning process;
- For youth ages 14 and older, the DCFS policy and the written case plan template include provisions for the involvement of a minimum of two individuals as requested by the youth unless there is good cause to believe the individuals would not act in the best interest of the youth;
- The DCFS policy dictates the tribe be notified and included in case planning, if the child is a member of or eligible for membership in a federally recognized tribe.

The DCFS uses data from the Continuous Quality Improvement (CQI) case review process to determine if case plans are developed for all children in care and if they were developed jointly with the child's parents. Represented in the chart below, the CQI data for reporting periods 10 and 11, the Agency made concerted efforts to involve parents and children in the case planning process in 30 of the 92 applicable cases reviewed with a 32.6% combined performance rating.

Item 13	Baseline	Reporting Period 9		
Data Period (insert date or range)	April 1, 2018- Sept 30, 2018	Oct 1, 2022- March 31, 2023	April 1, 2023-Sept 30, 2023	Oct 1, 2023- March 31, 2024
Number of Cases Rated as a Strength	10		19	11
Number of Total Applicable Cases	61		44	48
Performance (%)	16.4% Baseline 22.5% (Goal)		43.2%	22.9%

Through QPI, the DCFS has established a core philosophy of ensuring quality parenting for the children served. This includes the relationships with stakeholders, work with the legal system, support and development of foster caretakers, and building partnership through our teaming process.

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

Activities Planned 2025-2029:

- 1. The DCFS will continue to work with the families, foster caregivers and stakeholders as a team in Family Team Meetings (FTMs) in the development of the written case plans.
- 2. The DCFS plans to continue having Child Welfare managers participate in the initial FTM, to provide valuable feedback and evaluate engagement of staff and the other team members.
- 3. The DCFS will continue to track timely completion of the case plans utilizing TIPs and FATS systems.
- 4. State Office Program staff will continue to track and monitor the completion of timely case plans through the WebFocus report on Initial Case Plan completion.
- 5. A Case Plan Coming Due report will be developed in WebFocus to allow for easy access by supervisors and workers to pull. On a monthly basis, regional reports will be pulled by Performance Measures Consultants and provided to the appropriate Manager to ensure proper tracking of Case Plans coming due.

<u>Periodic Reviews</u>- In compliance with Louisiana law, the DCFS has policies and procedures in place to ensure each child receives a case review hearing by the court every six months. The DCFS staff must provide the court a report summarizing progress in the case and an updated written case plan a minimum of 10 working days prior to the case review hearings, which are held by the court every six months. The DCFS staff are also required to notify the child's foster caretakers of the case review hearings held by the court and the right of the foster caretaker to be heard. All other involved parties are notified of case review hearings by the court and of case planning meetings or reviews.

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

Activities Planned 2025-2029:

- 1. The DCFS will continue to ensure that each child receives a case review hearing by the court every six months.
- 2. The DCFS will continue to provide the court report and updated case plans to the courts as required.

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- 3. The DCFS will ensure that all involved parties are duly notified of court hearing as required.
- 4. State Office Program staff will continue to track and monitor the completion of Periodic Reviews through the WebFocus report on Periodic Review completion through running of monthly reports to ensure completion and will notify regional staff if a case is noted on as an overdue case.
- 5. A Periodic Review Coming Due report will be developed in WebFocus to allow for easy access by supervisors and workers to pull. On a monthly basis, regional reports will be pulled by Performance Measures Consultants and provided to the appropriate Manager to ensure proper tracking of Periodic Reviews coming due.

Permanency Hearings- As per Louisiana law, each child in foster care is assured a permanency hearing by the court every 12 months. It is common in Louisiana courts to use the periodic review hearing and permanency hearings interchangeably or a combination of both hearings. The DCFS policy requires a permanency staffing occur initially within nine-months of foster care entry. This purpose is to assess the potential for the family to achieve reunification prior to 12-months, identify any unaddressed needs of the family, determine any compelling reasons for not pursuing termination when the child has been in foster care 12-months, and/or determining steps necessary to pursue termination at the permanency hearing when the child has been in foster care for 12months. Once an initial permanency staffing has been held, every case staffing held every three months thereafter is an ongoing assessment of the appropriateness of the child's permanency plan. Permanency hearings continue to be held every 12 months from the date the child entered foster care until permanency is achieved. These permanency hearings are held in conjunction with the case review hearings being held at 6-month intervals rather than separately. Therefore, the DCFS staff are providing the court a report with the recommendations of the DCFS for permanency for the child. The court report summarizes progress in the case and is submitted to the court along with an updated written case plan a minimum of 10 working days prior to the permanency and case review hearing. The DCFS staff are required to notify the child's foster caretakers of the permanency hearings and case review hearings and their right to be heard at those hearings. DCFS staff are required to provide each caregiver the 98A, the Child Placment Agreement form, which includes a statement for the caseworker to read to the caregiver at the point of placement notifying the caregiver of their right to receive notice, be present, and provide information at hearings. Staff must indicate that the caregiver was notified of the upcoming court hearing by selecting the checkbox in the FATS system. The DCFS is continuing to work on the development of a case event in the TIPS system to capture the date of the notice to a caregiver advising of their right to attend and be heard at court hearings. This update is expected to launch in late 2024. All other involved parties are notified of permanency and case review hearings by the court.

- The DCFS recommendations for permanency for children, court reports and updated, written case plans are presented to the court for review and approval a minimum of every six months (which incorporates the report due every 12 months for a permanency hearing) and must arrive to the court within 10 working days of the scheduled permanency and case review hearings.
- Completion of permanency staffings and annual permanency hearings must be documented in the case events of TIPS

 Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through CAFÉ by the worker's supervisor.

Activities Planned 2025-2029:

- 1. The DCFS will continue to ensure that each child receives a permanency hearing by the court every twelve months.
- 2. The DCFS will continue to provide the court report and updated case plans to the courts as required.
- 3. The DCFS will ensure that all involved parties are duly notified of court hearing as required.
- 4. State Office Program staff will continue to track and monitor the completion of Permanency Hearings through the WebFocus report on Permanency Hearing completion through running of monthly reports to ensure completion and will notify regional staff if a case is noted on as an overdue case.
- 5. A Permanency Hearing Coming Due report will be developed in WebFocus to allow for easy access by supervisors and workers to pull. On a monthly basis, regional reports will be pulled by Performance Measures Consultants and provided to the appropriate Manager to ensure proper tracking of Permanency Hearing coming due.

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

The DCFS Bureau of General Counsel (BGC) provides data regarding the number of TPR petitions filed on a monthly basis. This data is shared with the Executive Management Team and Regional Administrators to assist in decision-making efforts on improving permanency outcomes. The monthly Statewide TPR data reports are also available for all staff to review on the DCFS CW intranet page.

During FFY 2024, 454 TPR petitions were filed statewide. Based on the CQI data for RP10 and RP11, the Agency experienced a significant decline in the filing of the Termination of Parental Rights Petition. There was a 91.7% rating in RP10 but declined to 66.7% in RP11.

The TPR data reports along with CQI case review reports are shared with the Court Improvement Program (CIP). In the CIP CQI process, this data has been used in discussions on court timeliness measures. The DCFS and CIP's sharing of data as well as collaboration between the organizations' CQI committees, has strengthened the case review system regarding monitoring the statewide functionality of TPR filings.

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

Activities Planned 2025-2029:

- 1. The DCFS will continue to conduct initial permanency staffings on all cases at the 9-month mark in an effort to ensure termination of parental rights (TPR) petitions are filed timely.
- 2. Exploration into a more streamlined method of tracking of cases staffed for termination by region, when the petition is filed, and when TPR is accomplished.
- 3. State Office Program staff will continue to track and monitor the completion of the filing of TPR through the WebFocus report on Children in Foster Care 15 of the Last 22 Months completion through running of monthly reports to ensure completion and will notify regional staff if a case is noted on as an overdue case

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

The DCFS is working to develop a case event in TIPS to allow the capacity to roll up data on whether notification of the foster caretakers and their right to be heard occurred in each case due for case review each month, regardless of whether it is an initial or ongoing case review. It will be possible to develop a report to display in WEBFOCUS regarding the percentages of cases where this occurred by region to allow field staff managers to plan for improvement on a regular basis. It will be possible to monitor from a state level to initiate higher level planning for improvement. The CQI staff review a sample of case plans every six months. This process includes consideration of fulfillment of all federal case planning requirements, including notification of foster caretakers regarding any review or hearing held with respect to the child and their right to be heard. CQI and program staff will work together to assess how efforts can be coordinated to develop informative data and improve outcomes.

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

The 98A form includes a statement for the caseworker to read to the caregiver at the point of placement notifying the caregiver of the right to receive notice, be present, and provide information at hearings. The caregiver must initial the form in a designated space stating they were provided this notice and a copy of the form be filed in the case record. The DCFS is working on the development of a case event in the TIPS system to capture and track the date of the notice to a

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caregiver advising of their right to attend and be heard at court hearings. This update is expected to launch late 2024. Policy states the child's assigned CASA worker shall be notified and given the opportunity to participate in the agency Administrative Reviews, which may be necessary on the case to review the case plan document and consider the appropriateness for planning for safety, permanency, and well-being of the child.

Activities Planned 2025-2029:

- 1. The DCFS will continue to utilize the 98-A form as notification to the caregiver of their right to receive notice, be present, and provide information at court hearings.
- 2. The DCFS will continue to encourage the use of the Foster Caregiver Progress Form to provide valuable, current, and relevant information about the child that helps the court make informed decisions regarding the child's best interest.
- 3. The DCFS will continue to work toward the development of a case event in TIPS to capture the date of notice to a caregiver advising of their right to attend and be heard at court hearings.

Quality Assurance System-

<u>Strengths:</u> A notable strength is CQI is committed to assuring the validity and inter-rater reliability of case reviews. In an effort to improve validity and reliability of case reviews, the agency continues to ensure a second and third level review process. The current CQI team is a group of seasoned reviewers and QA staff. This, combined with ongoing training serves to improve the validity and reliability of case reviews. The continuation of bi-directional feedback communication is also a strength vital to any CQI process to ensure everyone who supports children and families is treated as an important partner (*CW Principle of Practice*).

<u>Areas Needing Attention:</u> Areas requiring attention include maintaining and providing enhancement of the QA/CQI system to support progress, ensuring adequate coverage for review staff as attrition occurs, assisting the Department in the development of the Statewide Assessment, and development and implementation of the Program Improvement efforts if determined necessary.

<u>Updated Assessment:</u> The DCFS continues to maintain a CQI foundational structure that includes a case review process with secondary oversight by the Children's Bureau, quality data collection and dissemination as well as active inclusion of internal and external stakeholders to inform feedback loops during the FFY 2020-2024. In FFY 2023, the Agency Contracted with Public Consulting Group (PCG) to complete Louisiana's federal case reviews until the start of FFY 2024 at which time the reviews returned to the DCFS CQI consultants. The transition back to the DCFS CQI consultants occurred after challenges were faced with the amount of oversight needed on the contract reviewer's case reviews in order to meet the Agency's standard for quality reviews. The DCFS CQI team changed structure and size to accommodate the reviews to be conducted by Agency staff. The CQI Team Structure now consists of one Child Welfare Manager 2, one Child Welfare Manager 1, and eight consultants whose role is conducting CQI reviews and two consultants who have shared CQI and Planning responsibilities. The DCFS continues to be fully committed to ensuring a full CQI process and is continuing to work to ensure that the transition back to Agency staff is supported and continues to provide ongoing training and feedback.

The CQI Team continues to utilize the Online Management System (OMS) to conduct case reviews in an effort to ensure the review process meets requirements set forth by the Children's Bureau. The state continues to use a 6-month review period using a statewide simple random fixed sample to select cases for review. The DCFS completed both six month review period for FFY 2024; however, a full review of 65 case reviews were not completed in the six month time frames. The expectation moving forward is to complete at a minimum of 65 case reviews per six month time frame. The CQI Team continues to utilize the OMS system for case entry and is utilizing the Round 4 materials in preparation for the Round 4 of the CFSR. At this time, Louisiana intends to conduct a State Led CFSR for Round 4. The plan is to utilize review staff for the review and QA processes.

In an effort to ensure readiness to conduct a State Led CFSR for Round 4, the CQI Team continues to enhance its interrater reliability among the CQI team by conducting quarterly CQI meetings with mock case reviews. The CQI Team also uses resources provided by the Children's Bureau including the National Call Series, Round 4 Resources, and the E-Learning platform to continue to reinforce interrater reliability. The CQI Team continues its biweekly meetings. These meetings continue to provide an opportunity to conduct interrater reliability activities to ensure consistency in cases and to share information regarding case reviews.

The DCFS has updated the Louisiana DCFS Child Welfare Continuous Quality Improvement Manual to reflect the requirements of the CFSR Round 4 Procedures Manual. Updates made to the sampling methodology and other aspects will ensure compliance with the expectations for Round 4. Case Reviews are selected for all jurisdiction where the services in the CFSP are provided.

The analysis and dissemination of quality data continues in regional CQI meetings, through worker and supervisor consultations immediately following case reviews, through providing quantitative and qualitative data reports, and through bi-directional feedback loops established through meetings with internal and external stakeholders. The collection, analysis and dissemination of quality data continues through the CQI Unit conducting individual exit meetings with caseworkers and their supervisors immediately following the approved and final status of each case review. These exit meetings allow the CQI Team members and field staff to have detailed discussions regarding the quality of practice and what improvements may be needed. The CQI meetings scheduled for April and October each year will be held through a hybrid means of both in-person and virtual attendance to allow for more interaction while giving an opportunity to those who cannot travel to attend. The January and July meetings will remain fully virtual. The return to inperson meetings has allowed for more feedback and discussion. During the months of January and July, the results of statewide and region specific program data is disseminated to regional staff and invited stakeholders. The content of these meetings includes data related to program reviews and surveys. In the April and October meetings, CQI provided the results of the CFSR case reviews as well as data from the Child Welfare Assessment and Decision-Making adhoc case reviews. The goals of the data meetings is to ensure opportunities for participation and in-depth discussion regarding practice and root-cause analysis while also enhancing the state's bi-directional feedback loops among staff and external stakeholders. In FFY 2023 and 2024, the importance of stakeholder involvement related to persons with lived experience was emphasized in meetings with leadership and regional management. The CQI Team continues to facilitate discussions with regional management and staff about meaningful engagement of persons with lived experience.

The CQI Team continues to maintain a feedback loop by utilizing data from the CFSR reviews during quarterly meetings with the Pelican Center to provide data to the Court Improvement Projects. Opportunity is taken at these meetings to share data gathered through case reviews, case related interviews and CQI meetings to help further discussion about possible root causes to issues noted in specifically item 5 and item 6. This collaboration continues and planned activities related to this can be found in the CIP section of the CFSP.

The CQI Team continues to assist in the development and implementation of targeted case reviews as well as participation in workgroups in an effort to ensure a CQI foundational structure is maintained. CQI internal workgroups will continue in their functions in FFY 2024. The workgroups in place are continuing to establish their functions and purpose as the team prepares for Round 4 of the CFSR. The current workgroups are CQI Exit Meetings, CQI Manual, and Data Analysis. A new workgroup was formulated to identify and engage stakeholders within the agency who can be active members in the CQI process. The Stakeholder workgroup is working on identifying stakeholders from varying backgrounds and experiences to begin engaging in conversation about agency practices and ideas for improvement.

The CQI team continues to work on target case reviews related to Placement Stability and are to assess the reasons for placement changes within the first thirty days which is where the highest percentage of placement changes occur based on administrative data.

During the 2020-2024 time frame, the DCFS has worked to maintain quality reviews. Although the current CQI Team is reduced in number, the work that is produced from the remaining CQI Consultants continues to be of a quality that allows for minimal feedback from federal oversight. The CQI consultants who remain are a seasoned staff of consultants with a multitude of years of experience in all levels of case review and quality assurance. The CQI managers continue to work on increasing the number of staff to allow for additional analysis of data and to ensure the continuation of multiple levels of feedback loops.

<u>Planned Enhancements for FFY 2025-2029:</u> The DCFS will take measures to sustain its ability to conduct state led case reviews by continuing to enhance interrater reliability among reviewers. The DCFS will also work to build capacity in team members while ensuring attrition planning and continuing to develop those staff who serve in QA roles. This will allow flexibility in case assignment and by developing workgroups to explore and recommend improvements to the overall case review process. CQI will continue to play a vital role in assisting the Department in establishing and maintaining bi-directional feedback loops which will be used to disseminate information to internal and external stakeholders.

OSRI

The CQI Team will conduct the Round 4 CFSR case review process and ensure all measures are taken to adhere to the guidance provided in Appendix A: State-Led CFSR Case Revie Criteria. The CQI Team will play an integral part in the development and leading of work surrounding the Statewide Assessment inclusive of the development of surveys, ad hoc reviews, focus groups, and work groups. If through the CFSR Round 4 process it is determined that Louisiana requires a PIP, the CQI Team will have a strong presence in the development, implementation, and monitoring of the PIP.

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The DCFS will ensure the following actions to maintain the QA/CQI system.

YEARS 1-5: FFY 2025 - 2029 Action Steps						
Data will inform the work of all Division Programs and Practices and the shift to more data informed practice will improve the outcome measures of safety, permanency, and well-being.	 Each quarter this year, CQI will distribute a data report that shows each region's current performance on CQI review outcomes and Item measures in comparison to our prior year data and highlight areas where significant (10% or more) increases or decreases have occurred. Based on the measured performance, CQI will offer feedback on trends to assist the regions in determining how to narrow remediation measures to address the concerns. All Programs will have CFSR outcome measures data available to them quarterly to inform management and staff of case practice. An increase in the availability of data will provide regions with more recent case practice to inform the regions of what areas of practice may need additional attention through training, coaching, or mentoring. An increase in the frequency of available data and feedback on practice will assist the regions in addressing practice issues more readily which will help with an improvement in outcome measures. By 2026, a 10% increase in substantially achieved for all statewide outcome measures for 1st quarter 2026 (RP1 2026) compared to baseline measure (RP1 2024). 					
Maintain and enhance the QA/CQI system.	 Maintain Louisiana CQI foundational structure by: Continuing the use of a CQI team to conduct case reviews and QA of CFSR case reviews during a six month review period completing at least the minimum number of required cases. Continuing the use of a CQI team to conduct targeted reviews for identified areas of need. Ensuring that as attrition occurs that new staff are brought on expeditiously to allow for training and coaching from seasoned staff. Continuing a case review process that meets all requirements as set forth by the Children's Bureau. Continuing the use of state and regional level CQI teams to ensure the continuation of feedback loops. 					

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Maintain a quality data collection system that meets all requirements for the case review process.

Continue on an ongoing basis to enhance interrater reliability in the case review process through quarterly mock exercises, regular trainings and biweekly support calls.

Continue to provide analysis and dissemination of quality data through:

- Providing data presentations and holding discussions during state level and regional CQI meetings.
- Continuing to conduct consultations with workers and supervisors on cases immediately following the case review process.
- Exploring and creating opportunity to create bidirectional feedback loops in an effort to facilitate open communication inclusive of stakeholders, including staff, providers, those with lived experience, and other community partners.
- Continue to provide aggregate data to internal and external stakeholders upon request.

Continue to promote the use of data in meetings and presentations to encourage discussions and solicit feedback from stakeholders to be used in efforts to improve practice and outcomes.

Monitor the CQI process in Louisiana and make any changes necessary to maintain the integrity of the process.

Conduct the Round 4 Child and Family Services Reviews through a stateled review process. Conduct the Child and Family Services Reviews through a state-led review process, following all expectations of a state-led review as outlined in Appendix A: State-Led CFSR Case Review Criteria.

Assist in the development of Ad hoc/targeted case review processes, surveys and work groups to assess for the agency's substantial conformity to Systemic Factors for the Statewide Assessment.

If following the CFSR time frame, it is determined that Program Improvement Plan is needed, assist the department in the development, implementation and monitoring of its Program Improvement Plan (PIP) to ensure bi-directional feedback loops are included that will allow for the

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dissemination	of	information	to	internal	and	external
stakeholders.						

Staff and Provider Training —The Louisiana Department of Children and Family Services (DCFS) is committed to supporting a competent, stable workforce as a top priority. Through the Louisiana Child Welfare Training Academy (LCWTA) strategic partnership (involving the DCFS, the Louisiana Universities Alliance, and the Pelican Center for Children and Families), Louisiana continues to expand the resources available to support child welfare training and workforce development. The LCWTA is committed to aligning and maximizing human, fiscal, technological, and programmatic resources to support high quality training and professional development of students, staff, foster and adoptive parents, providers, legal stakeholders, and other key community partners and working closely with the DCFS staff to advance critical child welfare workforce investments. This includes supporting initial and on-going training and professional development of the DCFS child welfare staff and foster and adoptive parents/providers as well as expanding training and professional development opportunities for legal stakeholders and other key partners. (Please see the Training Plan in Section 6 D). The Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach also reviews the training and education resource guides with an equity, belonging and inclusion compass.

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

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

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

• Residential and Behavioral Health Care for children who are unable to live in family/home-based settings.

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

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

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

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

Services offered to children in foster care, regardless of their age, are provided to insure safety, promote permanency and sustain child well-being. Services are provided statewide in 64 parishes through 9 regional offices and 42 parish offices. Through concurrent planning, efforts are made to place children with families who can provide permanent placements for them should they be unable to return to their parent's custody. This involves placing children with relatives who are

willing to adopt or accept custody or guardianship of the child or with foster parents who are dually certified as adoptive parents and willing to accept legal risk placements.

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

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

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

The eligibility criteria for EFC is below:

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

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

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

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

The service array is individualized to meet the unique needs of children and families served by the department. The DCFS CW individualizes the service array through an assessment process initiated when the department first becomes involved with children, youth and families. This assessment process is ongoing throughout the life of a case. In the upcoming 2025 - 2029 plan years, the DCFS will continue to collaborate with stakeholders to fully analyze all the assessment processes utilized by the department. The goals of this analysis include continuation and incorporation of the Child Welfare Assessment and Decision Making Model.

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

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

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

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

Two infant teams in the state in the Orleans and Baton Rouge regions provide infant mental health services. (For additional information on the Infant teams, please refer to the PSSF section of this plan.) The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with the DCFS due to maltreatment or prenatal exposure to drugs or alcohol. Comprehensive assessments include intake assessment, psychosocial assessment of caregiver and child, infant mental health assessment, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment is used to assess the caregiver-child relationship, develop a plan of intervention and work with the caregiver and child to improve the caregiving relationship.

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

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

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

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

During the next five years there will be a concerted effort to expand the network of therapeutic foster care providers, congregate care setting and residential treatment providers to meet the needs of our Child Welfare system and the children and youth in the custody of Louisiana. Efforts will be made to develop more specialized settings that can more precisely address the care needs of children and youth admitted to their homes. Child Welfare will work to connect existing providers to education and support to develop specialized skills and will also seek to procure new providers who demonstrate specialization. The DCFS will seek providers with expertise in caring for children who present with the following characteristics/circumstances/behaviors: emotional, behavioral, and adjustment disorders; medical conditions; physical developmental delays; cognitive limitations; conduct disorders; delinquency; serious criminal histories; maladaptive sexual behavior; high risk or have confirmed involvement in human trafficking. The DCFS will continue to work closely with the Louisiana Department of Health (LDH), which maintains responsibility and oversight of the network of behavioral health providers serving the state's Medicaid population.

Psychopharmacology consultations are conducted with the support of an interagency agreement between the Office of Behavioral Health and Child Welfare. This agreement allows the CW Medical Director to have physician to physician support on complex cases.

The DCFS has numerous methods to obtain stakeholder feedback and participation in the development and delivery of the service array. These efforts are accomplished in part through the CW CQI process.

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

The Department encourages foster caretakers and residential providers to be sensitive to all of the needs of youth in foster care and to refrain from projecting personal biases onto the youth. Youth who express an interest in purchasing clothing indicative of their identified gender are allowed this choice. Youth who identify as LBGTQ+ are allowed the same opportunities to participate in age and developmentally appropriate activities as other youth. Aligning with the implementation date of July 1, 2024, the Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach will be included in and provide oversight of agency's response and plans for the federal register designated requirements. This includes but is not limited to any work related to LGTBQI+ designated placement requirements, implementation and practice, as outlined by the Federal Register.

<u>Kinship Navigator:</u> The DCFS is working with stakeholders to develop a sustainable service network to support kinship caregivers. The overarching goal of a kinship navigator program includes assisting kinship caregivers in learning about, as well as finding and using programs and services to meet the needs of the children they are raising. It is intended to support accessing services for their own needs and to promote effective partnerships among public and private agencies to ensure kinship caregiver families are served.

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

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

- ❖ Collaborating with LA Methodist Children's Home, a licensed child-placing agency to train, assess, and expedite certifications of kinship families providing care to children in state custody. As families reported certification timeframes of several weeks to several months during the focus group meetings, this expedited process seeks to complete family certifications within 45 days and provide 90-days of support after initial certification. This strategy will ensure kinship families receive necessary initial training and information soon after placement of the children in their home, as well as, financial assistance through foster care board payments.
- Addressing the cited issue and need for legal information by kinship caregivers, the Pelican Center for Children and Families and the DCFS will conduct research and develop legal resource information guides, fact sheets, and a legal training curriculum to be available to kinship caregivers regardless of their involvement or connection to the DCFS.
- ❖ Developing updated Kinship Caregiver Information Guides. This provides kinship caregivers with basic information on kinship care; available federal and state financial resources for which they may be eligible; and, directs them on how to access local community resources for information or assistance.
- ❖ Collaborating with LA 211 to determine services available to expedite access to needed information by kinship caregivers.
- ❖ Securing access to national kinship-care resource material and information through the KINCARE Today magazine to provide this information to kinship families and DCFS staff and family resource centers assisting those families.
- Updating the DCFS website to provide additional kinship information to assist families while further exploration of a stand-alone Kinship Navigator website takes place.

Activities Planned 2025-2029:

- 1. Work will continue with CPS/FS program to develop policies to share Kinship Navigator Program information.
- 2. Kinship Navigator and Specialist will create a Community Awareness Plan-Increase Community Outreach to raise community awareness of Kinship Navigator so kinship caregivers are aware of how to access services/supports to keep children in their care.
- 3. DCFS will continue identifying barriers to services/supports to ensure services are accessible.

Agency Responsiveness To The Community –

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

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

<u>LEAF</u>: The DCFS staff facilitates the Louisiana Elite Advocacy Force (LEAF), which is comprised of young adults who have exited from foster care. Through ongoing quarterly statewide LEAF meetings, communication is maintained and feedback is obtained from the young adults. Regional LEAF meetings are held at least monthly.

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

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

University Alliance: The DCFS partners with the Louisiana Child Welfare Training Academy (LCWTA), which encompasses the Louisiana University Child Welfare Workforce Alliance (University Alliance), formed by eight public universities across the state with social work or related degree programs including: Southeastern Louisiana University (Southeastern) as the LCWTA Lead, Northwestern State University (NSU) as the University Alliance Lead, Grambling State University (GSU), Louisiana State University (LSU), Nichols State University (NSU), Southern University Baton Rouge (SUBR), Southern University New Orleans (SUNO), and the University of Louisiana at Monroe (ULM). The Pelican Center for Children and Families is included in the partnership as part of the Louisiana Court Improvement Program. The goal of the partnership is to support the DCFS in ensuring a stable, highly skilled and competent child welfare workforce to promote better outcomes for children and families. The LCWTA organizes and supports training opportunities for the DCFS staff, federally recognized tribes, foster caregivers, CASAs, legal representatives and other partners. Each partner supports this overall goal with projects specific to their targeted populations. For instance, the University Alliance recruits and prepares undergraduate and master's degree program students for work in child welfare. They also support current DCFS CW employees pursuing a Master of Social Work degree. As another example, the Pelican Center for Children and Families coordinates projects aimed at improving the quality of court hearings to ensure children, foster parents, relative caregivers and pre-adoptive parents participate in court hearings. They also design and implement training aimed at improving safety decision-making across systems using the advanced safety decision-making model.

Faith-Based Community Collaboration:

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

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

As part of this work, the DCFS has a cooperative agreement with the Louisiana Baptist Children's Home (LBCH) located in the Monroe region. The LBCH recruits, certifies and supports foster/adoptive families statewide. In addition to these efforts, the LBCH also works with the DCFS to engage faith-based organizations in foster care support efforts through an annual virtual conference, Foster the Connection. The LBCH also engages the faith-based community and other community partners in ongoing support efforts through regional community collaborative meetings.

Crossroads is a faith-based organization located in the Orleans region. This organization continuously works to help the department bring an awareness of foster care and adoption to the community. They have provided recruitment, training and support services to foster

parents in Orleans, Covington, and Shreveport regions. Crossroads helps the DCFS to partner with Texas Christian University (TCU) Institute of Child Development to provide Trauma and Trust Based Relationship Intervention (TBRI) training. Crossroads also leads A Journey Home foster caregiver pre-service training through a contractual agreement with the DCFS.

Empower 225 (formerly HP Serve) of Baton Rouge is a faith-based organization affiliated with Healing Place Church. They collaborate on various projects, such as human trafficking, transitional living for youth aging out of foster care, homeless youth and foster parent recruitment/support. Empower 225 serves as the My Community Cares provider for Baton Rouge. Empower 225 empowers youth and families to escape the cycle of poverty and violence by connecting them to supportive services and developing them in these five areas: educational support, life skills training, career preparedness, housing, and mentorship.

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

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

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

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Foster and Adoptive Parent Licensing, Recruitment and Retention -

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

The Recruitment and Support Manager worked closely with the DCFS Communications team on revisions to portions of the DCFS website that are dedicated to foster caregivers. In November 2023, the Foster Care Navigator page was launched to serve as a hub of information for prospective foster caregivers and prospective community supporters. The new Foster Care Navigator page includes:

- A compilation of foster caregiver testimonial videos
- Minimum requirements for foster parent certification
- Foster parent roles and responsibilities
- Commonly asked questions about foster parenting and the certification process
- A link to an online interest form to register for Foster Parent Orientation
- A link to additional resources for foster caregivers

In late 2023, the DCFS Communications team began working on major revisions to the foster caregiver support page on the DCFS website. The Foster Care Fact Sheet, a list of frequently asked questions with direct links to DCFS policy, was launched in early 2024. The Recruitment Manager continues to work with the DCFS Communications team on website revisions. The new and improved foster caregiver page will include the following information, organized by topic with icons:

- List of community partners and resources within each region, including:
 - o Louisiana Foster Caregiver Mentor Program
 - o Louisiana Parent Line
 - o DCFS Foster Caregiver Support Line
 - Mobile Crisis Services
- Links to DCFS policy and common forms used by foster families
- General information about training requirements and links to online training resources
- Link to locate a Medicaid provider
- Link to locate a Type III Child Care Center
- Link to Court Resources for Foster Families
- Link to Quality Parenting Initiative resources
- Information to guide families through the first week of their first placement
- Training resources

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The Online Interest Form was developed to assist Home Development with accommodating large volumes of prospective foster parent inquiries. The goal of the Online Interest Form is to provide an automated foster parent inquiry process, where families are able to proceed to the next step of the certification process. The Online Interest Form allows prospective foster families to inquire about fostering and register for Orientation 24 hours per day, 7 days per week. The form was launched in November 2023. From November 2023 to March 2024, over 600 prospective foster caregivers inquired through the interest form.

In its current state, the Online Interest Form collects necessary information for the Regional Home Development team to open the family as an inquiry in TIPS/LARE. Families are prompted to register for Foster Parent Orientation as the next step in the inquiry process. Once the form is submitted, the prospective family receives an email with a Zoom link to participate in Orientation. Simultaneously, the Regional Home Development Mailbox receives an email notification of the family's inquiry.

Home Development continues to adjust the Foster Parent Handbook with policy updates and new programs when implemented.

The DCFS utilizes the Louisiana Adoption Resource Exchange (LARE) subsystem of the Tracking, Information and Payment System (TIPS) to maintain foster/adoptive parent certification data (e.g., the date of inquiry, orientation, application, clearances, training sessions, certification, closure, capacity, age range of child, as well as, newly certified relative and/or closed homes). In addition to the information tracked in LARE, on a monthly basis and regional and state reports are generated via Webfocus. These reports are shared with the regions (whom also have ongoing access to the data) to review and interpret participation, timeliness of case activities and to identify trends. The reports capture: the number of new certified foster/adoptive families, number of closures, total number of homes; number new certified child specific families, number of closures, total number of child specific families; and combined total number of foster/adoptive and child specific families. The information is summarized in a statewide internal tracking document. This tracking document provides a means to compare regional data and assist in determining how the regions are progressing toward increasing the overall number of certified families, as well as, meeting regional recruitment/retention goals. All of this information is planned for recording, tracking, and reporting in the CCWIS system when completed.

Regional HD recruitment/retention plans include an annual needs assessment (demographics and placement needs of children within the region), goals/objectives, method of recruitment (general, targeted, child specific), orientation/pre-service training schedule, and the recruitment budget. The region's annual plan is used to review and/or monitor the following:

- 1) identified placement needs;
- 2) types of available homes;
- 3) strategies for increasing the number and types of foster/adoptive families; and,
- 4) results/outcomes

One of the overarching and consistent goals of the HD program is to have a continuous increase in the overall number of certified foster/adoptive families. In an effort to meet this goal, there is a targeted goal of a 2% statewide increase of families annually.

Recruitment: Recruitment is a joint departmental and community effort. During FFY 2024, the DCFS initiated the development of the Foster Caregiver Recruitment and Support Program, which provided one Foster Caregiver Recruitment and Support Consultant for each of the nine regions statewide. The Foster Caregiver Recruitment and Support Consultant is responsible for taking the lead in recruitment related activities. There are three types of recruitment methods: general, targeted and child-specific. General recruitment is designed to educate the community about the purpose, goal, policies/practices of the agency regarding foster care/adoption; the types of homes needed to provide temporary/permanent placements for children in care; and certification requirements. Targeted recruitment is a community-based approach to seek out potential foster/adoptive families reflecting the ethnic/racial diversity and specific care needs of the children and youth in need of foster/adoptive homes. Targeted recruitment also involves the recruitment of specific population groups who are equipped to meet the diverse needs of children and youth in foster care. This includes targeted recruitment efforts with medical professionals, the LGBTQIA+ community, educational professionals, first responders, recreational sports organizations, and other specific populations within the community. Child specific recruitment is used to bring about awareness within the community about the placement needs of a specific child and/or sibling group who are available for adoption but have no identified adoptive resource. Child focused recruitment is the recruitment method used by the Wendy's Wonderful Kids (WWK) recruiters. In childfocused recruitment, the recruiters build relationships with the child and the child's network in order to find a forever family best fitting the child's need. Recruitment plays a vital role in the achievement of permanency for children awaiting adoption. The regions throughout the state do general recruitment through community events based on a review of AFCARS data. Foster Caregiver Recruitment and Support staff will develop a plan to review AFCARS data quarterly to assist the regions in developing recruitment plans targeting the foster parents' needed to care for the children/youth in care in that area.

Retention: Retention is another important aspect of the certification/re-certification process. The retention of certified foster/adoptive families involves two processes: working with foster/adoptive parents as partners in permanency planning; and, providing families with identified support services. HD staff conduct support visits in the homes of certified foster/adoptive parents. The Foster Caregiver Recruitment and Support Program provides an additional layer of support for certified foster caregivers. The DCFS continues to send QPI webinars and training resources out to foster caregivers monthly Foster Caregiver Recruitment and Support Consultants (RSC) serve as an ongoing point of contact for foster caregivers who have questions or support needs. Each regional RSC ensures that all foster caregivers are connected to community resources and peer support. The RSC is also available to serve as a mediator between the foster caregiver and the DCFS staff in times of conflict. RSCs maintain a report of foster caregiver concerns and complaints and provide this information to local and state leadership. Other methods utilized to retain foster/adoptive families include annual selection of a foster/adoptive parent(s) of the year; foster parent appreciation month; meetings between executive management and foster parent associations; participation of foster parents in trainings offered by the Louisiana's Child Welfare Training Academy (LCWTA); and encouraging foster/adoptive parents' participation in the Continuous Quality Improvement (CQI) process. Louisiana's goal is to engage and strengthen support of foster families in an effort to improve the retention of foster/adoptive homes.

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

QPI has been implemented in each region of the state. The Foster Caregiver Court Progress Form continues to be used by foster parents to share updates about the child and the case when they are unable to be present at court hearings. "Comfort Calls" and "Icebreakers" continue to be used throughout the state to strengthen relationships between foster parents and birth parents.

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

The HD section in State Office reviews Webfocus data reports monthly to determine compliance with certification and re-certification timelines, as well as timeliness of required criminal clearances, child abuse and neglect clearances and medical exams. State Office consultants share the monthly reports with regional, home development units and regional leadership in efforts of meeting specified timeframes, identifying trends and developing plans for bringing overdue case events into compliance.

Diligent Recruitment of Foster and Adoptive Homes: Foster Caregiver Recruitment and Support Consultants (RSC) lead recruitment efforts in their assigned regions. RSCs work with the local Home Development Unit to develop annual regional written recruitment plans according to the Department's recruitment and retention plan policy guide. The regionally proposed plans are approved by the Area Directors and State Office Recruitment and Support Manager. Louisiana continues to use the Developing Recruitment Plans Toolkit from the National Resource Center for Diligent Recruitment. This has improved the needs assessments used to determine the demographics, needs, and placement requirements for the children in each parish and expanded it to include comparison of the data regarding current certified foster parents. A comparison of the children in care to the certified foster families allows for a much more accurate view of the specific types and locations of homes needed. The plans include goals and objectives in recruitment of additional resource families for targeted areas of need, retaining and supporting currently licensed families, and responding to and retaining prospective resource families during the inquiry to licensing phase of the process. The plans detail methods of recruitment, in addition to action steps, periods, persons responsible, and outcomes. Each specific recruitment method identified in the regional plans is linked to the data regarding children in foster care and certified foster parents. These plans are reviewed quarterly along with updated data to determine continued accuracy.

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

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

The DCFS now provides a two-tier rate adjustment for Therapeutic Foster Homes. This initially served as a mechanism for more adequate reimbursement of foster caregivers for the level of care necessary to meet the needs of the department's most medically, developmentally and/or behaviorally challenged children. It is now also a recruitment tool to develop more specialized homes for specific populations of children requiring specialized care. Efforts continue by the DCFS to support recruitment in collaboration with TFC providers to recruit additional TFC homes to serve children who have development delays, have been involved in sex trafficking, identify as LGBTQ, have serious conduct/behavioral issues, are older youth, and youth who have histories of sexual aggression.

The DCFS continues to have a cooperative agreement in place with a private agency to provide supportive services for foster caregivers. This organization is tasked with developing and overseeing a peer-to-peer foster caregiver mentor program for new foster caregivers or other foster caregivers needing extra support. This organization also assists with the development of supportive services for foster caregivers in communities across Louisiana by providing support for existing foster care support organizations and guidance for new organizations.

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

The DCFS collaborates with the Louisiana Heart Gallery (LHG) to recruit adoptive homes for children who are freed for adoption in the state of Louisiana. They photograph and video children who are freed for adoption. The photographs are displayed at events throughout the state and the videos of the children are shown at the adoption session of the foster parent pre-service training, as well as at different events throughout the state. Foster Caregiver Recruitment and Support Consultants will work with their assigned region's Home Development and Adoptions units to organize Adoption Exchange meetings where Adoptions staff and Wendy's Wonderful Kids staff can present available children and youth to Home Development and determine if any currently certified families or families in the certification process could be considered as adoptive resources.

<u>Louisiana Fosters</u>: This statewide network was created by the state's former First Lady in partnership with the DCFS during the First Lady's time in office. It links government, faith, nonprofit, business and service communities in support of foster parents and children. The website is www.LouisianaFosters.la.gov. The former First Lady and her team are in the process of developing plans for the organization's services. The One Church, One Family, One Child program continues to engage local churches and create awareness about the need for foster caregivers and church involvement in foster care support.

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

Overview and Assessment of Recruitment and Retention: Data and Tracking of Recruitment and Retention: The average number of certified foster homes in Louisiana will continue to be monitored and the data will continue to be tracked as it has been in the past (2020-2024). For FFY 2020-2024, a goal of 2% was set to increase the number of new foster homes annually. This goal of 2% per year will continue through 2029.

FC/AD & HD Outcome Measures	Baseline (FFY 2024 data)	Year 1- 2025 APSR (FFY 2025 data) Improvement Goal (IG) &Actual Performance (AP)	Year 2- 2026 APSR (FFY 2026 data) Improvement Goal (IG) & Actual Performance (AP)	Year 3- 2027 APSR (FFY 2027 data) Improvement Goal (IG) & Actual Performance (AP)	Year 4- 2028 APSR (FFY 2028 data) Improvement Goal (IG) & Actual Performance (AP)	Year 5 - 2029 Final APSR (FFY 2029 data) Improvement Goal (IG) & Actual Performance (AP)
Increase number of new foster/adoptive families certified	*467 Total	IG: AP:	IG: AP:	IG: AP:	IG: AP:	IG: AP:

*This number reflects the number of homes certified from October 1, 2023, through April 30, 2024. During FFY 2023, 845 new foster homes were certified statewide.

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

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the children and youth in their regions. As of March 18, 2024, there were 4,142 children and youth in foster care statewide, with 638 (15%) being youth between the ages of 15-17. Statewide, there were 115 generally certified foster homes who were willing to accept youth between the ages of 15-17, with 56 reported vacancies. In discussions with Home Development Supervisors and Managers statewide, the total number of reported vacancies is typically much higher than the actual number of available homes for the following reasons:

- Some families express an interest in accepting teenagers, but then refuse to accept placement when called.
- Some families opt to expand their age range of placement preferences if they have a negative experience.
- Some families have a broader age preference range at the time of certification, and accept placements based on immediate need. Vacancies for older youth are not "reserved". If placement is needed immediately for a younger child, they will accept the child for placement.

As of March 18, 2024, there were 1,589 children and youth in foster care who were members of a sibling group of three or more. Statewide, there are 183 generally certified foster homes who are willing to accept sibling groups of three or more.

Based on discussions with Home Development Supervisors and Managers, there is also a significant need for foster families who are medically trained and trauma-informed in order to meet the needs of the most vulnerable children and youth served in foster care. There is also a need for additional foster families who are able to care for LGBTQ+ children and youth in each region.

The Foster Caregiver Recruitment and Support Program was introduced in FFY 2024 with plans to fill consultant positions in each of the nine regions statewide. The Recruitment and Support Consultants will lead foster home recruitment efforts in their assigned regions based on regional data to meet the specific needs of the types of homes needed for the regions' foster care populations. The Recruitment and Support Consultants will provide direct support to prospective foster caregivers and currently certified foster caregivers. They will also be engaged with community partners and support organizations in their community to be aware of available resources and ensure that foster caregivers are connected with peer support and community support.

With the implementation of the Foster Caregiver Recruitment and Support Program, the DCFS aims to achieve a 15% increase statewide in the number of homes that are able to meet regional placement needs in FFY 2025. This includes:

- Increasing the number of foster homes accepting teenagers by 15% statewide
- Increasing the number of foster homes accepting sibling groups of 3 or more by 15% statewide
- Increasing the number of foster homes accepting children/youth with special medical or behavioral needs by 15% statewide
- Increasing the number of foster homes accepting LGBTQ+ children/youth by 15% statewide

The DCFS will continue to work on improving data reports to allow for the ongoing assessment of each region's population of foster homes and placement needs. The DCFS plans to develop new methods of identifying and tracking homes that are able to accept children/youth with special medical or behavioral needs and LGBTQ+ children/youth in order to create a baseline number of homes for these populations and track progress towards certifying additional homes to meet these placement needs.

Currently, 35 % of certified families are kinship families. In recognizing the importance of family connections, the DCFS has prioritized these certifications and is working to increase support of kinship families by partnering with a private agency to assist with certification and support of these families.

Other efforts of improving recruitment and retention of foster families include partnership with a private agency to oversee the Louisiana Foster Caregiver Mentor Program and assist with the development of foster care support organizations. The private agency employs a Foster Care Support Ambassador who recruits, trains, and oversees foster caregiver mentor volunteers and reports progress to the DCFS. The ambassador also maintains a public database of all foster care support organizations statewide. This list is maintained on the private agency's website. The link is distributed to all foster caregivers at the time of certification and regularly throughout each year.

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

GOALS, OBJECTIVES, AND OVERALL STRATEGY FOR IMPROVEMENT: Louisiana worked in consultation with multiple partners in the development of the CFSP through different modes of engagement by in person and virtual means. Leading up to the development of the statewide plan, monthly virtual meetings were held to discuss how to utilize progress in the APSR, data gathered from ongoing CQI reviews, and administrative data to assist in determining what next steps would be needed to continue progress. During the meetings, the DCFS provided information on how the department planned to approach long term planning. The strategy involved reviewing the systems the state has in place, the available data resources through the DCFS and stakeholders as well as, the incorporation of the child welfare principles of practice.

In preparation for this five year planning cycle, the DCFS engaged staff and various stakeholders [ex. Louisiana Court Improvement Project (CIP), young adults who have aged out of foster care, previous birth parents, and current/previous foster parents] in the development of the 2025-2029 CFSP. Through the CQI processes, various stakeholders are involved in the review of data, assessment of agency strengths and areas needing improvement as well as the selection of goals, objectives and action steps. Stakeholder involvement occurs on an ongoing basis throughout the year through the CQI process, the Child Welfare Training Academy partnership between Southeast Louisiana University, the University Alliance, the Pelican Center and the CIP.

The incorporation of the work completed through CQI meetings leading up to the CFSP process, which involved many stakeholders was core to CFSP development. The stakeholders involved in the CQI process were legal and judicial partners, the CIP, CASA, tribes, frontline workers, Community-Based Child Abuse Prevention agencies, Children's Justice Act grantees, service providers, faith-based partners, community organizations, representatives of state and local agencies, youth, foster caregivers, parents and other partners. During CQI meetings, Louisiana

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engaged in numerous problem exploration efforts, analyzing data and engaging stakeholders, to dig deeper into problem areas. The stakeholders involved represent a multitude of diverse backgrounds and assist in incorporating various perspectives into the development of the CFSP. A virtual one day meeting was held with involvement from tribal partners, persons with lived experience (youth, birth parent and foster parent), legal, provider, and other community partners. The ongoing collaboration with these entities to report annually on the CFSP process and measure change in practice will continue in planning over the next five years and in monitoring the effectiveness of overall department progress in client service delivery.

<u>CFSP GOALS:</u> The goals for accomplishing the DCFS vision for improvement in programs, services, and outcomes for children and families during the five-year period 2025-2029 were identified through assessment of progress since the most recent PIP, ongoing efforts through the 2020-2024 CFSP and progress noted in the APSR, and ongoing CQI reviews. The goals identified below stem from the goals of the 2020-2024 CFSP as it has been assessed that there is an ongoing need to continue addressing each of these areas based on data from the ongoing CQI reviews and information gathered through stakeholder feedback. The goals identified below are based on priority concerns of the agency.

GOAL 1: QUALITY ASSESSMENT-

Fully integrate the Child Welfare Assessment and Decision Making Model throughout all programs and continue to build competencies across all programs through coaching, training, and mentoring, in order to improve child safety, reduce repeat maltreatment, ensure appropriate services, and achieve timely permanency for children.

• Rationale for selection of goal:

o Having at unified Child Welfare Assessment and Decision Making model that is understood by all staff and legal stakeholders will encourage the utilization of the components of safety assessment throughout the life of the case and increase competency of staff to thoroughly assess safety no matter their program assignment.

Objective 1: Fully integrate CWADM in CPS and FS programs by year 1

- Complete roll out of CWADM Coaching in Orleans, Lafayette and Baton Rouge Regions.
- Develop a mechanism to automatically assign new supervisors a CWADM coach after they complete Supervisor Capacity Building Training to complete CWADM coaching.
- Coordinate with Training to assure Safety Plan 1 training is being offered in Foundations for new staff and CPS simulation training for supervisors and mangers

Objective 2: Explore CWADM coaching for FC by year 2

- FC staff will have a better understanding of CWADM concepts including assessing safety and incorporating Threats of Danger and Caretaker Protective Capacities in case plans.
- FC Program Manager will convene a workgroup in year one to explore what CWADM Coaching will look like for FC. Explore Action for Child Protection's safety assessment of foster placement vs. our own safety assessments to determine best fit.
- FC workgroup will join monthly CWADM implementation team meeting to brainstorm

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ideas for developing CWADM coaching modules for Foster Care.

- FC Workgroup will develop CWADM Coaching materials for FC.
- Contract with The Capacity Building Center for States to train FC consultants on the Coaching model.
- Train FC Consultants on CWADM Modules and coaching.

Objective 3: Explore and develop CWADM knowledge in Managers by year 2.

- Managers will fully embrace and incorporate CWADM in their work.
- CWADM concepts will be incorporated in Manager Capacity Building Training to support CWADM implementation in their staff.
- DCFS will coordinate with external trainers Dr. Angela Pittman, Bobby Cagle and Virginia Pryor and the LCWTA to develop CWADM training/coaching materials for managers to be incorporated into their "Strengthening Leadership: Child Welfare Field Manager Support, Capacity Building and Coaching Series"
- Coordinate roll out of Manager Training with CWADM ongoing implementation statewide.
- Explore with training unit expanding Staffing Simulation training to other programs (FS/FC) in year 2.

Objective 4: Implement CWADM Coaching for FC Supervisors Year 3

- FC Consultants will roll out coaching for FC supervisors one region at a time to implement CWADM coaching beginning in year three.
- Develop FC CWADM Review instrument to conduct CWADM case reviews.
- CWADM Case reviews will be held quarterly with regions that have completed coaching and the findings will be shared with the field.
- Continue to examine trends and make adjustments to improve outcomes.
- Case reviews will track trends and present results to regional staff during semiannual CQI reviews and target areas needing improvement

<u>Objectives:</u> (Ongoing every quarter) Continue to assess the effectiveness of CWADM coaching to improve safety outcomes and the quality of assessments.

- Continue with quarterly CWADM case review every three months based upon the number of supervisors who have completed the coaching during that quarter using the CWADM Case Review instrument.
- Track trends through case reviews and present results to regional staff during semi-annual CQI reviews and target areas needing improvement.

Measures of Progress: The measures used for this goal will be based on the CFSR Items that tie into quality assessment and safety. The DCFS expects with the implementation of the above objectives and strategies to see positive movement in the Items 2, 3, 12, and 13 with improvements in Safety Outcome 2 and Well-Being Outcome 1. The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

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<u>Implementation Supports:</u> Through the further exploration and assessment process for the above listed objectives, the implementation supports will be identified during the Statewide Assessment time frame with a plan to have those implementation supports in place in FFY 2026.

GOAL 2: WORKFORCE DEVELOPMENT-

To cultivate a competent, stable, supported child welfare workforce throughout the employment lifecycle that is able to further meet the needs of the children and families served and leads to a 5% increase in staff retention over the next five years.

Rationale for the selection of goal:

The **mission** of the LCWTA strategic partnership is to work collaboratively to strengthen the recruitment, learning & development, and retention of child welfare professionals to support the achievement of safety, permanency and well-being of children and families in Louisiana. The **vision** is to cultivate excellence in child welfare through competent, qualified, dedicated, and supported child welfare professionals, who in partnership with families and communities, will transform the system and achieve outcomes supporting thriving children and families.

The goals are carried out within the five Arcs of Success that include Outstanding Customer Service; Impressive Delivery of Training and Expansion of Learning/Learning Opportunities; Measuring and Communicating Outcomes; Blending/Merging Functions within the LCWTA/University Alliance Partnership; and Fiscal Responsibility.

A dynamic strategic plan guides the implementation of the goals.

Key **goals** for Workforce Development in partnership with the LCWTA for the 2025-2029 CFSP will focus on:

- (1) **Recruitment and Retention:** Recruit competent, dedicated child welfare professionals and support their retention
- (2) Learning: Offer comprehensive quality learning opportunities; and
- (3) **Infrastructure:** Build capacity to effectively and efficiently fulfill the LCWTA and University Alliance mission.

Objectives/Strategies to achieve the key goals listed above:

- 1. Implement a robust DCFS Child Welfare Recruitment and Retention Plan that includes recruitment, on-boarding, learning, and development and retention strategies.
- 2. Continue implementing the Louisiana Child Welfare Training Academy strategic partnership to support child welfare learning and development and university based recruitment and retention goals.
- 3. Track and measure impact of the strategies on workforce competence, stability and job satisfaction.
- <u>1- Recruitment and Retention:</u> Recruit competent, dedicated child welfare professionals and support their retention:

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Short-Term Goals (Year 1):

- 1. Increase awareness and interest in the Title IV-E Child Welfare University Program among undergraduate students majoring in relevant fields (e.g., social work, child and family studies, psychology) by 20% within the next 5 years.
 - Develop and launch targeted marketing campaigns on college campuses and social media platforms to promote the program.
 - Host informational sessions and workshops for undergraduate students to learn about the benefits and opportunities offered by the Title IV-E program.
 - Establish partnerships with college advisors and faculty members to facilitate referrals and recommendations for potential applicants.
- 2. Establish partnerships with local colleges and universities to promote the Title IV-E program as a pathway to a career in child welfare, aiming to increase the number of applicants by 15% over the next two years.
 - Identify and initiate discussions with key stakeholders at local colleges and universities to explore collaboration opportunities.
 - Develop formal partnership agreements outlining mutual commitments and responsibilities.
 - Implement outreach activities, such as guest lectures, career fairs, and campus visits, to engage students and encourage them to apply for the program.
- 3. Implement a structured **Onboarding Plan** for new hires that will form a foundation for the DCFS child welfare, learning and development.
 - Evaluate the existing structure
 - develop a format that is informative, establishes an explanation of child welfare expectations, continuum of services and support practices to be delivered in a consistent method and in a chronological order
 - Ensure all components interface with one another for a seamless process
- 4. The workforce department plan is to enhance employee Wellness and Benefits to influence employee Retention Plan
 - Through advertisement, varied communications and marketing, the department will help guide employees to resources and supports to improving Wellness
 - The department will enhance and advertise the DCFS employees Benefits package
 - The evaluation of improvement will be learned through employee Stay Interviews and improved retention rates.

Intermediate Goals (Years 2 and 3):

- 1. Develop targeted marketing materials and campaigns to attract diverse candidates, including underrepresented populations, to apply for the Title IV-E program, with a goal of increasing diversity among program participants by 10% within the next three years.
 - Conduct research and gather feedback to identify barriers and challenges faced by underrepresented populations in accessing higher education and career opportunities.
 - Tailor marketing materials and messages to resonate with diverse audiences, highlighting the program's commitment to inclusivity and equity.
 - Implement outreach strategies targeted towards specific demographic groups, such as minority communities, LGBTQ+ individuals, and individuals with disabilities.

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- 2. Implement a mentorship program within the Title IV-E Child Welfare University Program, matching each scholar with an experienced child welfare professional to provide support and guidance throughout their educational journey and into their careers.
 - Develop guidelines and procedures for mentorship program participation, including criteria for mentor and mentee selection, expectations, and communication protocols.
 - Recruit and train mentors from within the child welfare field, ensuring they possess the necessary skills and experience to support and mentor program participants.
 - Facilitate mentor-mentee matches based on compatibility, interests, and career goals, and provide ongoing support and resources to participants throughout the mentorship relationship.

Long-Term Goals (Years 4 and 5):

- 1. Enhance professional development opportunities for current Title IV-E scholars by offering specialized training workshops, conferences, and networking events focused on skill-building and career advancement within the child welfare field.
 - Identify relevant training topics and areas for skill development based on industry trends, emerging issues, and feedback from program participants.
 - Collaborate with industry partners, professional organizations, and subject matter experts to design and deliver high-quality training programs and events.
 - Evaluate the effectiveness of professional development activities through participant feedback surveys, program evaluations, and outcome assessments.
- 2. Conduct regular surveys and feedback sessions with Title IV-E scholars to assess their satisfaction with the program and identify areas for improvement, with the aim of maintaining a retention rate of 90% or higher over the next five years.
 - O Develop survey instruments and data collection tools to gather feedback from program participants on their experiences, needs, and challenges.
 - Implement a systematic process for collecting and analyzing survey data, including regular check-ins and follow-up communications with program participants.
 - Use feedback and insights gathered from surveys to inform programmatic adjustments, enhancements, and improvements aimed at increasing participant satisfaction and retention rates.

<u>2-Learning:</u> Offer comprehensive quality learning opportunities;

Short Term (1st year):

- Develop a process and outcome evaluation plan of levels 1-3 of Foundations of Child Welfare Practice.
- Continue to analyze data from training activities for trends and needs.
- Establish priorities to determine which learning and workforce development activities are possible with current resources.
- Revise DCFS policy to reflect changes in learning and workforce development activities as a result of revised curriculum of Foundations of Child Welfare Practice series and statewide implementation of the On The Job Training program.
- Review trainings determined to be mandatory and establish procedures to enforce completion of mandatory trainings within the required timeframe.
- Develop Team Specialist learning track of Foundations of Child Welfare Practice levels 1-3 to meet their unique workforce development needs in summer 2024.

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- Assess viability of offering select levels/content of Foundations of Child Welfare Practice to Title IV-E Scholars.
- Review stay interview data obtained from new employees to inform learning and development strengths and needs, in a continuous improvement process.
- Implement On The Job Training program statewide.
- Incorporate problem based learning and trauma informed practice content in the On The Job Training program.
- Implement trauma informed FORECAST simulation series.
- Implement the Emerging Leaders Program for Child Welfare Specialist 3's.
- Continue to implement the Supervisor Capacity Building and Support program.

Intermediate (Years 2 and 3):

- Develop Level 4 of the Foundations of Child Welfare Practice series.
- Build out additional tracks of Foundations of Child Welfare Practice levels 1-3 to meet the unique workforce development needs of each program/staff component.
 - o Adoptions
 - o Home Development
 - o Recruiters
 - Parent Partners
- Develop Level 5 of the Foundations of Child Welfare Practice series.
- Continue to develop resources to support clerical/administrative support program staff.
- Assess learning and workforce development needs of current child welfare staff (those currently employed for more than 3 years) utilizing CQI and CFSR review data.
- Incorporate lived experience, family and youth voice into training experiences provided.
 - o Contribute to the development and revision of curriculum
 - o Participate in co-facilitating trainings provided/course offerings
 - Explore learning and workforce development evidence based practices for collaboration and perspective sharing with all persons impacted by the child welfare system.
- Continue to integrate experiential based learning opportunities throughout all learning and development programs.

Long Term (Years 4 and 5):

- Develop Level 6 of the Foundations of Child Welfare Practice series.
- Develop learning and workforce development opportunities for experienced child welfare staff to support retention and needs (based on assessment completed).
- Establish and implement multi-disciplinary support of training:
 - o Develop opportunities for University Alliance partners to co-train with DCFS Child Welfare staff (e.g. Foundations of Child Welfare Practice).
 - o Explore the potential for University Alliance partners to develop and provide substance use disorder trainings.
 - Explore the potential for University Alliance partners to provide a medical professional to develop/revise curriculum and co-train Physical Indicators of Child Maltreatment.
- Develop curriculum series and/or certificate programs to address key practice areas that impact CFSR/CQI outcomes:

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- Substance use disorder series
- Manager Capacity Building course
- LCWTA develop process and outcome evaluation plan for additional learning and workforce development activities/trainings.

Learning and Development Goals for Training of Foster/Adoptive and Kinship Caregivers: Short term (year 1):

- Conduct a statewide needs assessment with foster/adoptive caregivers for the purpose of updating the current foster parent training plan
- Match results from the needs assessment to foster/adoptive caregiver competencies to develop a competency based model which fits with the specific needs of caregivers in Louisiana
- Complete a comprehensive review of the evaluation feedback from past foster parent training sessions to gain insight on what works and doesn't work for foster caregivers
- Map out learning pathways for foster/adoptive caregivers following precertification training, based on results from the needs assessment and promising practices in the field
- Pilot alternative training delivery methods that serve dual functions, such as mini training sessions with a built in support group component
- Increase communication and collaboration with the Home Development Department
- Increase asynchronous training courses for foster/adoptive caregivers hosted on the LCWTA LMS
- Build on the course offerings developed for foster/adoptive caregivers that are designed for foster parents and the youth in their care to participate in together (using current courses as a model, including "Independent Living Skills" and "Art Projects that Heal"

Intermediate (year 2 and 3):

- Incorporate training courses that rely on those with lived experiences, including foster/adoptive caregivers and youth
- Explore additional opportunities for foster/adoptive caregivers to obtain training credit through reading educational books, thereby catering to different learning styles
- Implement a self-assessment tool foster caregivers could use to self-evaluate their ongoing training needs once they have completed the first 3 years of fostering learning pathways
- Explore feasibility of incorporating outside learning opportunities such as those offered through the National Foster Parent Association through the LCWTA LMS

Long Term (4 to 5 years):

- Utilize a system of continuous feedback to routinely evaluate the ability of the LCWTA to meet the changing needs of foster/adoptive caregivers
- The feedback system captures new needs/trends as they arise so new course development can be initiated in a timely manner
- Develop a specific needs assessment for Kinship caregivers
- Develop learning pathways to meet the specific needs of Kinship caregivers

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• Explore training possibilities which may be enabled by the Families First legislation, including training for birth parents

<u>3- Infrastructure</u>: Build capacity to effectively and efficiently fulfill the LCWTA University Alliance mission and goals. Continue to assess, align, strengthen and maximize human, technological, fiscal, and programmatic resources across the partnership to effectively and efficiently fulfill the mission, vision, and goals for the next 5 years.

Short term (within one year):

- Cultivate effective cross organizational leadership and teams across the partnership
- Implement learning management system with enhanced capabilities to support learning and development over time and to generate more robust data to inform effective learning and development.
- Align people, processes, and resources across the partnership to consistently measure, use and share data and information to advance effective learning and development and to support overall functioning of Louisiana's Systemic Factor Staff and Provider Training
- Invest in the on-going professional development of team members to support high quality learning and development programs through at a minimum quarterly team meetings.
- Cross train to expand team members knowledgeable of Title IVE fiscal matters
- Update policies and procedures

Intermediate: (years 2 and 3)

Continue to support utilization of technology resources and tools (e.g.H5P, AI, real time feedback tools, etc.) to support learning and development, data/CQI, collaboration, and effective and efficient operation of the partnership

Strengthen partnerships in strategic areas including but not limited to:

- a. DCFS CQI and Data Teams
- b. Foster Parent Associations
- c. Kinship Support
- d. CASA
- e. Grandparents Raising Grandchildren

Develop a strategic communication plan to focus on marketing and communication planning and implementation in priority areas.

Long Term: (Years 4 and 5)

- Implement a strategic communication plan to focus on marketing and communication planning and implementation in priority areas
- Expand capacity of partners to conduct child welfare research and contribute to the field
- Expand funding sources

<u>Measures of Progress:</u> The measures used for the above stated goals will be based on data collected through WD and LCWTA. The DCFS expects to see the following:

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- An increase the number of competent, committed, and culturally diverse social workers entering DCFS Child Welfare by 5% over the next five years ending June 30, 2029.
- An increase the number of applicants by 15% from the Title IV-E program over the next two years.
- Further development of a retention plan for new employees and scholar employees to ensure that individuals are provided with support, wellness resources, targeted training, opportunities for advancement and participation in workforce development projects measured through employee Stay Interviews and improved retention rates.
- An increase in collaborations, implementation of services in priority areas, and an expansion of funding sources to effectively and efficiently fulfill the LCWTA mission over the next 5 years.

Implementation Supports: Through exploration and further assessment on the planned goals and objectives listed above the implementation supports will be identified during the statewide assessment with a goal to have needed implementation supports in place by FFY 2026. The Statewide Program Manager for Child Welfare Workforce Development, Practice and Community Outreach will continue to participate in statewide hiring fairs and provided ongoing technical assistance to child welfare leadership to insure DEIB competencies are embedded in employee recruitment and hiring efforts, lead Recruitment and Retention initiatives for newly hired Child Welfare staff, continue to seek out resources for ongoing learning opportunities from broader human services networks to promote continuous learning and development of our workforce, and continue to assist with projects related to the Employee Assistance Program to address systematic and individual concerns which is an invaluable resource as part of the DCFS recruitment and retention strategies.

GOAL 3: ENGAGEMENT- Ensure early engagement strategies are utilized to create a stronger partnership with all partners in the agency's system so that all have an invested interest in the achievement of safety, permanency and well-being for the agency children and families.

• Rationale for selection of goal:

O Initial contact with all agency partners and persons with lived experience should encourage an environment of engagement so that partners and persons with lived experience feel safe to give feedback and explore systemic concerns and progress in a way where their input is valued and utilized. Initial contact with families and caregivers is critical in building strong partnerships. The CW system must explore its attitudes, beliefs and biases when working with partners and persons with lived experience. This includes the examination of Systems Biases, which takes into account how policies and practices influence those biases.

• Objectives/Strategies to achieve goal:

- There will be early and ongoing engagement of all partners and persons with lived experience.
 - o Increase the utilization of the Family Connections form in the continued effort to engage relatives early on in a case for exploration into interest in placement.

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Baseline will be established in early FFY 2025 through use of the ACT 350 reviews and then moving forward will be tracked through quarterly reviews.

- In an effort to improve engagement and enhance practice within Family Team Meetings (FTM) with parents, youth and stakeholders, Child Welfare Managers will continue to participate in all initial FTMs held in the Foster Care program. In addition to participation in the FTM, Managers were required to complete a Case Review Instrument and FTM Manager Evaluation Instrument at the time of the initial FTM.
- o In FFY 2025, establish a baseline number for attendance of Key Case Participants involved in initial FTMs. Increase Key Participant (mother, father, and children) inclusion in Family Team Meetings and development of case plans by 5% each year over the next 5 years.
- The DCFS will continue to work with the families, foster caregivers and stakeholders as a team in Family Team Meetings (FTMs) in the development of the written case plans.
- The DCFS plans to continue having Child Welfare managers participate in the initial FTM, to provide valuable feedback and evaluate engagement of staff and the other team members.
- o In FFY 2025, there will be exploration into the root cause of lack of quality visitations through surveys, focus groups, and interviews to assist in the development of staff. Following identification of root cause, work will be outlined for the following fiscal years.
- Assessment of tools available through the Capacity Building Center for States website to assist in education and engagement of staff in the importance of quality caseworker visits.
- Continued/enhanced investment in and development of TBRI, Teaming and Family Search and Engagement
- Supervisory engagement Feedback survey will continue which focuses on caseworker engagement and client satisfaction. Results will be rolled up quarterly and assessed for areas needing attention.
- Work with IL providers to increase the percentage of youth each year who participate in Youth Engagement events by 5% over the 5-year period.
- Determine the level of confidence youth exiting care have about being able to succeed on their own. Develop a survey for 17 year old youth prior to exiting FC to measure their level of independence and use information obtained to develop engagement opportunities with IL providers, staff, and caregivers.
- o Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
- Further development of the QPI Champions program, which ensures that each region has foster caregivers and the DCFS staff modeling QPI principles in practice and supporting further implementation.
- Measures of Progress: The measures used for this goal will be based on the CFSR Items that tie into engagement of partners and persons with lived experience. The DCFS expects with the implementation of the above objectives and strategies to

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see positive movement in the Items 2, 3, 4, 12, 13, and 15 with improvements in Safety Outcome 2, Permanency Outcome 1, and Well-Being Outcome 1. The assessment phase for each of the above objectives will take place in FFY 2025, with a completion of baseline measure and exploration into implementation supports needed. In FFY 2026, tracking from the baseline measures will occur with measurements of progress from baseline. By FFY 2027, the expectation is that improvement in the above listed CFSR items and Outcomes will be evident. The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

• Implementation Supports: Through the further exploration and assessment process for the above listed objectives, the implementation supports will be identified during the Statewide Assessment time frame with a plan to have those implementation supports in place in FFY 2026.

GOAL 4: SERVICE ARRAY- DCFS, community partners, and stakeholders will support an information sharing continuum to increase awareness and increase the utilization of services available to the community and facilitate an increase and enhancement of the available continuum of comprehensive, culturally sensitive services to the community to support families, prevent maltreatment, prevent entry into care, and shorten foster care stays, with an emphasis on safety, placement stability, permanency, and well-being of Louisiana families and children.

• Rationale for selection of goal: With an increase in use of services that fall within a primary prevention program like My Community Cares, Kinship Navigator, and Plans of Safe Care, there will be a decrease in children entering foster care and an increase in those maintained within their family unit. Through the increase in awareness and utilization of services, there will be a decrease in incidents of maltreatment, repeat maltreatment, entry into care, and placement disruptions. The duration of time in care to permanency for children will decrease as services that are targeted to meet a need and provided timely will lead to expedited permanency.

• Objectives/Strategies to achieve goal:

- O Data will be gathered in the form of needs assessments, awareness assessments and utilization assessments to assist in determining what services are available that may be underutilized or where there is a lack of awareness by staff, stakeholders, and community members.
- ODCFS will identify current utilization of services through the Family Resource Centers in each region. For those areas, identified as underutilized, DCFS will promote use of these services and ensure awareness by staff/community partners of availability. DCFS will monitor for an increase the utilization of the local FRCs lesser utilized programs as demonstrated by a 5% increase in referrals each year for those programs.

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- o Kinship Navigator and Specialist will create a Community Awareness Plan by Increasing Community Outreach to assist in raising community awareness of Kinship Navigator so kinship caregivers are aware of how to access services/support to keep children in their care.
- ODCFS will continually reinforce the importance of utilization of the services available through Intercept and Child First with a goal of increasing the number of timely referrals. DCFS will monitor referrals made and will track for an increase in timely referrals and how it reduces the number of removals. This will be documented by an increase in the number of referrals to Intercept and Child First Services also including continuous active caseload numbers by providers.
- ODCFS will Measure the increase/decrease in number of referrals to the My Community Care program and the number of community members aware of the program. Number of referrals can be measured and community can be polled on My Community Cares awareness. If numbers decline, targeted efforts will be made for awareness campaigns in those areas where referrals may taper off.
- The DCFS, in conjunction with the Court Improvement Program (CIP) will continue exploration of expansion of the Civil Legal Services to all 9 regions to ensure the availability of ancillary Legal Services for relatives, parents, caregivers, and children to utilize as a means of prevention of entry into care and of agency involvement
- Increase awareness and utilization of Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) services that are provided at the FRCs.
 Monitoring of availability and utilization of the services will be tracked.
- o Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
- Further development of the QPI Champions program, which ensures that each region has foster caregivers and the DCFS staff modeling QPI principles in practice and supporting further implementation
- Conduct a needs assessment in each area of the state to determine the need for Spanish speaking service providers and assess what areas currently have providers to determine gaps in services for Spanish speaking clients.
- Measures of Progress: The measures used for this goal will be based on the CFSR Items that tie into service delivery. The DCFS expects with the implementation of the above objectives and strategies to see positive movement in the Items 2, 3, 4, 12, and 13 with improvements in Safety Outcome 2, Permanency Outcome 1, and Well-Being Outcome 1. The assessment phase for each of the above objectives will take place in FFY 2025, with a completion of an assessment of need, baseline measure, and exploration into implementation supports needed. In FFY 2026, implementation of awareness and utilization activities will be complete and measures will begin. By FFY 2027, the expectation is that improvement in the above listed CFSR items and Outcomes will be evident. The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

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• Implementation Supports: Through the further exploration and assessment process for the above listed objectives, the implementation supports will be identified during the Statewide Assessment time frame with a plan to have those implementation supports in place in FFY 2026.

GOAL 5: QUALITY LEGAL REPRESENTATION- Decrease time to permanency by a minimum of 10% by improving the quality of legal representation and court hearings and increasing information critical for decision-making and timeliness in CINC cases.

- Increase the use of the CINC Benchbook and court documents by judges, court staff, and attorneys involved in CINC cases.
- Increase the quality of information provided in CINC court reports.
- Increase the number of CINC cases that follow mandated timelines.
- Decrease the Title IV-E ineligibility of CINC orders.
- Increase the number Foster Caregiver Progress Forms submitted by foster caregivers prior to CINC hearings.
- Decrease the number of hearing continuances in CINC cases.
- Increase the number of times children attorneys receive timely contact information for their client and notice of placement changes from DCFS.
- Increase the quality of testimony of DCFS staff in court and their understanding of the CINC legal process.
- Increase the attendance of parties and attorneys at Family Team Meetings (FTMs).
- Increase attorney knowledge of and fluency with CINC trial skills;
- Increase judges' and attorneys' knowledge of CINC.
- Increase the number of multidisciplinary legal representation teams (ex. Peer advocate, social worker, etc.).

Data Collection:

The following DCFS data will be collected as metrics to reassess objectives as needed to successfully increase Item 6:

- (1) DCFS staff are increasingly satisfied with court reports;
- (2) Decrease in continuances
- (3) Children's attorneys increasingly receive timely client contact information from DCFS and notice of placement changes;
- (4) DCFS staff feel increasingly more confident about testifying/speaking in court;
- (5) DCFS staff feel increasingly more confident in their understanding of the CINC legal process;
- (6) DCFS receives an increase of Foster Caregiver Progress Report's from foster caregivers;
- (7) Increase in time to permanency in jurisdictions with multidisciplinary representation teams in comparison with jurisdictions without multidisciplinary representation teams; and
- (8) Decrease in Title IV-E ineligible orders.

Data will be collected via survey and/or focus groups from judges, attorneys, and other legal stakeholders as metrics to reassess objectives as needed to successfully increase Item 6:

(1) Judges increasingly use the Benchbook

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- (2) Judges increasingly use the template court documents;
- (3) Judges and attorneys are increasingly more satisfied with court reports;
- (4) Continuances decrease
- (5) Children's attorneys increasing receive timely client contact information from DCFS and notice of placement changes;
- (6) Attorneys and judges feel increasingly confident in their knowledge of CINC; and
- (7) Attorneys feel increasingly confident in utilizing CINC trial skills.

Key Activities:

- Update CINC Benchbook, court documents, and court reports to include new legislation and policies, make improvements based on feedback, and ensure Title IV-E compliance. Create strategies and trainings to improve use of CINC Benchbook, court documents, and court reports and implement strategies and trainings.
- Create a CINC Timeline template that judges, attorneys, and DCFS staff can use to track required timelines in accordance with state and federal law and policy and to ensure Title IV-E compliance. Create strategies and trainings to improve use of the CINC timeline document and implement strategies and trainings.
- Propose amendments to the Louisiana Children's Code to include required timing for CINC hearings and findings per Title IV-E.
- Establish an efficient process for ensuring children's attorneys receive contact information of their clients from DCFS before the Continued Custody and/or Continued Safety Plan Hearing as well as timely notice of the child's placement changes.
- Assess data necessary to identify reasons for continuances and delays in hearings;
 Assess the reasons for continuances and delays in hearings (i.e., attorney capacity,
 birth certificates, notice to attorneys, court dockets, DCFS not having time to meet
 clients, readiness meetings, etc.), create strategies to decrease continuances, and
 implement strategies.
- Assess the attendance of stakeholders and attorneys at Family Team Meetings (FTMs), create strategies to improve attendance, and implement strategies.
- Create strategies and trainings to increase the number of Foster Caregiver Progress Forms submitted by foster caregivers prior to CINC hearings and implement strategies and trainings.
- Provide courtroom simulation training to DCFS staff to improve the quality of testimony of DCFS staff in court and their understanding of the CINC legal process.
- Provide trial skills and motion practice training to CINC attorneys.
- Assess providing an annual one-day or more multidisciplinary training for judges, attorneys, and DCFS staff on critical child welfare matters.
- Partner with CINC representation programs/offices to increase the number of multidisciplinary legal representation teams (ex. Peer advocate, social worker, etc.) including through continued assessment of Title IV-E reimbursement opportunities.
- The DCFS will continue to partner with the Pelican Center/Louisiana Court Improvement Program (CIP).

Measures of Progress:

- Measured quantitatively through CFSR Item 6 and DCFS data on Foster Caregiver Progress Forms, ineligible orders, Family Team Meetings (FTMs) attendance, court documents, and jurisdictions with multidisciplinary representation teams. Measured qualitatively through data collected from CINC Attorneys, Judges, and DCFS Staff from surveys and/or focus groups.
- There will be an Increase in CFSR Item 6 by a minimum of 5% in substantially achieved by 1st quarter 2026 (RP1 2026) compared to the baseline measure RP1 2024.
- An additional 5% increase will be seen in substantially achieved by the 1st quarter 2028 (RP1 2028) in comparison to RP1 2026.
- The Agency will develop additional adhoc reviews and other data collecting means, such as surveys and focus groups, as needed to further assess any identified/potential areas of exploration.

STAFF TRAINING, TECHNICAL ASSISTANCE AND EVALUATION:

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

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

SECTION 4: SERVICES: CHILD AND FAMILY SERVICES CONTINUUM

A. Centralized Intake (CI) Program: Centralized Intake (CI) is a child abuse and neglect hotline and a component of the DCFS Child Protective Services system responsible for receiving and dispositioning all reports of suspected child abuse and/or neglect. Centralized Intake is managed 24 hours a day, 7 days a week, and 365 days a year. Hotline decisions are the point of entry for family involvement in the child welfare system and therefore impact the safety, permanency, and well-being of vulnerable children. Getting the screening decision right (whether to screen a case in or out of the system) is one of the most important functions of a child protection agency. Decisions for agency intervention are determined by criteria as defined by Louisiana Law and the DCFS Child Welfare Policies.

The Department provides a toll-free, statewide child abuse reporting hotline number (1-855-452-5437) that is available 24 hours a day, 7 days a week (24/7). The hotline is operated by the DCFS Child Welfare teleworkers who are domiciled throughout the state. The Department contracts with a vendor to enable the provision of this service. The provider of the hotline call center system is responsible for routing the calls to the intake workers and other contractual requirements. Redundant and backup systems are utilized to provide 100% availability 365 days a

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year. Phone systems solutions are provided by the contractor also and must provide the hardware/software needed.

The workforce requires specialized skills and rapid responses to reports of abuse and neglect. Centralized Intake Staff receive specialized Child Welfare training and other intake duties including the application of specialized technology that facilitates the management of this system. Currently, the unit is comprised of 51 Child Welfare Specialists who receive hotline calls and enter the Mandated Reporter portal (written reports) of child abuse and/or neglect in the CW ACESS application. Reports are electronically sent to local office queues for actions required by the assigned disposition. In addition, the unit is comprised of ten Child Welfare Supervisors, three Child Welfare Manager 1's, two Child Welfare Consultants, and one Child Welfare Manager 2.

Activities Planned for FFYs 2025 – 2029:

- 1. Conduct a mapping of business processes through the use of Lean methodology and Six Sigma strategy to Define, Measure, Analyze, Improve, and Control. Develop and implement strategies to improve process efficiencies and create a more agile system that operates in real time and reduces cumulative delays. Implement the results of the evaluation.
- 2. Identify and analyze call center performance targets for the hotline for monitoring Centralized Intake hotline performance: ASA (Average Speed to Answer) <15 minutes; Percent of Calls Answered and Call Backs 85%, Talk Time <30 minutes; Handle Time 45 minutes.
- 3) Identification of areas in policy in need of clarification and/or alignment in terms of policies, law, practice and decision-making through monthly meetings with Regional Case Assigners and CPS Policy Workgroups.
- 4. Analyze hotline call data to ensure adequate coverage during peak call times. Explore simplifying shift schedules of intake staff based on data to ensure appropriate staffing decisions based on trends for peak-hour call periods.

B. Human Trafficking (HT) Services: In accordance with the Preventing Sex Trafficking and Strengthening Families Act, Public Law 113-183, and Act 564 of 2014. DCFS is committed to identifying, protecting, and providing services for children, as well as adults, such as a parent/caretaker, who have been identified as trafficking victims or are at risk of being a potential human trafficking victim. The DCFS has strategies in place to identify human trafficking victims or potential victims at intake and during the initial stages of the assessment phase of the case due to specific indicators. The DCFS also serves on the Louisiana Human Trafficking Prevention Commission and Advisory Board and is planning how recommendations will be implemented from the report submitted last year. The DCFS is working to develop specialized foster homes for trafficking victims, while continuing to adjust parts of the Human Trafficking Model as needed. Training for staff will continue with additional, more in depth, classroom sessions. The DCFS will complete the curriculum for tier 2 and 3 classroom sessions. Safety plans for victims of human trafficking will be developed for prevention and support for trafficking victims. There are two (2) specialized residential facilities for human trafficking victims in Louisiana: Metanoia and Free Indeed. Currently there are state level staffings for human trafficking cases. Once a victim or potential victim is identified, the Human Trafficking Victim Notification Form is emailed to the Louisiana DCFS State office via email at: dcfs.humantrafficking.dcfs@la.gov and staffing shall occur within five (5) business days. The DCFS plans to begin Multi-Disciplinary Team (MDT)

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staffings for Human Trafficking cases in the nine (9) regions throughout the state. The team will consist of service providers, medical professionals and, individuals who can provide needed support for victims and potential victims of human trafficking and their families.

Human trafficking goals for the next five years include the following:

Activities Planned 2025-2029:

- 1. Improve Care Coordination through ongoing collaboration with stakeholders and the advisory council.
- 2. Implementation of the Labor Trafficking Indicator tool within child welfare programs.
- 3. Disseminate specialized intermediate and advanced human trafficking training to staff and stakeholders.

Objectives:

- 1. Improve outcomes for child victims of human trafficking and expand local partner engagement within the care coordination process.
- 2. Ensure there are benchmarks and real-time data to support efforts in the evaluation and improvement of victim services. Collect feedback from care coordination participants to determine the effectiveness of care coordination meetings, protocols, processes and the advisory council.
- 3. Increase the number of care coordination referrals. Feedback from care coordination participates will assist in identifying areas of improvement.
- 4. The objective identified address the specifics of the goal to demonstrate how improving care coordination will impact better outcomes of child victims of trafficking.
- 5. Improvement in the identification of children who may be a victim of labor trafficking.
- 6. Updates to Intake Labor Trafficking Screening Tool as well as implement labor trafficking screening tool policy for CPS, FS and FC programs.
- 7. Methods will be developed in how labor trafficking screenings will be completed, collected and tracked.
- 8. An increase in labor trafficking screenings across all child welfare programs.
- 9. Human Trafficking consultants will be complete the train-the-trainer for both intermediate and advanced trafficking training.
- 10. Human Trafficking consultants will train child welfare staff and stakeholders across the state to better educate on human trafficking which will ensure better services to child victims of human trafficking and improve outcomes.
- 11. Intermediate and Advanced Human Trafficking Training will be scheduled in each region and attendance will be tracked.
- 12. Evaluations will be created to gain feedback from participates and will gage improved knowledge on human trafficking as well as assist in identifying areas of needed improvement.

<u>C. Child Protective Services (CPS)</u>: CPS is a legally mandated, specialized social service for children who are neglected, abused, exploited, or who are without proper custody or guardianship. The services include: an assessment to determine if the child(ren) have been abused or neglected; a determination, if possible, of the person(s) responsible for the injury or harm; an assessment of the severity of the harm which has occurred; an assessment of the current safety of the child in the

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home or facility and determination of whether a safety plan/intervention is needed to protect the child from harm, an assessment of future risk of possible harm, provision of emergency services as needed, participation in court hearings, and timely referral to other programs and/or community service providers in order to protect the child(ren) or otherwise serve the families.

CPS 2025-2029 goals:

Goal 1- CCDM: To increase utilization among staff from 40% by 2025, 50% by 2026 and 60% by 2027 and 70% by the end of the five year goal. Increased CCDM utilization will result in decreased caseloads for field staff, decrease in backlog cases and overall timely closure of CPS cases in each region. This is already being monitored through daily logs being completed and statistics compiled and sent out monthly to each region. Monthly check-ins with each region are held by zoom to discuss this data and to trouble shoot ways of increasing utilization.

This goal will be accomplished by:

- The Leadership Academy will team up with the regions and a consultant agency called Change Innovations. They will talk about trends seen when staff call the CCDM hotline to improve work flow. There has already been an increase in the use of CCDM with the implementation of the Leadership Academy in New Orleans, Thibodaux, Covington, Monroe, and Shreveport Regions. Lake Charles, Lafayette and Alexandria will be added next. Supervisors who are currently meeting CCDM benchmarks meet with the staff and explain how they are able to meet those benchmarks and how it has helped their frontline staff. This also gives the managers of CCDM the ability to hear concerns and issues that may prohibit staff from utilizing CCDM and allows work to facilitate changes in procedures to better meet their needs.
- CCDM is currently at capacity with 12 consultants and 2 mangers and will be moving into compliance and utilization to be a support to CPS program. Having and maintaining a full staff will decrease hold times when staff are calling in, assist with inquiries regarding cases that the consultant sent back to the field, and allows for timely management of statistics and numbers to increase efficiency.
- Draft a proposal to add in policy that CCDM be utilized for ALL cases deemed Invalid and Unable to Locate. This will assist with the reduction of backlog and prevent cases from entering backlog. This will be introduced to the AD's, managers, and supervisors through the Leadership Academy to increase buy in and use of CCDM policy.

Goal 2- PSRT: To reduce the amount of time to get an appeal heard in court. Practice is to have the hearing within 60 days.

This goal will be accomplished by:

- Improving the notification form to the community and the court to have a better understanding, as well the ability to track letters.
- Interrater reliability meetings are held with BGC and policy changes along with the QA process. Consult, mentor and train with the field to help them understand documentation and understand how to testify.

Goal 3- CPS: To improve initial response time frame.

- To increase, enhance and improve service delivery gap with preventive services.
- To improve and identified risk and safety outcome.

This goal will be accomplished by:

- Supervisors will create a report/log to ensure time frames are met and encourage staff to keep a log.
- Review case logs during daily huddles with staff to establish time frame efforts.
- Utilize Teaming Specialist to assist with completing referral forms. Create a resource folder for each parish.
- Additional training/ CWADM coaching, team up with On the Job Trainers to promote accurate safety and risk assessments.

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

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

E. Protective Service Review Team (PSRT) "Due Process" Unit: The PSRT unit works closely with the Division of Administrative Law (DAL) to offer "due process" to individuals with valid findings of abuse and/or neglect. One group, which has developed a working relationship in this area, is the Department of Education to ensure that each owner, operator, employee, prospective employee, and/or volunteer in an Early Learning Center receives a State Central Registry Clearance and due process if they were identified as a perpetrator of abuse and/or neglect on the State Central Registry.

The DCFS enhanced due process regarding CPS valid investigative findings on August 1, 2018. Any individual who is found to be a valid perpetrator of abuse and/or neglect can request an Administrative Appeal through the Division of Administrative Law. These individuals are afforded the right to a fair hearing if their appeal rights have not exhausted. Since October 1, 2018, the Division of Administrative Law has received 1,367 appeals from valid perpetrators of abuse or neglect. The DCFS Protective Services Review Team (PSRT), is a state level working group, which reviews the CPS investigation case decision on certain cases in which a child abuse and/or neglect clearance is completed and a valid finding is determined. PSRT will provide a departmental decision regarding the validity decision, prior to the notification to the individual of their appeal right and the release of the SCR clearance information. The PSRT conducts administrative reviews on investigations, utilizing a standardized instrument, to determine if the validity decision and tier level determination meet policy requirements or if the validity decision, allegation, and/or tier level needs to be changed. The Louisiana Children's Code, definitions of Abuse and Neglect, as well as other DCFS Policy are the guides that is used to maintain or change validity decisions and/or tier levels.

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The DCFS maintains the confidentiality of investigative information, and only releases information as allowed by law. After the completion of a PSRT review, via clearance, the client will receive written notice of their appeal rights for any prior investigations in which they were identified as a perpetrator of a valid appealable finding. In most cases, such as requests for DCFS clearances for employment purposes, volunteer purposes, and foster care/adoptive placement, DCFS will not release the name of the perpetrator of a valid case of child abuse and/or neglect, until the individual's administrative appeal rights have been exhausted. It is the policy of the Department of Children and Family Services (DCFS) to allow all individuals the right to appeal their valid child abuse or neglect finding to an impartial decision maker, and this is done through the Division of Administrative Law (DAL). An individual does not have to request a Protective Services Review as these reviews are completed in some instances via a clearance process before the client is made aware of their administrative appeal rights; however, a client must request an appeal through (DAL) if they would like their case to be reviewed by a DAL Judge. It should be noted that individuals are placed on the State Central Registry (SCR) or State Repository (Repository) as a result of a valid child abuse and/or neglect investigation, after the exhaustion of an individual's due process rights.

The Department of Children and Family Services (DCFS) has a Tiered Validity System that determines an individual's placement on the State Central Registry (SCR) as a result of a valid child abuse and/or neglect investigation. The tiered system determines the length of time an individual remains on the SCR, and how long the information within the investigative record will be maintained in the State Repository (Repository).

The Tiered Validity System is a mechanism to assign each valid allegation to a particular tier, based on the degree of severity of the allegation. Each valid perpetrator of abuse and/or neglect will have a tier assignment for each investigation. When there are multiple valid allegations that are assigned to different tier levels, the highest tier level will be used for the SCR and State Repository. When the PSRT completes a review, the tier level is reviewed to ensure that the assigned tier level is aligned with the allegation and is appropriate and ensure the client is not placed in a tier that is higher or lower than the policy requirement as this could affect employability.

Activities Planned 2025-2029:

- 1. DCFS will continue to consider the possibility of including a two-step process for clients in relation to due process. The two-step process provides the client with an opportunity to appeal the finding should the internal review maintain the validity decision. DCFS will continue to explore the two step process and how to integrate the process into the identified electronic program. Updates to the Protective Services Review Team (PSRT) policy will be requested regarding the two-step process prior to the identified electronic program's implementation of the process. Once the two step process has been implemented, PSRT will begin the process to change the Administrative Rule LAC Section 1111 to align with the two-step process.
- 2. The Protective Services Review Team (PSRT) will work toward improving the notification forms to allow the recipient and the Court to have a better understanding of any changes made during the process of the PSRT review. Currently, if multiple changes are completed by the PSRT, the recipient may potentially receive more than one notification form to explain the

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- changes. The PSRT will work program developers to consolidate the changes onto one form and to ensure the information changed is clear to all parties.
- 3. The PSRT will continue to ensure clients with a valid finding of child abuse and/or neglect receive notice of their due process rights. PSRT will work with program developers to establish a way to track the mailing of the PSRT valid notification forms (Form 17) to ensure the individual has been mailed their notification of due process rights.
- 4. There are currently several factors that prevent hearings from being conducted within the 60 day time frame, to include the Appellant's pending criminal matters related to the valid finding and/or their incarceration. The PSRT will work toward reducing the amount of time it takes to have an administrative appeal hearing conducted and to achieve this within the 60 day time frame.
- 5. The PSRT will continue to implement interrater reliability efforts to assure there is consistency with PSRT review decision making. This includes ensuring the Department's policies and practices are in line with federal and state laws, in addition, to ensuring review decisions are free from implicit biases and consider cultural differences. This will be achieved through quarterly meetings with the Bureau of General Counsel, utilizing Quality Assurance reviews, and weekly panel meetings to discuss cases of concern or that may require a modification of a valid findings.
- 6. The PSRT will continue to provide support, consultation and training to field staff regarding the appeals process. The PSRT will continue to conduct biannual meetings with regional leadership to discuss PSRT data and to report continued challenges identified during the review and appeal processes. The PSRT will continue to conduct one-on-one meetings with the local staff to provide support and training, when requested.

F. Family Services (FS) Program: The FS program provides services to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services provided while the child remains in the home. The families are encouraged to voluntarily partner with the department to improve parental protective capacities and reduce risk to their children. However, the department does seek court intervention to gain family cooperation, and, in limited situations, families may voluntarily request services when there is very low risk. In these situations court involvement is needed in order to prevent further child abuse or neglect from occurring, or families are desperate for assistance in providing better care to their children. Services are provided on a statewide basis. Workers conduct comprehensive family assessments with families struggling to overcome critical issues related to safety or risk. Case plans are jointly developed with the family for the goal of strengthening families to provide a safe, stable home environment for their children. The FS worker, as the case manager, may arrange for additional services based upon the family assessment. Services may be concrete and focused on accessing resources to address basic needs such as food or shelter, or may be focused on more complex issues requiring medical or therapeutic intervention.

The FS programs seeks to provide quality individualized services to family in a timely manner. These services will enhance parental protective capacities while reducing the future risk of maltreatment. Cases are transferred to the Family Services program within five days of the need for referral being identified. Workers are engaging with families at initial contact and continuing throughout the life of the case. During the engagement process, families are assessed for supports,

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strengths and areas of concerns, thereby leading to an individualized case planning process within thirty days. This strategic and family focused planning and connecting to services ultimately leads to shorter lengths of intervention and reduced recidivism for families. It also lessens the likelihood of family separation.

Quantitative measures used to determine trends, show strengths and areas of concerns:

- Recidivism rate data report
- Intervention length data report
- Removal during intervention data report
- TBH saturation data report
- Case worker monthly visits data report
- SDM completion data reports

Information collected from these reports are utilized to focus staff development/training, policy updates and practice change, and identify service needs.

Qualitative measure:

- CQI case review item 2 relative to services to family to protect child(ren) in the home and prevent removal
- CQI case review item 3 relative to risk and safety assessment and management
- CQI case review item 12 relative to Needs and Services of Child and Parent
- CQI case review item 13 relative to Child and Family Involvement in Case planning
- COI case review item 14 relative to Case worker visits with Child
- COI case review item 15 relative to Case worker visits with Parents
- CQI case review item 16 relative to Educational needs of the Child
- CQI case review item 17 relative to Physical Health of the Child
- CQI case review item 18 relative to Mental/Behavioral Health of the Child
- Supervisory engagement Feedback survey
- CWADM case reviews
- FS Consultant field level staffing and consultation

Information collected from these reports are utilized to focus staff development/training, policy updates and practice change, and identify service needs.

Lived experience involvement:

- Parent Partner mentoring as part of the Family Resource Center redesign, funded through PSSF grant
- Supervisory engagement Feedback survey, which focuses on caseworker engagement and client satisfaction

G. Foster Care (FC) Program: Foster Care (FC) services include substitute, temporary care (e.g., foster family home, residential care, kinship care or youth living independently), and are utilized when the child's health and safety are at risk if the child remains in the home of their parent(s)/caregiver(s) or the child has no available caregiver. The state is awarded legal custody

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of the child by the court of jurisdiction. The court, legal system, Court Appointed Special Advocate (CASA), foster parents, private and public providers, relatives and youth work with departmental staff and parents toward the achievement of permanency for the child/youth. Intensive case management services are offered to families to help them reach a point where the child can be safely returned home, if return home is appropriate. If return home is not in the child's best interest, services are provided to achieve an alternative permanent family setting for the child. Case management services include efforts to engage relatives in the process of resolving the risk issues in the home, providing support for the family and connections for the child through ongoing communication and placement consideration for the child prior to considering other placement options. Throughout the time a child remains in foster care, the child is provided an array of services to ensure well-being, such as basic daily care, medical assessment and care, educational/developmental assessment and care, trauma/mental health/behavioral/emotional assessment and care, contact/ communication with family and other important connections, etc.

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

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

J. Extended Guardianship Subsidy (EGS) Program: The EGS program is available to those children receiving a guardianship subsidy whose guardians wish to continue receiving subsidy services after the child reaches age 18. To be eligible for EGS the youth had to enter a guardianship arrangement from foster care after the age of 16, but prior to age 18; and, the child must meet the same criteria as required for participation in the state's EFC program. Additionally, the Guardianship family must retain financial responsibility for the care of the young adult as established through quarterly eligibility redetermination. The Guardian of youth may only continue receiving the Extended Guardianship Subsidy up through the youth's 21st birthday as long as the youth continues to meet eligibility requirements.

Activities Planned in FFY 2025-2029:

- 1. The DCFS will continue utilizing Comfort Calls and Icebreaker Meetings to foster relationship development between birth parents and foster caregivers
- 2. In an effort to improve engagement and enhance practice within Family Team Meetings (FTM) with parents, youth and stakeholders, Child Welfare Managers are participating in all initial FTMs held in the Foster Care program. In addition to participation in the FTM,

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Managers were required to complete a Case Review Instrument and FTM Manager Evaluation Instrument at the time of the initial FTM.

- 3. The Department's responsibility to notify relatives of the child's entry into care is fulfilled by completing the Family Connections Form and sending the Relative Notification Form. The form letter shall be mailed no later than 5 working days from the date an address is provided to the worker.
- 4. The Foster Caregiver Progress Form is used to provide an opportunity for the foster caregiver to provide information directly to the court. After placement and before the first CINC hearing, the caseworker shall provide the foster caregiver with several blank Foster Caregiver Progress Forms and a copy of the Court Process and Legal Rights Guide for Foster Caregivers. The Court Process and Legal Rights Guide for Foster Caregivers provides an overview of the CINC court process and hearings and legal rights that foster caregivers do and do not have at CINC hearings.
- 5. Update the reunification policy to ensure parents are provided with adequate financial assistance when the child is returned home.
- 6. Monitor the amount of funds utilized to assist parents with reunification.
- 7. Begin to develop a Parent Advisory Board to assist the department with lived experiences as it relates to policies and procedures.
- 8. Encourage the use of guardianship services for all children in foster care where termination of parental rights is not in the child's best interest and a caregiver is available to provide guardianship to the child.
- 9. Encourage transitional youth case workers to utilize guardianship services for youth 16 and older as they will then be eligible for the guardianship subsidy until the age of 21.

K. Extended Foster Care (EFC) Program: Extends foster care services to youth criteria for program services are: Adjudicated as a Child in Need of Care (CINC); Aged out of foster care on 18th birthday; and currently 18-21 years old. The youth also has to meet one of the following: enrolled in a secondary educational program or program leading to equivalent credential; enrolled in an institution that provides postsecondary or vocational education; participating in a program or activity designed to promote employment or remove barriers to employment; employed at least eighty hours per month; or, be incapable of above educational or employment activities due to a medical condition.

• EFC is a voluntary program and youth must sign a voluntary agreement to participate. Youth in EFC are no longer in the custody of the DCFS, but are participating with an extension of foster care services. They retain all of their adult rights. The DCFS utilizes the evidence-based LifeSet model through Youth Villages as the case management model for EFC. This model is proven to have improved outcomes for youth. If a young adult does not meet LifeSet eligibility or if they complete LifeSet prior to turning 21, they are eligible to receive EFC Case Management Services through the program. All current Foster Care, care-setting types will be available to EFC youth. Each care setting will be making a decision as to accepting/keeping EFC youth. The DCFS is in the process of contracting with new TLP providers throughout the state. There will be an additional three new providers available to young adults in EFC.

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Activities Planned 2025-2029:

EFC Goals for the next 5 years include the following:

- 1. Increase the number of young people who have completed High School by 5%, GED or HiSet upon exiting EFC. Young adult's stipends will increase if they are enrolled in an educational full time setting and/or employed for 3+ months. Educational Data is collected upon entry and discharge from the program in RedCap. This data is rolled up monthly, quarterly and yearly.
- 2. Increase the number of young people employed upon exiting EFC by 5%. Young adult's stipends will increase if they are enrolled in an educational full time setting and/or employed for 3+ months. EFC is working with stakeholders to increase the number of workforce development programs available to the young people participating in EFC. Employment Data is collected upon entry and discharge from the program in RedCap. This data is rolled up monthly, quarterly and yearly.
- 3. Increase young people's participation through work groups, program planning, trainings and youth events. EFC will continue to complete one youth survey per worker a month along with exit survey to those that have aged out of the program. The month surveys are tracked in GuideTree and the exit surveys are tracked through Monday.com. This data will be placed on the monthly EFC Data report. EFC holds monthly information sessions. These sessions are for 17 year olds and their caretakers and the goal is to provide information about the program as well as give the youth an opportunity to ask questions. There is a young person who is actively participating in the program on the call available to answer questions and provide insight to the youth about the program and the expectations.
- 4. Increase Stakeholder awareness of EFC and the needs (engagement activities, rental or bill assistance, school or household supplies, mentor, etc.) of our young people through quarterly outreach and annual meeting. EFC completes one stakeholder survey per worker a month. This data is collected and placed on the monthly data reports. EFC will track the number of stakeholders and services provided monthly.
- 5. Increase partnership and collaboration with housing authorities across the state. Most housing authorities in the state do not participate in the FYI voucher program. EFC would like to bring awareness to the housing authorities on the need for the vouchers. Currently, the DCFS has MOU's with three housing authorities.

L. Adoption (AD) Program: The goal of the Adoption Program is to provide permanency for children through adoption. When the court of jurisdiction has determined that the family is either unable or unwilling to meet the needs of their child and provide a safe home, the goal of adoption is pursued as a permanent plan. Pre-adoptive services provided by the FC worker for a child with a goal of adoption include helping the parents voluntarily relinquish parental rights, preparing the judicial termination of parental rights packet in the event the parents are unwilling to surrender, providing ongoing case management services, and preparing the child for the adoptive process. Some of the more important services delivered by the adoption worker include completing a child evaluation/assessment, preparing children for adoption, assisting in the recruitment of child specific adoptive homes as needed, selection of adoptive resource families and placement of children, providing supportive case management services, processing adoption subsidy applications, and participating in the adoption finalization process.

The DCFS AD Program is responsible for managing the Louisiana Voluntary Registry. This entails providing information to adopted persons from closed adoption records as allowed by state law,

management of the state's adoption petition file room, and the handling of all Louisiana public and private agencies, intra-family, and private adoption petitions.

- Louisiana Voluntary Registry: Louisiana is a closed adoption state with sealed adoption records, but in 1982 the State Legislature authorized a registry to allow contact between adopted persons and their biological family members should both parties register. The registry is maintained and operated exclusively by the DCFS state office AD staff. In 2008, legislation was enacted authorizing the release of specific information from the sealed adoption record to adopted persons upon their written request, which includes verification of adoption, name of the court where the adoption was finalized and the name of the placing agency or attorney. In 2010, legislation was enacted expanding the list of persons eligible to register to include additional relatives, adoptive parents, minor adopted children and descendants of deceased adopted persons and deceased biological parents. The registry provides non-identifying information reports to persons adopted from a number of private adoption agencies and attorneys' no longer in operation transferring their records to DCFS, as mandated by Louisiana law. The registry provides intermediary services between adoptive parents and biological parents of children adopted through a private adoption agency ceased operation in 1999 through an agreement made at the time of the closure. This agreement terminated in 2016 when all subject children reach age 18.
- Adoption File Room: Louisiana maintains a centralized adoption file room located in the DCFS headquarters building in Baton Rouge. The AD staff is responsible for maintaining and processing the confidential adoption petition records of every adoption confected in the state of Louisiana back to the 1920's. Additionally, all adoption records transferred to the Department from adoption agencies no longer in operation and retired adoption attorneys are maintained in the DCFS adoption file room. Authorized Adoption Section staff to provide information allowed by law to members of the adoption triad access the records frequently; however, records are only released by court order and no adoption record is ever destroyed.

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

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

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

Activities Planned 2025-2029:

- 1. Increase the percentage of children in foster care adopted within 24 months from entering care (FFY23=42.3%)
- 2. Reduce the amount of time between children being freed for adoption to adoption finalization (FFY23= 14.2months)
- 3. Continue diligent recruitment efforts of children freed for adoption in partnerships with Louisiana Heart Gallery (LHG), AdoptUSkids and WWK.
- 4. Continue to track WWK data utilizing the Child Trends Database.
- 5. Continue to track recruitment efforts by LHG and AdoptUSkids monthly based on the number of events and the number of inquiries.
- 6. Implementation of Louisiana Speakers Bureau.
- 7. Collection of data will include the number of events and number of families recruited. This effort is in collaboration with the Foster Caregiver Recruitment and Retention Program and the WWK Program.
- 8. Continue monthly support calls to field staff.
- 9. Continue tracking cases that enter the DCFS as Safe Haven.
- 10. Increase Staff Development through the utilization of National Training Institute (NTI) to incoming adoption workers and supervisors, membership with National Adoption Association (NAA) and collaborative involvement with the Louisiana Adoption Advisory Board; both of which offer training opportunities to staff.
- 11. Decrease the number of children re-entering foster care after adoption. (FFY23= 24 children)
- 12. Continue partnership with Center for Adoption and Support Education (CASE)
- 13. The DCFS will offer TAC- Training for Adoption Competency classes to mental health therapists across the state to refer families in need.
- 14. Create and distribute quarterly newsletters to adoptive families.
- 15. Continue to hold quarterly support meetings with staff.
- 16. Enhance partnerships with Louisiana Heart Gallery, LA Methodist, & Crossroads Nola to develop support and/or mentor groups for adoptive parents.

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

Home Development 2025-2029 goals:

Goal 1: Assess the current population of foster homes and foster care data to identify available homes and determine the type of homes needed to meet the specific needs of children in foster care by:

- Hiring a Foster Caregiver Recruitment and Support Consultant (Recruiter) for each of the nine regions statewide.
- Recruiters will evaluate foster care data on a quarterly basis and compare it to regular foster home data and relative/kin caregiver data to determine if the current population of homes is sufficient to meet the needs of the region's children and youth in foster care.
- Recruiters will use data to support targeted recruitment efforts and develop diligent recruitment plans for their assigned region based on data.
- Review current tracking mechanisms and update system to reflect caregivers' abilities to meet specific needs of children.
- Present behaviors/needs check list during the home study process and reevaluate family's
 placement capacities/preferences at the time of annual support visit/recertification, using
 behaviors/needs check list.

To accomplish this goal HD will:

- Work with Data Unit to create a report that would show each family's needs/behavior capacity and capabilities.
 - o The report could be generated for families statewide, or by region.
 - The report would be able to show number of families who can care for children/youth with special medical needs, behavioral needs (need to identify which conditions/disabilities qualify under each category.
- Work with Data Unit/Foster Care to create a report or access an existing report that would provide data on children/youth in FC who have special medical/behavioral needs
- Review report that would measure success with consistently entering information on the LARE 355 screen
- Improved placement stability would indicate success, as foster caregivers' skills are matched appropriately with the need of children/youth in foster care when determining placement.
- Work with the Data Unit to develop a report to monitor placement stability for foster homes, documenting length of placement and reason for placement ending/disrupting.

Goal 2: Increase the number of relative/kin and regular foster caregivers to meet the specific needs of children and youth and equip them with trauma-informed training and supportive services to enhance their caregiving skills.

- Work with Methodist Foster Care on new certification assessment of relative/kin caregivers to assist in expediting relative/kin certifications.
- Work with foster care to ensure that new relative/kin certification procedures are being followed in order to expedite certification of relative/kin caregivers.

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- Review reports to ensure compliance with new relative/kin certification procedures.
- Review and update Home Development policies and procedures to reflect new recruitment and support processes.
- Continue work with Louisiana Baptist Children to recruit foster caregivers in the faith-based community and develop and support foster care ministry.
- Continue work with Crossroads to recruit and support foster caregivers, lead virtual preservice training, and lead Trust-Based Relational Intervention training.
- Evaluate and update pre-service and ongoing foster caregiver trainings to include more trauma-informed material.
- Participate in pilot program for foster caregiver pre-service training developed by Karen Purvis Institute for Child Development in efforts of increasing trauma-informed training. Consider statewide implementation for prospective foster caregivers.
- Work with the Louisiana Child Welfare Training Academy towards the three year plan to develop more individualized training plans for foster caregivers based on the specific needs of children in foster care.
- Ensure that foster caregivers have access to trauma-informed training and resources through a quarterly newsletter.
- Work with Methodist Foster Care on the expansion of the Louisiana Foster Caregiver Mentor Program. The program recruits currently certified foster caregivers and previously certified foster caregivers who are in good standing with the DCFS and trauma-informed, to serve as mentors to foster caregivers throughout Louisiana. Methodist maintains profiles on all active mentors and provides a list for foster caregivers to select the mentor who will best meet their needs for each support contact.
- Offer virtual Community Support Workshops in each of the nine regions to provide an overview of foster care data, foster home data, current resources, and support needs for the region each quarter.
- Develop and Implement Foster Care Community Collaborative Meetings in each of the nine regions to provide an in-person meeting with the DCFS staff, foster caregivers, churches, businesses, schools, and other organizations to connect urgent and ongoing foster care needs with community resources. Participants collaborate to develop solutions in real time by utilizing community resources to support children and families served by the DCFS.
- Develop and implement the Speaker's Bureau program, which will identify individuals
 with lived experience within the child welfare system to serve as public speakers for
 foster/adoptive parent recruitment events and other foster care activities in communities
 statewide. Speaker's Bureau members will include foster/adoptive caregivers and former
 foster youth (over the age of 18).
- Develop and implement the Foster Caregiver Support Line which will provide foster caregivers access to a live representative to assist with urgent matters that occur outside of normal business hours. The representative will assess the caregiver's needs using a decision tree and provide resource information, or assist the caregiver with contacting the DCFS staff if urgent contact is needed.
- Develop and implement the relaunch of the Foster Caregiver Advisory Board. This group will address matters on both the regional and state level that impact foster caregivers directly in their roles. Current foster caregivers and caregivers who recently closed their

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homes will be permitted to participate in committees to address regional concerns and statewide policy matters. Board members will be chosen through an election process by FCAB committee members and the DCFS staff.

• Continue with the implementation of the Quality Parenting Initiative (QPI) and developing the QPI Champions program to ensure that foster caregivers, birth parents, and the DCFS staff are developing supportive relationships and working towards the best interest of children and youth in foster care. The QPI Champions program will also work to develop and support community collaboration efforts, such as Community Support Workshops and Foster Care Community Collaborative Meetings, in each of the nine regions.

To accomplish this goal HD will:

- Complete training evaluations at the end of each training session for foster caregivers.
- Administer a trauma-informed screening tool to measure prospective foster caregivers' knowledge of trauma prior to beginning A Journey Home classes and during the home study process (after completing AJH). Then repeat the trauma-informed screening tool at the time of annual support visit/recertification.
- Administer foster caregiver satisfaction surveys.
- Conduct monthly supervisor engagement surveys conducted with foster caregivers.
- Review monthly data reports (to see increase in overall number of foster homes).
- Obtain a baseline score by screening all currently certified foster caregivers through selfadministered screening tool. Once baseline score is obtained, measure success by reviewing scores. Improved scores would indicate success.
- Develop a Trauma-informed screening tool to assess knowledge of trauma-informed interventions and strategies.
- Work with the Data Unit to develop a report to monitor placement stability for foster homes, documenting length of placement and reason for placement ending/disrupting.

Goal 3: Enhance knowledge of Placement Services staff to better assess and equip foster parents to meet youth and children's specific needs.

- Create a program-specific training for Home Development staff.
- Work with Behavioral Health and Residential unit to develop a better continuum of care, including the development of placement specialists for each region.
- Continue implementation of the Foster Caregiver Recruitment and Support program, with Recruitment and Support Consultants in each region.
- Continue with the development and implementation of specialized diligent recruitment training for Foster Caregiver Recruitment and Support staff and diligent recruitment planning consultation with the National Center for Diligent Recruitment.

To accomplish this goal HD will:

- Begin with a baseline assessment of staff's skills by obtaining feedback from their assigned supervisor/manager regarding strengths and needs of their workers.
- Measure training effectiveness through homework assignments, pre-tests/post-tests, and training evaluations.
- Measure training effectiveness through feedback from the assigned supervisor/manager, determining if there has been improvement in staff's application of skills.

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P. Behavioral Health and Residential Services Program: This program contracts with and manages placements for children in Foster Care with behavioral health issues, extreme care needs or other challenging placement needs. The DCFS staff work to link children for whom there is no family-based care setting to a residential care that is able to address the supervision, behavior management, and treatment needs of these children. This program has agreements child residential providers consisting of 10 group homes; one (1) child care institutions for pregnant and parenting youth; five (5) qualified residential treatment programs; and two (2) child care institutions youth at high risk for human trafficking. Additionally, the program will utilize providers via single case agreement when no "in-network" provider is able or willing to admit a child.

This program works closely with the Office of Behavioral Health and the Office for Citizens with Developmental Disabilities within the Louisiana Department of Health to serve our most highneeds children. Additionally, for children who are prescribed intensive residential treatment, this program works closely with managed care organizations to whom foster children are linked.

Behavioral Health: Congregate Care and Residential/In-Patient Treatment 2025-2029 goals:

Goal 1: Align congregate care network to supplement family-based options.

Objectives/Expected Outcomes:

By June 2030, the network of congregate care will expand by:

- 36 emergency short term residential beds
- 58 QRTP beds
- 36 Congregate beds with providers who have developed programs for children with developmental disabilities or who are profoundly neurodivergent

This will allow children in custody to have care settings that are able to provide safe and nurturing care and foster care staff and leadership will know there are sufficient resources in the state for children in custody to live.

This will be measured by the number of beds in the network that are available by signed agreement and single case agreement. The BHRSU will maintain a count of beds available. Success is determined by increasing available beds to the indicated numbers.

Resources needed are:

- Funding approval for increased beds.
- Rate Setting.
- Solicitation
- Providers willing and able to undertake this work.
- Provider education

Goal 2: QRTP will expedite permanency.

Objectives/Expected Outcomes:

By June 2029, ORTP will demonstrate

- 30% discharge to a permanent resource with 12 month
- 10% discharge to permanent resource within 6 months

Child Welfare will achieve improved outcomes and children and families will benefit from

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permanency.

This will be measured by:

System Generated Data:

- 1. TIPS and information on QRTP LOS and disposition
- 2. Redcap information on QRTP LOS and disposition

Success will be determined if 30% of children who are admitted to QRTP are discharged to permanency within 12 months of admit, and if 10% discharge to permanency within one month of admit.

Resources needed are:

- Adjust eligibility criteria
- Develop new policies and procedures
- Amend contracts
- Rate adjustment
- Education, coaching and monitoring of QRTP processes
- Continued/enhanced investment in and development of TBRI, Teaming and Family Search and Engagement

Goal 3: Louisiana Child Welfare will increase the precision with which children are matched to congregate care settings. Children will experience supportive and balanced milieu's and will experience greater felt safety, more "placement stability" and less disruptions in their lives. Providers will better design programming, hire staff with essential knowledge and skills to care for population served in the home, and develop staffing grids to address the supervision and intervention needs of children in the homes.

Objectives/Expected Outcomes:

By June 30, 2029, children who experience congregate care will experience

- 25% decrease in the mean and mode of congregate care episodes per child
- 50% decrease in volume of monthly requests for removals
- 50% decrease in denials due to "child's supervision and care needs exceed provider's capacity"
- 50% increase in annual measurement children's reports of felt safety and satisfaction

This will be measured by:

- 1. Quarterly provider reports
 - Denials for "child's supervision and care needs exceed provider's capacity"
 - Requests for immediate removals
- 2. Annual Child report of felt safety and satisfaction
- 3. CW TIPS Data
 - Number of Congregate care episodes experienced by children in foster care
 - Duration of congregate care episodes

Success is determined by achieving targeted decreases and increases.

Resources needed are:

• Assistance from Data and analytics team develop data collection and aggregation tool

<u>Child Placing Agencies/Residential Facility Trainings:</u> The DCFS does not provide direct training to state licensed or approved facilities caring for children in foster care; however, training requirements are outlined in the Licensing Regulations. The DCFS Licensing verifies that all licensing requirements, including required training, are met during on-site licensing inspections. During SFY ending June 30, 2023, ten out of eighteen Residential Homes and nine out of sixteen Child Placing Agencies were without training deficiencies following any of their inspections.

Child Placing Agencies and Residential Homes data will be reported annually including site inspections, dates of first and last inspections, training requirements, and the date when all staff training deficiencies were cleared as reported by the DCFS Licensing,

Q. Interstate Compact on the Placement of Children (ICPC) Program: The ICPC coordinates services with other states for out-of-state placements of children in foster care with non-custodial parents, relatives, foster parents, permanent adoptive homes and residential care providers when it is in the child's best interests for achieving permanency or no other appropriate resource is available to meet a child's treatment needs within the state. The ICPC program uses the National Electronic Interstate Compact Enterprise system (NEICE) as its electronic case record. The NEICE MCMS was implemented in Louisiana on October 5, 2020, and is currently used to track placement of children through cross-jurisdictional placement to facilitate timely placement for children. NEICE includes all case record documentation regarding each child placed in the State of Louisiana through ICPC as well as case documentation of children placed by Louisiana into another state. The NEICE system is also used to track progress of the case, home studies, and monitor cases to ensure they are timely and notify staff when a case is overdue. Louisiana staff actively participate on several committees of the AAICPC as well as the NEICE Guidance Committee to ensure they are knowledgeable of the compact rules and regulations as well as they are able to advocate when need to address concerns related to the compact.

Activities Planned for FFY 2025-2029:

- 1. Louisiana will transition to the NEICE Clearinghouse System once the Comprehensive Child Welfare Information System (CCWIS) is implemented.
- 2. Louisiana ICPC will engage in the activities of the Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC).
- 3. Louisiana ICPC will develop in-service training regarding the ICPC program to assist staff in understanding the goals of ICPC, understand rules and regulations of ICPC to assist in reducing the number of illegal placements, and provide information on ways to improve home studies and progress reports submitted through the ICPC.
- 4. Louisiana ICPC will reduce the number of illegal placements made by Louisiana by providing ongoing training and support to the local office staff and judges regarding best practice when making placements and visitations to ensure safety of children and continued services of children once placed in another state.
- 5. Louisiana ICPC will improve the rate of home studies completed by Louisiana within 60 days as stated in the Safe and Timely Interstate Placement of Foster Children Act of 2006, by reducing the total number of overdue home studies to less than 25 % per year.

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

Louisiana's FFPSA Plan was approved and the effective date of Louisiana's plan is October 1, 2022. The DCFS has developed a referral process, policies and procedures for FFPSA services being provided through Child First and Intercept. The DCFS is actively working to create a robust continuum of prevention services, with FFPSA focusing on families at risk of removal and entry into foster care.

Louisiana DCFS's vision is to transform the social service system in partnership with public agencies, private agencies, courts, and community partners, so that the children, youth, families, and pregnant and parenting youth we serve and support are:

- Safe and free from maltreatment;
- Living in safe, supportive, and stable families where they can grow and thrive;
- Healthy and resilient with lasting family connections;
- Able to access a full array of high-quality services and supports that are designed to meet their needs; and
- Partnered with safe, engaged, and well-prepared professionals that effectively collaborate with individuals and families to achieve positive and lasting results.

Ongoing strategies for accomplishing these goals are to:

- 1. Promote safe, reliable, and effective practice through a strength-based, traumaresponsive practice model for child welfare services.
- 2. Engage in a collaborative assessment process that is trauma-informed, culturally responsive, and inclusive of formal and informal family and community partners.
- 3. Expand and align the array of services, resources, and evidence-based interventions available across child welfare services based upon the assessed needs of children, families, and pregnant and parenting youth, to include additional resources aimed at preventing maltreatment and unnecessary out-of-home placements.
- 4. Invest in a safe, engaged and well-prepared professional workforce through training and other professional development including strong supervision and coaching.
- 5. Modernize the DCFS's information technology to ensure timely access to data and greater focus on agency, individual, and family outcomes.
- 6. Strengthen the State and local continuous quality improvement processes by creating useful data resources to monitor performance, using evidence to develop performance improvement strategies, and meaningfully engaging internal and external stakeholders.

Louisiana's initial state Title IV-E Prevention Plan is intentionally narrow in scope. Our intent is to first solidify a basic operational foundation by utilizing principles of implementation science and then expanding capacity through subsequent amendments to the plan. The prevention service

array will expand through plan amendments as additional evidence-based services are approved through the Title IV-E Prevention Services Clearinghouse.

To ensure fidelity the DCFS intends to build a Louisiana Assessment Model that will be implemented in all CW programs to measure and evaluate the impact on service delivery with changes to the model as needed to improve effectiveness. The DCFS has identified several pathways for families to receive a continuum of primary, secondary, and tertiary prevention services in Louisiana. This includes families who are not known to the Department, known but with risk factors, and those families who have a finding of abuse and/or neglect with safety and/or risk factors. Candidates for Family First Prevention Services will include:

- A child who is a victim of maltreatment in which safety and risk factors can be mitigated by the provision of in-home services and is able to safely remain at home with a child-specific Prevention Plan;
- o Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry.

Louisiana's definition for candidacy for foster care is a child, under the age of 21, who is at imminent risk of foster care entry or re-entry. A family is a candidate for prevention planning when a child or children in the family meet one or more prevention planning candidacy eligibility criteria and the family is matched with an approved evidence-based prevention service. For the purposes of eligibility determinations, the term family includes situations when children are living with kinship caregivers or other guardians. Louisiana has defined the following prevention candidacy eligibility categories:

- The child is at imminent risk of out-of-home placement or re-entry into Foster Care
- Family Services is being implemented to provide reasonable efforts to prevent the need for removal of the child from the home.
- A child whose family has a substance abuse issue affecting the care and safety of the child or a child born exposed to substances.
- Siblings of children in Foster Care who reside at home and have assessed safety concerns.

Based on a thorough understanding of key populations afforded by a review of data, the DCFS and its partners reached a decision as to which children and families could be eligible for and ultimately receive services under the prevention plan. Louisiana will continue to analyze data and may expand the candidacy description or refine the imminent risk criteria in later iterations of this plan. There is commitment by the DCFS to serve as many families as possible and appropriate through Title IV-E preventive services.

All families with an active DCFS case have identified risk factors and/or safety concerns that led to a determination of the need for ongoing intervention and support to enhance safety and mitigate risks for one or more children in the family. The DCFS uses a formal Safety Assessment (form 5) and Structured Decision-Making (SDM) tools to assess safety and risk. These tools guide decisions regarding determinations to provide treatment services. Therefore, all children involved in a family treatment case meet criteria of risk of entering foster care without provision of services and support to mitigate risks and address safety concerns. Pregnant/parenting youth are eligible for services to

support development of effective parenting practices and prevent the foster youth's child from entering the DCFS custody.

To determine candidacy eligibility, families with a child or children who meet one or more criteria will be assessed to identify risks and underlying needs. This assessment will include a review of information from safety and SDM tools, assessment information from other involved agencies, and information the family provides. The family team will work together to develop a plan to address needs and mitigate risks.

The Family First Core Team comprised of management, workgroup leads, and communication staff guided by the Capacity Building Center for States, along with local partner agencies, Judges, service providers, community partners, parents and youth with lived experiences, and other stakeholders worked to review data and focus on the specific needs of children in Louisiana to develop our Family First five-year plan. Louisiana has chosen to start our prevention efforts using Intercept and Child First with a specific focus on children with at-risk behaviors and substance exposed newborns.

The Family First Services and Prevention Act requires that each program listed in a State's Five-Year Title IV-E Prevention Program Plan have a well-designed and rigorous evaluation strategy, unless granted a waiver from HHS. With a rating of "well-supported," the DCFS is requesting a waiver from conducting a rigorous evaluation of Intercept. The Child First program is currently rated as "supported" by the Title-IV E Clearinghouse. The DCFS is committed to continuous quality improvement through contract monitoring and measuring implementation fidelity and outcomes of evidence-based programs rated as "well-supported" as well as those rated as "supported" or "promising." On a semiannual basis, the DCFS will conduct fidelity reviews of both Intercept and Child First. A rigorous evaluation will be required to measure outcomes for Child First participants. The DCFS entered into a contract with the University of Louisiana at Lafayette, Kathleen Babineaux Blanco Public Policy Center (Blanco Center) to provide research support to the DCFS in identifying best practices for agency programs; assisting agency staff to identify and track key metrics related to program activities and outcomes; and conducting program evaluations to support the agency's efforts to improve the quality and impact of programs administered by the DCFS. The DCFS also entered into a contract with the Baldacci Consulting Group to provide ongoing support for the development of the 5-year IV-E Prevention Services Plan related to data reporting, financing, and cost allocation.

Child First has been implemented in pilot areas of the State with the most out of home placements of children ages 0-5. Social Work Professional Services, Counsel Nola, theBridge and Volunteers of America South Central Louisiana are all offering Child First services across the State of Louisiana. Counsel Nola offers services in Orleans, E. Jefferson, W. Jefferson, Tangipahoa, Washington, St. Bernard, Plaquemines, St. Helena, and St. Tammany. Social Work Professional Services offers services in Caddo, Bossier, Webster, and Desoto. theBridge offers services in Rapides, Ouachita, Lincoln, and Lafayette. Volunteers of America South Central LA (VOASCLA) began offering services in January 2024. They currently provide services in Livingston, W. Baton Rouge, E. Baton Rouge, E. Feliciana, and W. Feliciana. The DCFS will continue to expand Child First Services across the State of Louisiana. Child First services were provided to eighty families from July 2023 to January 2024.

The DCFS has continued to incorporate and update policy, programming, and continuous quality improvement and evaluation as part of the prevention plan during FFY 2024. The DCFS continues to work with the Blanco Center in developing quality performance measures to monitor Child First services. Currently the Blanco Center has developed a Child First Implementation Timeline and Evaluation Plan Overview as a guide to review the program service array and progress with a goal to start these reviews in the next year. The DCFS also continues to review the candidacy definition and look for opportunities to broaden the service delivery of FFPSA through Child First and Intercept Services. Both of these programs started in the State of Louisiana under an emergency contract. In an effort to continue both of these programs and expand services across the state, the DCFS issued a Request for Proposal (RFP) for Intercept on April 18, 2024 and the Child First RFP is in the process of being submitted to the Office of State Procurement (OSP) for publication.

The DCFS has expanded Intercept Services to two providers. Youth Villages provides Intercept services within the Baton Rouge, Covington, and Orleans Regions in the following parishes: East/West Jefferson, Orleans, Livingston, Tangipahoa, East Baton Rouge, St. Tammany and St. Bernard. Choices provides Intercept services within the Shreveport Region in the following parishes: Caddo, Bossier, Webster, Claiborne, De Soto, Sabine, Red River, Bienville, Natchitoches, and Jackson. The DCFS has continued to work with the providers to ensure they are using the model to fidelity.

The DCFS BH unit has worked to refine and develop QRTP policies and protocols to achieve maximum efficacy to the FFPSA intent and guidelines. The DCFS has sought technical assistance to provide education, training and coaching to QRTP providers. The DCFS has also continued to provide QRTP services, which includes services and supports targeted to at-risk children and youth with significant behavioral health challenges or co-occurring disorders to the most appropriate, family focused, and youth informed care providers. In FFY 2024, the DCFS maintained six contracts with Qualified Residential Treatment Facilities. The DCFS has continued to follow QRTP policy regarding the federal requirements of an independent assessment for eligibility be conducted by a Qualified Individual (QI) within 30 days for all youth placed in a QRTP and the courts being required to approve all QRTP placements within 60 days in order for the DCFS to seek Title IV-E reimbursement. However, there are cases in which the child is accepted into a QRTP but then does not stay long enough for the initial assessment to be completed due to the child returning home or to their foster home, another hospitalization, the facility asking for the child's removal due to not following the rules, the child may have runaway and/or other individual specific needs changing.

The DCFS has continued the contract with Crossroads to continue QRTP training coaching on Trust-Based Relational Intervention (TBRI). In September 2022, the DCFS launched a bi-monthly clinical education series for BHRSU and QRTP Liaisons to enhance knowledge and problem solving in for youth with behavioral health challenges and this continued during FFY 2024. This educational series has been provided via a contract through the Office of Behavioral Health.

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Louisiana DCFS developed a prevention unit that oversees the FFPSA plan including the monitoring of service providers, the My Community Cares program, Kinship Navigator, CARA, and the substance abuse counselors.

Prevention Department goals for 2025-2029:

- 1. To take a more preventive approach to service delivery. Raising community awareness of community prevention services, My Community Cares and Kinship Navigator program, before a family comes to the attention of the DCFS.
- 2. To educate the DCFS frontline staff on the prevention service array, benefits of services and how the services can reduce the number of removals from the home resulting increase referrals.
- 3. Ensure deliverables of the FRC contracts are appropriate and are being met.
- 4. Ensure the Intercept and Child First Request for Proposals are fully implemented.
- 5. Focus on the financial sustainability of MCC including diversifying funding for MCC.
- 6. To explore future opportunities to broaden the prevention service array not only to DCFS families but also to children in the community.

FFPSA- Intercept/Child First 2025-2029 goals:

- Increase the DCFS awareness and benefit of the program services and importance of making timely referrals and how it reduces the number of removals. Documented by an increase in the number of referrals to Intercept and Child First Services, continuous active caseload numbers by providers.
- Implement data collection/evaluation with Blanco Center for Child First documented by data collection timeline implementation.

My Community Cares 2025-2029 goals:

Continue to build rapport and solidify the DCFS relationship with LPHI, new organizational home, including implementation of a transition plan and identified goal to increase financial sustainability by:

- Measuring increase in stakeholder's participation in meetings.
- Measuring increase in identified long-term funding.
- Measuring successfully transition to new organizational home.
- Working with new organization home to sustain My Community Cares in the community, raising community awareness of the preventive services offered, and ensuring services are easily accessible.
- Exploring data trends and measurements to determine service needs in each priority zip codes.
- Evaluating monthly DCFS reports of abuse/neglect in the priority neighborhoods.
- Measuring the increase/decrease in number of referrals to the program and the number of community members aware of the program. Number of referrals can be measured and community can be polled on My Community Cares awareness.

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Kinship Navigator 2025-2029 goals:

- Work with CPS/FS program to develop policies to share Kinship Navigator Program information.
- Increase Community Awareness of services/funds available through Kinship Navigator
- Kinship Navigator and Specialist will Create Community Awareness Plan-Increase Community Outreach to raise community awareness of Kinship Navigator so those kinship caregivers are aware of how to access services/supports to keep children in their care
- Assist with identifying barriers to services/supports to ensure services are accessible through the Quarterly Community Awareness program, amount of money spent, and number of families serviced.
- Documented by family follow-up to determine if needs were successfully met.
- Documented by an increase number of families seeking kinship navigator services.

Substance Abuse Counselors 2025-2029 goals:

- Continue substance abuse assessments and treatment recommendations to the DCFS families.
- Ensure services are easily accessible and families are aware of benefit to families by Measuring the number of families served and the number of families that successfully completed treatment.

SERVICE DESCRIPTION-

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

- 1. Services are provided to families following an allegation of child neglect and/or abuse when immediate safety concerns appear manageable, yet future risk of harm continues to be a concern. These families have been assessed as needing services provided while the child remains in the home. Services needed in order to prevent future maltreatment, such as, mental health treatment, substance abuse treatment, and home based skill building in some instance are delayed or service provisions are incongruent with reason for Agency involvement. The DCFS has redefined the assessment of safety and risk process in an attempt to assure services needed to prevent future maltreatment are provided to families through the introduction and continuation of CWADM.
- 2. Children ages 0-5, including substance exposed or affected newborns, and children with developmental or medical disabilities have been identified as a population of greater focus as they are at greater risk for increased safety and risk concerns. The department continues to see a rise in the number of Substance Exposed Newborns (SEN). Policies, practices, and legislation have been developed to address the issues, but ongoing work is needed. The DCFS will continue to monitor occurrence of SEN reports, and collaborations to address the issue, and make referrals to FFPSA service providers.
- 3. The DCFS will continue to focus on developing services to children age 5 and under. The department needs to reduce the length of time children under age five are without a permanent family. This is being assessed through Placement Stability reviews and CQI meetings with each region.

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- 4. The department will continue to collaborate with the Court Improvement Program and Pelican Center in assessing effectiveness of the Family Preservation courts in assuring permanency for children; in effectively sustaining parental custody of children during parent substance use treatment; and, in preventing repeat maltreatment of children.
- 5. Safety focused practice is key to assessing the safety of children in families and the referral to services when needed. State and regional implementation plans will continue to target specific improvements in staff diligence regarding the sufficiency of information collection, the recognition of danger, the referral for services, and the development of safety plans. State and regional staff will provide additional support and training to reinforce and extend field staff expertise in safety and risk assessment practice through CWADM implementation.

During the 2020-2024 timeframe PIP goals were developed and completed in 2021. However, some gaps in practice continue and the focus of the DCFS during the 2025-2029 timeframe will be to continue work in the areas of Quality Assessment, Engagement of Youth, Caregivers and Other System Partners, Workforce Development Service Array and Quality Legal Representation.

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

Services Specific to Use of Funds:

Child welfare service components of the DCFS are focused on an effective and accountable child welfare system. Services are provided statewide in 64 parishes through 9 regional offices and 42 parish offices. Major Service components include Centralized Intake (CI), Child Protective Services (CPS), Prevention and Family Services (FS), Foster Care Services (FC) and Adoption Services (AD). In 2005, the state expended \$1,300,615 of the grant on foster care maintenance. No funds were used in 2005 for adoption assistance or childcare. The state assures that funding for this service will not exceed the 2005 expenditure levels. The DCFS budget and fiscal staff confirm that none of these funds were used for childcare or adoption assistance payments. During the federal grant period from October 1, 2020 through September 30, 2022, the Louisiana DCFS reported on the SF425 the total recipient amount share was \$1,470,459. This document was completed by the fiscal unit on June 10, 2023.

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

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

For this CFSP, the department will continue to focus on improving the service array to children and families to ensure safety, permanency and well-being. The DCFS Child Welfare practice principles will guide the service delivery process as well as continuous quality improvement efforts. The department will continue to focus on improving staff and stakeholder involvement, the use of data and strengthening its commitment to quality improvement.

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A. Services For Children Adopted From Other Countries:

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

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

Inter-Country Adoption Data:

Federal Fiscal Year	Number of Children With "Out of Country Birth Location"
2024-25	
2025-26	
2026-27	
2027-28	
2028-29	
TOTAL	

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

• Activities Planned for FFY 2025-2029 to support children adopted from other countries, including the provision of adoption and post-adoption supports: Quarterly review of adoption dissolution reports will be conducted to identify foreign adoptions, monitor service provision to children who have entered protective custody, and provide adoption recruitment services.

B. Services To Children Under The Age Of 5:

Most states and communities already have initiatives that address the developmental needs of children under the age of five, recognizing it as a critical developmental period. 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 which 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 (IDEA) and services are provided with no cost to the family. The DCFS has an ongoing report to monitor the length of time children are in foster care. The goal is to prevent children from being in foster care more than 24 months while ensuring they have a permanent family.

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

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

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

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

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

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

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

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

<u>Activities Planned for FFY 2025-2029:</u> In order to continuously monitor and improve the developmental needs of children under the age of five, DCFS will do the following:

- 1. Caseworkers will documents the referral to Early Steps for children under the age of 3.
- 2. The DCFS will meet with LDH quarterly to determine the percentage of children in foster care that were referred for an Early Steps evaluation.
- 3. The DCFS plans to have 100% of children under the age of 3 referred to Early Steps
- 4. The DCFS will monitor the length of time children are in foster care under the age of 5.
- 5. The DCFS will meet with field staff quarterly to ensure all children under the age of 5 have an identified permanent connection to family/kin.

C. Efforts To Track and Prevent Child Maltreatment Deaths:

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

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

- Law Enforcement agreements are in place with each Law Enforcement jurisdiction throughout the State. The purpose of these agreements is to specify for both the local office and the law enforcement agency, agreements of their working relationship and sharing of information.
- All child fatalities require a Multi-Disciplinary Team (MDT) staffing. The purpose of a MDT staffing is to consult with various professionals to assist in the gathering of information and decision-making. Child Death Review Panel members, Law

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Enforcement, Coroners, the DCFS medical director and other service providers are encouraged to participate in MDT's on cases where they are involved.

- A strong partnership with the Louisiana Child Death Review Panel has been established with the agency that allows the sharing of case information from multiple sources to inform case decisions and assessments. Louisiana's Child Death Review Panel includes, among others, Louisiana State Police, representatives from the Office of Vital Statistics, the Louisiana Coroner's Association, the Attorney General's Office, State Fire Marshall, Louisiana District Attorney's Association, Louisiana Sheriff's Association, Louisiana Association of Chiefs of Police and a pediatrician. Local level panels include representatives of several agencies. Highlights of how this partnership informs fatality data include:
 - O Quarterly Child Death Review Panel meetings held in each of the nine regions across the state to review all unexpected child deaths for children under age 15;
 - o Quarterly state level Child Death Review Panel meetings are held to review systemic issues and develop strategies to reduce fatalities;
 - Assignment of a DCFS regional liaison and Office of Public Health Child Death Review Panel coordinator who work together to ensure the sharing of case information to inform decisions;
 - O Passage of state legislation in 2016 that authorized the Child Death Review Panel to have access to any DCFS information pertinent to alleged child abuse or neglect; and authorized the DCFS to have access to any and all information/documents in the possession of the Child Death Review Panel;
- Fatality data is tracked and monitored at the DCFS State Office Executive Management level. Monthly fatality meetings are held with the DCFS Secretary, Deputy Secretary, Child Welfare Assistant Secretary, the DCFS medical director, the Bureau of General Counsel, Child Protective Services' program staff, and regional management. During these meetings, each child maltreatment fatality is reviewed and assistance is offered to the field with any barriers they may have in assessing the case, such as obtaining an autopsy report; and
- The DCFS Child Welfare Division contains a Data Analytics Unit. This unit tracks all fatality data and compiles an on-going report containing all legislatively required data.

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

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

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

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

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

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State and local share spending for Title IV-B, Subpart 2 for FFY 2018 (for comparison with the 1992 base year amount of \$2,772,015) indicates \$8,094,421 was spent, \$6,070,816 of which was federal funds and \$2,023,605 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2019 (for comparison with the 1992 base year amount) indicates \$8,392,492 was spent, \$6,294,369 of which was federal funds and \$2,098,123 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2020 indicates \$8,971,077.33 was spent, \$6,603,733 of which was federal funds and \$2,367,344 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2021 (for comparison with the 1992 base year amount) indicates \$9,303,695 was spent, \$6,977,771 of which was federal funds and \$2,325,924 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2022 (for comparison with the 1992 base year amount) indicates \$9,199,127 was spent, \$6,899,345 of which was federal funds and \$2,299,782 was state general funds and in-kind funds. State and local share spending for Title IV-B, Subpart 2 for FFY 2023 (for comparison with the 1992 base year amount) has not been finalized.

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

- **A)** Service/Program Description Family Resources Center (FRC) services provided by the centers address FPSS, FP, TLR, and APSS. Centers provide therapeutic intervention services to families to improve safety, reduce risk and to support permanency for children in their homes or out of home if necessary. There are nine Child Welfare FRCs contracted to provide services. The current FRCs are listed below:
 - 1.) Discovery FRC-Southeastern University, Baton Rouge Region
 - 2.) Renew Family Resource Project-Southeastern University, Covington Region
 - 3.) Start Corporation, Thibodaux Region
 - 4.) The Extra Mile, Lafayette Region
 - 5.) Educational and Treatment Council, Inc., Lake Charles Region
 - 6.) Volunteers of America-North Louisiana, Alexandria Region
 - 7.) Community Support Program-Portals, Shreveport Region
 - 8.) Tulane Parenting Education Program, Orleans Region
 - 9.) Children's Coalition of Northeast Louisiana, Monroe Region

Each FRC provides services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from the DCFS for families involved with the Department due to neglect and abuse of a child. FRCs provide the following CORE services: Evidence Based Parent Education, Family Skills Building, Parent Partner mentoring, Kinship Navigator, Concrete/Critical Emergent Supportive Services and My Community Cares (MCC) initiative. These services are provided through a three (3)-year contract.

• Parent Education: Each FRC is expected to have trained staff to provide an evidence based or informed parenting program that offers in-home services or has primary components that are available in-home and are readily available and easily accessible to participants who want to participate voluntarily or who are mandated to do so. The parenting program

should be specific to the individual family needs and offered according to those needs, as an option when no other parenting resources are available in the community. This must also include a plan for FRC staff to be knowledgeable of other parenting services in the region and to be prepared to first refer families and staff to other parenting services that are evidenced based or Medicaid funded when appropriate for the family.

- Family Skills Building: The Family Skills Building (FSB) service provided through the Family Resource Centers provides customized support, mentoring, and guidance in the areas of identified needs, which are not readily addressed by other services. FSB targets areas of family skills identified as areas of concern or problems in a family's functioning. FSB is designed to meet those specifically identified needs. The service is directly related to the safety, risk, and well-being of the child and the parent/caregiver's ability to provide for these needs and to maintain children in the home. Family Skills Building services are those services focused on targeted skill building and may be facilitated in the client's home or other designated locations.
- Kinship Navigator (KN): Provides support for relative and fictive kin providing care for children. KN provides direct services to kinship families in crisis to address issues affecting the safety, placement, and/or wellbeing of the child and relative caregiver family. This includes concrete/critical emergent support services. Although this a core component of the FRC's, these KN services have been funded by TANF.
- Concrete/Critical Emergent Support Services: FRC's provide services to families experiencing a critical, emergent, short-term need jeopardizing the family's ability to safety maintain the children in the home. These critical needs most often include utility assistance, rental assistance or deposits, transportation assistance for caregiver or children's appointments, household essentials, etc.
- My Community Cares (MCC): MCC is a community driven, neighborhood-based approach to strengthening families and preventing child abuse and neglect in the State of Louisiana. MCC envisions communities where all children and families are healthy and safe and have equitable access to services and supports. The mission of MCC is to strengthen families and support communities. The core components of MCC are teambased, power sharing structure, comprehensive continuum of services and coordination across sectors and organizations.

1. Decision-making process for Family Support Services – The Family Resource Centers (FRC) were selected as providers through the Request for Proposals (RFP) process. The DCFS placed ads requesting interested parties submit proposals. After the closing date, the proposals were reviewed and the agencies/organizations demonstrating the most qualifications, which aligned with the DCFS standards, were selected as providers. These programs were expected to be community based and located within the community they were requesting to serve. Family Resource Centers are located in one central location within the region, however, many have satellite locations allowing them to have a more visible presence and afford greater convenience to the clients.

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- 2. Population Served The Family Resource Centers (FRC) provide services to families in their community with children ages 0-17. Referrals are received from anyone in the community, with a priority for DCFS involved families. Families can also self-refer, if there is a need.
- 3. Gaps in Services The department's plan is to address existing gaps in services through networking and building partnerships in communities where children and families live, work, and play. This approach embraces the inclusion of informal and formal supports, with children and families at the core of the building processes.

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

Tulane Parenting Education Program has continued to provide consultation resources to FRC's across the state as needed. Consultation services included on-going training and supportive guidance for challenging cases.

<u>Activities Planned for FFY 2025-2029</u>: The DCFS Program staff will support the efforts of the FRC's staff statewide to expand the service array to include the following:

- Additional evidence-based parent education programs and support services;
- Efforts toward prevention of domestic violence;
- Services for families of substance exposed newborns;
- Support services for families involved in substance use and/or behavioral health treatment;
- Improved data collection and continued focus on quality and outcome measures;
- Workgroups including staff from the DCFS and FRCs will continue actions to enhance awareness, practice and service delivery.
- Skill development workshops will continue, as well as, FRC consultation with clinical staff of the Tulane Parent Education Program (T-PEP).
- The department will continue efforts with the FRCs to increase the number of referrals by 10% to ultimately improve staff referrals by 35% over the next three years and expand services being provided by the Family Resource Centers.
- Trust-Based Relational Intervention (TBRI) and Quality Parenting Initiative (QPI) services will be provided at the FRCs.
- The DCFS contract monitors will continue to develop and strengthen the data collection and evaluation protocol for services provided by the Child Welfare FRC's.

B.) Service/Program Description - Infant Team services address FPSS, FP, and TLR services. Two infant teams in the state provide infant mental health services. Comprehensive assessments include: intake assessment, psychosocial assessment of caregiver and child, infant mental health assessments, developmental evaluation, neurodevelopmental evaluation and school/daycare observations. The infant mental health assessment includes a variety of evidence-based assessments used to assess the status of the caregiver-child relationship. These assessments include several different interaction assessments, parent perception interviews, parental insightfulness

interviews, and projective play methodologies for the children. Every child-caregiver dyad completes an interaction assessment and parent perception interview. Completed assessments are used to guide the provision of treatment services by the infant team as well as referrals for developmental services. The infant teams provide therapy for the caregiver, often with the child, in order to improve the overall health of their relationship by increasing the caregiver's ability to appropriately respond to the child's needs. Sometimes the services provided include school/daycare intervention, group therapy, case conferences, and participation with the DCFS case planning conferences, court reports and court testimony.

- 1. <u>Decision-making process for Infant Team Services</u> The infant teams provide comprehensive services to children, ages 0-60 months whose families are involved with DCFS due to maltreatment or who have been prenatally exposed to drugs or alcohol. With ever increasing numbers of SEN, this service is seen as core to encouraging bonding with very young children and their parents to prevent child maltreatment, support families, preserve the family unit, and when unable to safely preserve the family unit strive for timely reunification of these very young children with their parents.
- 2. Population served The Permanency Infant and Preschool Program (PIPP), colloquially referred to as the "LSU Infant Team" began in Orleans parish in 1998 to provide evaluation and treatment to families involved in the foster care system with children under the age of five years. The team provides a multidisciplinary mental health evaluation, treatment, and consultation to infants and children ages 0 through 5 years who are victims of child maltreatment and their caregivers. Most of these young children have already been removed from their biological parents and placed in foster care prior to the start of working with the Infant Team, though the DCFS has also referred Family Services cases and the cases chosen for the Infant Team are at DCFS' discretion. There are two infant teams in the state. The Tulane Infant Team receives referrals for children 0-5 who enter foster care in Jefferson Parish and serve children from St. Bernard, Orleans and Plaquemines parishes. Services have also expanded to the Covington region.
- 3. Gaps in Services Specialized services for children have expanded throughout the state through the utilization of programs such as Child First and Intercept. Other young victims of abuse and neglect coming into foster care have access to infant health services through the Early Childhood Supports and Services program. Services to infants and children also continue to be available through the Child Welfare Family Resource Centers, Early Steps Program, and Maternal Infant and Early Childhood Home Visiting Program (MIECHV) through the Louisiana Department of Health. Interagency efforts continue to improve referral processes and data sharing within departments and child serving agencies.

<u>Infant Team Activities Planned FFY 2025-2029:</u> Infant Team services will continue to be provided through the teams currently providing services in the Orleans and Covington Regions with some penetration into the Thibodaux Region. There will be further assessment around the development of a model integrating the Infant Teams and the Family Resource Centers. The goal is to increase communications between both providers who are providing services to the department's families as well as increase the number of children being served. An LSUHSC clinician will utilize data from the Infant Team program participation to cross-reference with the DCFS TIPS data to investigate, among other things, the level of effectiveness of the intervention, the factors related to positive outcomes for both the children and their caregivers, and if the

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children they have worked with re-entered foster care. As it relates to Medicaid funded services for LSUHSC Infant Team cases, if families want to continue receiving services once their DCFS case is closed, they can go to LSUHSC's outpatient clinic, which accepts Medicaid. Families are seen as regular outpatients and sign the consent forms as the guardian of the children

In an effort to increase communication and penetration into the number of children and families served, the LSUHSC Infant Team plans to share evaluation results with other collaborating agencies and courts around the country to learn more about the most effective aspects of the program as well as areas that need improvement. After reviewing the clients' and agency staff perspectives, public agency partners will be contacted in order to disseminate clinic-based replications of this early mental health intervention model with other centers with similar needs.

MONTHLY CASEWORKER VISITS:

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

Use of Monthly Caseworker Visit Funds:

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

The DCFS will continue to utilize the FATS system to provide the required data regarding monthly caseworker visits until the CCWIS system is completed. Data is extracted from the Tracking, Information and Payment System (TIPS) for state identification numbers (TIPS ID) and foster care

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entry and exit dates of all children served in foster care from October 1 through September 30 each FFY. The entry and exit dates are concatenated where each child had one record in the core data file and children with multiple episodes had all full months in care stored as a single episode. These IDs are matched against case notes in FATS to extract all face-to-face visits with each child made by an assigned caseworker or supervisor. If multiple visits occur in the same month, only one visit is counted. If any of the qualifying visits is made in the child's residence, the month is included in the numerator for visits occurring in the child's place of residence.

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

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

Caseworker Visit Compliance						
		% of children visited monthly by caseworker		% of children visited monthly whose visits were in child's residence monthly		
FFY				J		
	Baseline/Goal	Actual	Baseline/Goal	Actual		
2023	95%	95.87%	50%	97.15%		
2024	95%		50%			
2025	95%		50%			
2026	95%		50%			
2027	95%		50%			
2028	95%		50%			
2029	95%		50%			

<u>Activities Planned for FFY 2025-2029:</u> In order to continuously monitor and improve compliance with monthly caseworker visits, the DCFS will do the following:

- 1. DCFS Data unit developed a dashboard report to reflect daily for caseworkers statewide the status of all case worker visits for ease in ongoing monitoring of compliance.
- 2. CW Data unit provides percentage of visits held with children monthly to the Foster Care Program unit and Regional Performance Measures Consultants.
- 3. All regions require caseworker visits with children to be completed by the end of the month. The Foster Care Manager has to monitor unachieved visits and ensure the worker completes the visit.
- 4. OJJ provides data annually for their foster care population and merges this data with the DCFS data to provide the complete case worker visit report for all children in foster care in Louisiana.

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

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

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Data Reporting Population:

- The OJJ population, for purposes of federal visitation is youth who were submitted to DCFS on the OJJ AFCARS file or children in OJJ custody who are covered by a Title IV-E agreement between the state Title IV-E agencies are included in the population.
- Children in custody for at least one full calendar month during the FFY are included in the population.
- A child with more than one custody episode during the 12-month period is considered one child.
- Children placed in an out-of-state placement are included in the data reporting population of the state with placement and care responsibility for the children.
- If a state considers children who have returned home for a trial home visit to be in OJJ custody, then the children are included in the population.
- Children who have run away from a placement are included in the population for as long as the child remains in the state's placement and care.

Data Utilized for Computation and Verification:

- The SAS data warehouse and DB2 SQL was used to develop reports to extract data from JETS related to caseworker visits with children identified as IV-E. JETS is a distributed Lotus Notes application supporting data from Lotus Notes and DB2.
- Case level data was extracted from JETS for all children indicated as IV-E. The extraction criteria identified which months were full months in care, and which months were not full months in care. The extraction criteria identified the months containing a recorded face-to-face visit and the months not reflecting a face-to-face visit.
- The data file generated by the OJJ SAS data warehouse was merged with the data file from DCFS. The merged file was then analyzed by the DCFS to complete computations on the number and percentage of expected and accomplished face-to-face visits and the number and percentage of those visits occurring in the child's residence.
- Testing and verification included case matches between the SAS data warehouse, the JETS Lotus Notes Narrative databases, and DB2. Case record reviews were conducted to verify the accuracy of the extraction logic.
- Data submitted to the Department included statewide totals for OJJ as well as data broken down by each region. The final data was submitted in Excel spreadsheet format.
- The DCFS provided the calculation of percentages and statistical data to the US Department of Health and Human Services, Administration for Children & Families from the combined DCFS and OJJ data sets.

The percentage of visits made on a monthly basis by caseworkers to youth was determined by taking the number of visits made during all full months' children in the reporting population were in care and dividing it by the number of full months in care for all children in the reporting population. This quotient was multiplied by 100 and expressed as a percentage rounded to the nearest whole number.

The percentage of visits occurring in the residence of the child was determined by taking the number of monthly visits made to children in the reporting population during full months in care occurring in the residence of the child and dividing it by the total number of monthly visits made

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to children in the reporting population during full months in care. This quotient was multiplied by 100 and expressed as a percentage, rounded to the nearest whole number.

<u>DCFS Sampling Methodology</u>: The DCFS has uses the following methodology for evaluating compliance with the caseworker visit requirements.

Data Reporting Population:

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

FFY	# of Children Served in FC at Least 1 Full Month FFY 2024	# of Full Months in Care	# of Full Months in Care with Face to Face Visit by Assigned Worker	# of Qualifying Visit Months with a Visit in the Child's residence	% of Full Months in Care with Face to Face Visits	% of Qualifying Visits occurring in the Child's
	(unduplicated)					Residence
2024						
2025						
2026						
2027						
2028						
2029						

Data to be extracted from Web Focus Developer Studio

ADDITIONAL SERVICES:

Child Welfare Waiver Demonstration Activities:

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

Adoption and Legal Guardianship Incentive Payments:

• Services the state expects to provide to children and families using Adoption & Legal Guardianship Incentive funds: The DCFS anticipates utilizing the adoption incentive funds on child specific recruitment for those children available for adoption and in need of an adoptive placement. The services, will include, but not be limited to the following: media, contract assistance for timely completion of home studies for families interested in adoption, a child specific recruiter, and statewide match exchanges.

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

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

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

Federal Fiscal Year	Foster Child Adoption	Special Needs	Older Child (age 9 and older)	Amount Awarded
FFY 2024				
FFY 2025				
FFY 2026				
FFY 2027				
FFY 2028				
FFY 2029				

ADOPTION SAVINGS:

Methodology for calculating and reporting annual adoption savings:

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

How adoption savings are spent:

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

Services state expects to provide children and families with adoption savings, 2025 – 2029:

- The department intends to continue using the funds as they have been used in the past.
- Additionally the department is considering the following options for funding utilization:
- Support groups for adoptive parents
- Start with experienced foster parents as mentors to do preventive support with potential foster/adoptive parents and relative caretakers from the very first placement and as needed along the way to help them be aware of and cope with the issues that arise immediately.

- Look at paying experienced foster parents an hourly salary to be their mentor, i.e. understanding the importance of adoption over guardianship placement, overcoming struggles/barriers to finalize an adoption, working through adoptive and guardianship crisis situations to prevent disruption, etc. It was suggested to look at bringing one experienced foster parent to mentor in each region and to include covering relative and fictive kin caretakers as well.
- Funding for crisis situations to prevent disruption.

Estimated timetable for spending unused savings calculated for previous years:

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

Challenges in accessing and spending funds:

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

If needed, complete and attach Attachment E:

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

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

Agency Administering Chafee: The Department of Children and Family Services (DCFS) is the state department administering the Chafee Foster Care Independence Program (CFCIP) and Educational and Training Vouchers (ETV) Program. The DCFS Transitioning Youth consultants meet onsite with Chafee providers at least quarterly. The consultants complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit. Transitioning Youth Staff attend Chafee independent living skills youth engagement events offered by the providers to monitor youth participation and content, as well as reviewing youth CFCIP service records to ensure individual assessments and service planning.

Description of Program Design and Delivery: The DCFS has strengthened services provided through the Chafee program by providing transitional services and Independent Living Skills (ILS) to prepare youth for transition into adulthood. Life Skills education and training is provided to 16 and 17 year old youth by ILS providers using the online Life Skills Reimagined program (LYFT). Youth Engagement Programs were rolled out in each Region in addition to social skill building for ages 14-21. Case management services for those not enrolled in EFC are currently offered to youth ages 18-21. In July 2020 services were expanded to include services through age 23. To assist in improving services to youth, Permanency Consultants and Specialized Youth Workers (SYW) provide case consultation, on-site coaching and training to assist caseworkers and supervisors in working towards permanency for youth prior to exiting foster care. In addition, assistance is provided with community outreach to inform stakeholders of program improvements. The enhancements are geared towards increasing engagement of youth in FTM's, collaboration with community stakeholders and enhancing the skills of DCFS child welfare workforce when working with young adults to include coaching in family search and engagement practices. The

DCFS expanded work with the Youth Advisory Board (LEAF) to help them restructure and plan initiatives throughout the year. Curriculum inclusive of Positive Youth Development (PYD) concepts is incorporated into the LEAF professional Development meetings to teach those youth the skills to utilize in their work with other youth. Peer supports within the Independent Living Services Programs then utilize these concepts to ensure the skills are dispersed to all youth receiving the IL Services across the state.

Service delivery for youth is provided by the youth's caregivers, the DCFS workers and by contracted CFCIP provider agencies. Four agencies comprise the CFCIP providers statewide in nine regions. Goodwill of North Louisiana provides services in Shreveport, and Alexandria Regions. Louisiana United Methodist Children and Family Services serves the Monroe, Lake Charles, Lafayette and Covington Regions. Goodwill Southeast Louisiana serves New Orleans and Thibodaux Regions. Empower225 serves the Baton Rouge Region. The agency also has a mechanism through ICPC to provide services to meet the needs of youth who were formally in foster care and moved to Louisiana after exiting foster care in another state.

The ETV provider for the state is the Louisiana Office of Student Financial Assistance (LOSFA). This state agency is located in Baton Rouge, but works collaboratively with the financial assistance offices of all accredited post-secondary institutions and programs throughout the state as well as other federal and state funding programs for individuals seeking post-secondary educational/vocational skill development. The National Youth in Transition Database (NYTD) is the database used by the state of Louisiana to report demographics regarding youth in foster care (sex, race, ethnicity, date of birth and foster care status) as well as outcomes of youth involved in the Foster Care and EFC programs.

The DCFS is working to increase the accuracy of data collection for NYTD data elements. Once a CCWIS system is developed, we will have the ability to pull NYYD data from one system into one report. We will also continue to strengthen our plan to share NYTD date with stakeholders and youth to improve program development.

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

Prior to age 18, a DCFS worker or an Office of Juvenile Justice (OJJ) worker who has primary case management responsibility serves each youth. (Tribal Social Service workers serving youth in tribal foster care with the four federally recognized tribes within Louisiana may also make referrals.) The caseworker refers youth to the CFCIP provider for life skills training beginning at

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age 14 or entry into foster care, if entering state/app custody after age 14. The CFCIP provider may serve youth enrolled in CFCIP services up to age 23, as needed. Youth are informed of the ETV program by their DCFS caseworkers and by CFCIP providers. By completing the Free Application for Federal Student Aid (FAFSA) and indicating he/she was a ward of the state, or by applying for financial assistance through any federally recognized educational or vocational program, a youth is referred to the Louisiana Office of Student Financial Assistance (LOSFA) for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Young adults 18-23 are able to receive case management to include emergency assistance funds and coaching in IL skill building. They will also have the opportunity to be involved in youth engagement activities and programs, skill specific educational classes, and included in social activities.

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

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

with the local communities to build additional services in an adequate and functioning service array statewide.

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

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

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

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

The Louisiana Coalition of Independent Living Skills Providers, composed of DCFS program staff and representatives of each CFCIP provider, meets quarterly to exchange information on services, service delivery and provide training to the participants. The coalition defines barriers and

problems in service delivery and develops a unified approach to solve problems common to all members.

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

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

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

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

Programs for Disabled Youth: The DCFS refers youth with special needs for employment to Goodwill sheltered workshops. Additionally, all CFCIP providers are expected to provide services to all youth despite their disabilities. The DCFS has a very close working relationship and Memorandum of Understanding (MOU) with the Office for Citizens with Developmental Disabilities (OCDD) under the state's Title XIX department to insure all youth in foster care receive services to meet developmental disabilities. The DCFS serves as a member of an Interagency Service Coordination Committee on the regional and state levels along with other state agencies to work through challenges in serving this population of youth. The DCFS also serves as a member of the state Department of Education's (DOE), Special Education Advisory Panel which reviews and comments on all proposed legislation, policy changes and programmatic initiatives regarding special educational services for children and youth in Louisiana. The DCFS staff and CFCIP providers are also able to support disabled youth through referrals for Social Security

Benefits, Louisiana Housing Commission managed Permanent Supportive Housing, Louisiana Rehabilitative Services, and Louisiana Workforce Commission job search and job skill development services.

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

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

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

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

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

Cooperation in National Evaluations: The DCFS Independent Living/Transitional Services Program Coordinator, LaToya Saulsby, (225) 342-3936, Latoya.saulsby.dcfs@la.gov participates in quarterly conference calls coordinated by ACF Region VI. Through this process, the Coordinator is able to share developments in the Louisiana Chafee program with other state coordinators and learn about development in their state programs. This continuous shared learning opportunity allows for ongoing evaluation of the Louisiana program in comparison to these other programs. CFCIP providers attend National Conferences such as Daniel Memorial and Pathways to Independence to learn about the latest research and programs offered in other areas of the country in order to enhance Louisiana CFCIP programs.

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<u>Chafee Training Activities Planned FFY 2025-2029:</u> In order to continuously monitor and improve the services for older youth in foster care and those transitioning out of foster care, the DCFS plans to do the following over the next several years:

- 1. Increase the percentage of youth who complete Life Skills program (by each provider every year) by 5 percent over the period of 5 years.
- 2. Increase the opportunities for caregivers of older youth to learn the importance of IL participation. LEAF and IL providers assist with the development of an in-service training for caregiver and staff on the importance of IL services for youth transitioning from foster care.
- 3. Work with IL providers to increase the percentage of youth each year who participate in Youth Engagement events by 5% over the 5-year period.
- 4. Determine the level of confidence youth exiting care have about being able to succeed on their own. Develop a survey for 17 year old youth prior to exiting FC to measure their level of independence and use information obtained to develop engagement opportunities with IL providers, staff, and caregivers.
- 5. Increase permanency rates each year for older youth by 5 percent for the 5-year period.
- 6. Hold a youth summit for foster youth voice month each year to recognize the importance of youth voices in planning for their care and preparation to live independently. This is another opportunity to gain direct input from current foster youth to guide in decision-making.
- 7. Include NYTD reporting in the development of the CCWIS program for tracking and improved accuracy in data elements.

EDUCATION AND TRAINING VOUCHERS (Statistical & Supporting Information): The ETV program, the methods the state uses to operate the program efficiently, and the methodology for assessing the use of these benefits is embedded within the John H. Chafee Foster Care Program information above.

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

Continuing and New ETVs by School Year					
School Year	Total Vouchers	New Vouchers (First Time)			
School Year 2024 (Baseline)					
School Year 2025					
School Year 2026					
School Year 2027					
School Year 2028					
School Year 2029					

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

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CONSULTATION & COORDINATION BETWEEN STATES & TRIBES:

There are four federally recognized Native American Tribes in Louisiana:

- 1. The Chitimacha Tribe of Louisiana is located in Charenton, LA in St. Mary Parish. Melissa Darden is the Chairman and Karen Matthews is the Director of Health and Human Services. The mailing address is P.O. Box 661, Charenton, LA 70523, and the telephone number is (337) 923-7000. Website: www.chitimacha.gov
- 2. The Coushatta Tribe of Louisiana is located in Elton, LA in Allen Parish. Jonathan Cernek is the Chairman and Rayne Langley is the Social Services Director. The mailing address is P.O. Box 967, Elton, LA 70532, and the telephone number is (337) 584-1433. Website: www.coushattatribela.org
- 3. Tunica-Biloxi Tribe of Louisiana is located in Marksville, LA in Avoyelles Parish. Marshall Pierite is the chairperson and Evelyn Cass is the Social Services Director. The mailing address is P.O. Box 331, Marksville, LA 71351, and the telephone number is (318) 253-9767. Website: www.tunicabiloxi.org
- 4. Jena Band of Choctaw Indians of Louisiana is located in Jena, Louisiana, and includes parts of Grant, Rapides and LaSalle Parishes. Elizabeth "Libby" Rogers is the Chief and Mona Maxwell is the Social Services Director. The mailing address is P.O. Box 14, Jena, LA 71342, and the telephone number is (318) 992-0136. Website: www.jenachoctaw.org

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

The DCFS continues efforts to invite all tribal representatives to each quarterly CQI meeting. The goal is to improve communication with tribes on important matters such as notification of case planning meetings, safety/risk assessments, staffings, and court hearings. Tribes are located in jurisdiction of three regional CQI committees: Lafayette Region (Chitimacha Tribe), Lake Charles Region (Coushatta Tribe) and Alexandria Region (Tunica-Biloxi and Jena Band of Choctaw Tribes).

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

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

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

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

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

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

FFY	Total Alleged Child Victims (un-duplicated)	Total Alleged Native American child victims (unduplicated)	Percentage of Native American child victims	Total Validated child victims (unduplicated)	Total Validated Native American child victims (un- duplicated)	Percentage of Valid Native American child victims
2023 Baseline	39,813	105	0.26%	9,432	30	0.32%
2024						
2025						
2026						
2027						
2028						
2029						

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

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

FFY	Native American Children entering Foster Care Program (single race)	Total Native American Children entering Foster Care program (multiple race)	Total Native American Children entering the Foster Care Program
2023	12	12	24
Baseline			
2024			
2025			
2026			
2027			
2028			
2029			

The chart above reflects the total of Native American children who represented valid cases of abuse/neglect. Data Source: CAN0007 Unduplicated person report. Data Source: CAN0007 Unduplicated person report.

<u>Placement Preferences:</u> The DCFS policy recognizes the special placement preferences for Native American children within the tribe if placement within the family is not possible. Policy addresses placement preferences for Native American children in foster care, pre-adoptive and adoptive homes. Policy requires children be placed with family and within a placement resource meeting the specific ethnic and cultural needs of the child.

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

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

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

Special Provisions: The department has special provisions in policy applying to a child eligible for membership in a federally recognized Native American Tribe and involved in child custody proceedings relative to foster care placement, termination of parental rights, pre-adoptive placement and adoptive placement. These special provisions include family background investigation, pre-removal services, and hearing notification to the parent(s) and the tribe. The

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DCFS requires Chafee Independent Living Service providers by contract to serve tribal youth in foster care with the tribe as well as in state custody in providing services.

<u>Plans for Tribal Collaboration for FFY 2025-2029 CFSP</u>: The state level Foster Care Unit will do the following:

- 1. Continue to maintain formal working agreements with tribes and field staff on the federal laws required under ICWA.
- 2. Continuously review and update policy and seek tribal input for improved guidance to departmental staff in serving Native American children and families.
- 3. Hold quarterly onsite meetings with each Louisiana tribal social service director and their local child welfare tribal liaisons and local child welfare staff to collaboratively identify challenges and facilitate improved working relationships.
- 4. Encourage tribal CQI involvement at the local and state level.
- 5. Encourage tribal youth involvement in the Louisiana Elite Advocacy Force (LEAF), if previously in state custody.
- 6. Notify tribes of monthly program specific webinars and other DCFS child welfare trainings provided to child welfare staff in relation to policy/legislative issues and encourage participation.
- 7. Collaborate with Supreme Court, Court Improvement Program in planning for improved ICWA compliance in serving Native American families.
- 8. Work with contracted Chafee Independent Living Services providers to reach out to tribes on a regular basis to offer support and services to tribal youth in custody who are transitioning to adulthood.
- 9. Assist tribes with the development of a Title IV-E plan and/or agreement, if needed/requested.

TARGETED PLANS WITHIN THE 2025 - 2029 CFSP:

A. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN: As per

Section 422(b)(7) of the Social Security Act, the state provides for the diligent recruitment of foster/adoptive families meeting the needs of the infants, children, youth served by the child welfare agency. The following information describes the state's plans for the 2025-2029 Child and Family Services Plan (CFSP).

<u>Characteristics of children for whom foster and adoptive homes are needed</u>: Children who enter the Louisiana foster care program are from diverse racial and ethnic backgrounds. Many of these children have various medical, emotional, behavioral, developmental and/or psychiatric needs. Other characteristics include adolescents, older youth and sibling groups. The Department's goal is to have a sufficient number of foster/adoptive parents to meet and/or match the various placement needs. On May 28, 2024, there were 1,874 (African-American); 1964 (Caucasian); and 335 (Other) children in foster care, which equates to 44.9% being African-American; 47.1% being Caucasian; and 8% other. (This is information was obtained from Web Focus.)

The Foster Caregiver Recruitment and Support unit is responsible for preparing an annual recruitment/retention plan tailored to address the region's specific temporary and/or permanent placement needs. Each regional plan is approved by the Regional Area Director and the State

Office Recruitment and Support Manager. A copy of the plan is made available to the state office level Home Development program for monitoring purposes.

Specific strategies to reach out to all parts of the community: The DCFS continuously seeks out community partners and/or resources to assist with meeting the temporary and/or permanent placement needs of children in the foster care program. Community Support Workshops were launched in August 2023, to provide an opportunity for the DCFS to engage with existing and prospective community partners, share foster care data, and share ongoing DCFS needs. Community Support Workshops were implemented as a quarterly, virtual meeting in each of the nine regions statewide, with meetings taking place in August, November, February, and May of each year. Since their implementation, the DCFS has received great feedback and participation from community partners and stakeholders.

Since 2017, a team of DCFS Staff, community partners, and foster caregivers have led a monthly community collaborative meeting in Shreveport Region. This group has been very successful in building a support network to meet urgent and ongoing foster care needs in the region. In February 2024, the Recruitment Manager began working with the DCFS Communications team and DCFS leadership to implement Foster Care Community Collaborative Meetings in regions outside of Shreveport. Baton Rouge Region held its first Foster Care Community Collaborative meeting on March 12, 2024 with great success. Thibodaux Region led its first Community Collaborative Meeting in February 2024 with nearly 50 people in attendance.

The DCFS will continue to develop collaborative meetings in each of the nine regions to engage community partners and stakeholders in recruitment and retention efforts.

Recruitment and Support Consultants will engage regional DCFS staff from all programs in foster parent recruitment efforts through the development of recruitment and support teams. Recruitment and Support Consultants will organize recruitment teams by asking Regional Area Directors and/or management to recommend staff to join the team. Recruitment and Support Consultants will also work with the Area Director and/or management to seek volunteers for the recruitment and support team. Team members will be asked to participate in a quarterly meeting to discuss potential recruitment partners in the community and barriers to recruitment and retention efforts. Recruitment and Support Consultants will also ask frontline staff to identify foster caregivers who are exceptional caregivers and team members. Recruitment and Support Consultants will work closely with QPI Leads and QPI Champions within the region to strengthen relationships between the DCFS staff and foster families.

In FFY 2024, the DCFS contracted with a private agency to develop and implement a statewide foster caregiver recruitment campaign. This campaign included billboards and an ongoing social media campaign to promote the need for foster caregivers. Included in the social media campaign are testimonial videos of foster caregivers from throughout the state.

In FFY 2023 and FFY 2024, the Recruitment and Support Manager collaborated with the DCFS Adoptions Managers and Adopt US Kids towards the development of a Speaker's Bureau. Speaker's Bureau volunteers are individuals with lived experience, such as foster caregivers and

former foster youth, who lead public presentations and participate in media interviews. In FFY 2024, the DCFS identified a team of foster caregivers statewide to participate in foster caregiver video testimonials. The DCFS Communications provided a brief media training to caregivers who expressed an interest in participating in media interviews. The DCFS plans to continue working with these individuals to further develop their presentation skills and involve them in additional recruitment efforts.

The DCFS is in the process of developing a Terms of Agreement for services with the newly developed National Center for Diligent Recruitment (NCDR). NCDR will assist with the development of diligent recruitment training for Foster Caregiver Recruitment and Support staff and provide consultation on diligent recruitment plans.

Quality Parenting Initiative (QPI): In FFY 2023, the DCFS implemented the QPI Champions program, which identified foster caregivers and the DCFS staff to serve as leaders in QPI implementation in each region across the state. QPI Champions meet regularly throughout the year with Youth Law Center staff to discuss strategies for improving relationships among foster caregivers, birth parents, and the DCFS staff.

Each of the nine regions continues to hold QPI regional steering committee meetings with agency staff, community partners, and foster caregivers to implement strategies to support quality parenting based on the needs of their particular region. Regional QPI steering committees are held quarterly to oversee implementation of the strategies recommended by their task force groups. Regions provide quarterly summaries of their region's QPI implementation progress to the State Office QPI Team. Monthly conference calls are held with QPI Champions and QPI regional leads to monitor progress and offer guidance with ongoing regional implementation. In FFY 2024, Youth Law Center began offering regional consultation calls with a QPI implementation expert from one of their other state sites. This consultant continues to meet with the regions to discuss plans for QPI implementation.

A Quality Parenting Partnership Plan Agreement was developed in 2017 outlining clear expectations of foster care providers as well as expectations of the DCFS staff to support Quality Parenting. The partnership plan is presented in the new pre-service foster parent training and Regional Connections meeting, along with application documents. Families sign the agreement before certification. Supervisors present and review the Partnership Plan with all new DCFS Child Welfare employees.

QPI principles are embedded in Community Support Workshops and Foster Care Community Collaborative Meetings statewide. These meetings encourage collaborative and partnership among community partners, foster caregivers, agency staff, and stakeholders.

In September 2023, several DCFS staff and foster parents attended the National QPI Champions conference to share information on Louisiana's implementation as well as to gather information from other states and QPI sites on successful strategies in those locations.

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Louisiana Child Welfare Training Academy (LCWTA) continues to offer Planful Transitions training for agency staff and foster caregivers. LCWTA also partnered with Tulane University to offer QPI: Real Life Applications training to agency staff and foster caregivers during FFY 2024.

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

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

Activities Planned for 2025 – 2029:

The next five years will focus on:

- 1. Continued collaboration with the Youth Law Center to implement QPI strategies and practices.
- 2. Identifying strategies to support continued engagement of community partners and stakeholders in implementation of QPI at local, regional and state levels.
- 3. Further development of the QPI Champions program, which ensures that each region has foster caregivers and the DCFS staff modeling QPI principles in practice and supporting further implementation

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

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

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

1. General recruitment activities: distribution of flyers and informational booklets at community events; conduct presentations on the need for foster/adoptive parents at faith-based events, educational forums and informational booth; post orientation dates and basic foster/adoptive information in local church bulletins; post orientation and pre-service

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training schedules on the Department's website; post foster/adoption awareness events; distribution of digital recruitment materials on public-facing digital displays at major community events and sporting events; and utilize the Department's new foster care navigator page to serve as a hub of information for the foster parent certification process, including the new Online Interest Form for prospective foster caregivers. The Department will utilize current foster parents and the faith based community to recruit foster families.

- 2. Targeted recruitment activities: invite certified foster/adoptive parents who are placement resources for a particular population of children (medically fragile children, adolescents, or, older youth) to participate on the pre-service training panel; and invite older youth (awaiting adoption and/or aged out of care) to participate on the pre- service training panel session; provide demographic information on children in care and certified families during training sessions and presentations at community events; identify and train individuals with lived experience to lead public recruitment presentations in partnership with Retention and Support staff; faith based partnerships; and engage organizations who regularly work with children/youth who represent our greatest placement needs in recruitment and support efforts.
- 3. Child specific recruitment activities: Mini and Centralized Exchange meetings; photo listing (AdoptUsKids) and the DCFS websites; media (television); Heart Galleries; present strength-based profiles of children/youth without an identified placement resource; solicit input from older children regarding their profiles; and partner with the community groups to feature child specific digital stories.
- 4. Child focused recruitment activities: WWK Recruiters with their children on their caseloads and the child's network by building relationships and connections. Recruitment activities include: sibling visits and pre-placement outings (laser tag, ice cream, and zoo).

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

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

- CPR and Choking Emergency Refresher
- Medication Management
- Human Trafficking 101
- Mandated Reporter
- Asthma and Diabetes Management
- Infant Safety: Tragedy in the Backseat
- Car Seat Safety

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- Caring for LGBTQ+ Youth
- Working with LGBTQ Youth
- Cultural Compassion Part I and II:
- Addressing Implicit Bias -
- A Journey Home Refresher Modules 1 5
- Kinship Preservice
- Culture Clash: Bringing the Perspective of Child Development to Social Services Family Court
- Comfort Calls and Icebreakers
- What Is QPI
- Teaming for Culture Change (QPI)
- Parent Perspective for System Change in QPI
- Maximizing the Power of Adolescence
- Understanding Girls Module 1 5
- The Developmental Disabilities Service System: Navigating the Road
- Safe Sleep Reducing the Risk of SIDS and SUID
- Kids and Substance Abuse
- Bullying 101
- Bullying 201 Cyber Bullying
- Caring for the Substance Affected Infant
- Court 101 Intro to the Court System for Foster Parents and Youth
- Foster Parent Roles and Responsibilities
- TBRI Connecting Principles
- The Connected Child: Book Review
- Louisiana Kinship Navigator
- Ready Set Drive: Teen Driver Safety
- Supporting Wellness: Caring for Ourselves
- Our Girls Our Communities, the Effects on Black Girls in Foster Care
- Splash into Safety Water Safety
- Understanding and Managing Behavior, an ABA Approach behaviors.
- Trauma 101
- Introduction to Trauma-Informed Education
- The Foster Youth Bill of Rights
- The Foster Caregiver Progress Form a How to Tutorial
- Foster Parent Grief
- Thrive: A Normalcy Training for Foster Parents
- Providing Culturally Affirming Care
- Talk, Touch and Listen While Combing Hair
- Adverse Childhood Experiences (ACEs)
- TBRI Fridays
- Ready Set Zoom
- Caring For LGBTQ+ Youth
- Engaging Families for Co-Parenting

- Child Development Series
- Real Life Skills for Independent Living
- Life Books that Help Heal
- Creative Art Project that Build Self-Esteem
- Foster Peace: Living in Harmony Managing and Resolving Conflict
- Raising a Good Human: Teaching Kindness, Honesty, Fairness, Resilience and Courage
- Helping the Grieving Child
- Court 101
- The Foster Caregiver Progress Form: A How to Tutorial

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

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

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

Procedures for a timely search for prospective parents for a child needing an adoptive placement, including the use of exchanges and other interagency efforts, provided such procedures ensure placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement: A concentrated individualized recruitment search utilizing regional, statewide and national child-specific recruitment strategies is conducted. The search occurs within 60 days of the date a child is made available for adoption, if there is no identified adoptive resource. Within 45 days of the child becoming legally available for adoption, the adoption staff reviews all available certified/prospective foster/adoptive families. If a potential match is located, pre-placement exploration occurs within a two-week period. Foster Caregiver Recruitment and Support Consultants will work with their assigned regions Home Development and Adoptions units to organize Adoption Exchange meetings where Adoptions staff and Wendy's Wonderful Kids staff can present available children and youth to Home Development and determine if any currently certified families or families in the certification process could be considered as adoptive resources. The DCFS collaborates with faith-based communities to feature the "Heart Gallery" and assist with child specific digital stories. Youth who are freed for adoption and do not have an identified resource, can be referred to the WWK program. The WWK recruiters conduct child-focused recruitment for youth who may be hard to place.

Region-specific, targeted recruitment plans from the nine regions are reviewed quarterly. Each plan indicates the demographics of the children and the certified families, as well as the targeted

objectives (e.g., increase number of homes by 15%; certify a projected number of homes; increase the use of recruitment teams; increase the number of orientations) and strategies to recruit homes based on the needs identified in the data.

As of May 28, 2024, there were 4,173 children in foster care. The racial breakdown shows 1,874 (44.9%) were African-American; 1,964 (47.1%) were Caucasian; and 335 (8%) were "other". The breakdown of ages of children in foster care shows 1,969 children between the ages of 0-5 years; 1,080 children between the ages of 6-11 years; 1,121 youth between the ages of 12-17; and 3 young adults 18 and older.

As of May 28, 2024, there were 991 regular foster homes and 547 relative kin homes, totaling 1,728 certified foster homes statewide. Of these homes:

- 487 Foster Homes with No Foster Children Currently Placed
- 228 Foster Homes with Foster Children and Vacancies
- 50 Foster Homes Certified 3+ Months and Never Had a Placement
- 39 Foster Homes Certified 6+ Months and Never Had a Placement
- 188 Foster Homes with No Placements in Last 6 Months
- 73 Foster Homes with No Placements in Last 12 Months

Strategies for recruitment of foster/adoptive parents may vary from region to region. From an overall, statewide perspective, the DCFS plans to utilize the following strategies to reach out to all parts of the community: Specific strategies to reach out to all parts of the community: A review of the listing of some of the regions' recruitment activities shows staff continues to make strives to enhance and establish relationships within their community. General, targeted and child specific recruitment strategies were utilized to: maintain an awareness of the need for foster/adoptive families for provide temporary care of children in foster care; focus on specific needs of children in care; and seek out potential foster/adoptive resource for children awaiting adoption. Wendy's Wonderful Kids recruiters conducted child focused recruitment for children freed for adoption without an identified placement resources.

Data-driven, region-specific recruitment plans to help build and retain foster families who meet the QPI expectations and can meet the needs of the children in care continue to be used. All nine regions have Wendy's Wonderful Kids Recruiters. Collaboration has continued with Louisiana's Baptist Children's Home, Crossroads, Louisiana's Foster/Adoptive Parent Association and Empower 225 in the recruitment and support of foster/adoptive parents. Louisiana Baptist Children's Home held orientations for 44 families statewide and provided ongoing support for 34 DCFS-certified foster families in 2023. Crossroads recruited 37 new foster families and supported a total of 85 certified foster families in their network in 2023.

<u>Diverse methods of disseminating both general information about being a foster/adoptive parent and child specific information</u>: Louisiana Baptist Children's Home (LBCH) and Crossroads work with the Department to recruit and provide orientation/training for potential foster/adoptive parents; and provide support to certified foster/ adoptive families. The Louisiana Heart Gallery (LHG) staff continues to collaborate with the department to facilitate professional photography of children awaiting adoption and without an identified adoptive resource. The

Louisiana Heart Gallery's site features children in the custody and care of DCFS. The children awaiting adoption are featured on Adopt Us Kids website and the DCFS website. The regions use presentations, flyers, billboards and media (television and newspaper) to disseminate information.

Recruitment messages supporting Quality Parenting are incorporated into pre-service orientations and training. In FFY 2024, the DCFS contracted with a private agency to develop and implement a statewide foster caregiver recruitment campaign. This campaign included billboards and an ongoing social media campaign to promote the need for foster caregivers. Included in the social media campaign are testimonial videos of foster caregivers from throughout the state. Louisiana Heart Gallery has active support in seven regions and has display exhibits in all nine regions of the state. The DCFS works with Adopt US Kids in national recruitment efforts. WWK recruiters share information during pre-service training regarding children and youth in need of adoptive resources. QPI language has been incorporated into orientation and pre-service training.

Strategies for assuring all prospective foster/ adoptive parents have access to agencies that license/approve foster/adoptive parents, including location and hours of services so that all members of the community can access the agencies: The DCFS HD staff prepares schedules for orientation and sends the information to State Office HD Section. Each region submitted a listing of the region's scheduled orientations for the calendar year. The information was included in the online interest form. When families access the online interest form, they are able to view all available orientation meetings offered for their assigned region. The DCFS contracts with a private agency to lead pre-service training for all prospective foster caregivers. The agency provides the schedule of A Journey Home classes for the year to the DCFS. The DCFS shares the schedule with prospective foster caregivers through the DCFS website and through foster parent orientation meetings.

With the implementation of the new Foster Caregiver Recruitment and Support program, Recruitment and Support Consultants will lead foster parent orientation for their assigned region and assist families with registering for A Journey Home pre-service training. Pre-service training schedules will be made available on the Foster Care Navigator page of the DCFS website.

Strategies for training staff to work with diverse communities including cultural, racial, and socio-economic variations: LCWTA has developed and offers training to support working with diverse communities and the training is available for the DCFS staff as well as Community Partners and Foster Caregivers. Some trainings are presented in person, some trainings are presented via live zoom meetings and other trainings are videos on demand offered through LCWTA. Trainings are: Providing Culturally Affirming Care Parts I & II; Cultural Compassion: Addressing Implicit Bias; Talk, Touch and Listen While Combing Hair; Culturally Affirming Care; Understanding Girls Overview; Understanding Girls - Module 1 – 5; Working with LGBTQ Youth; Our Girls Our Communities, the Effects on Black Girls in Foster Care; Caring for LGBTQ+ Youth (Intro); Opening Doors: LGBTQ & Foster Care Supporting and Affirming LGBTQ Children and Youth; and Culture Clash: Bringing the Perspective of Child Development to Social Services Family Court.

LCWTA provides additional training for Foster Caregivers that consist of in-person trainings, live zoom trainings and videos on demand. The trainings are: Trauma Informed Care; Trust Based Relational Intervention (TBRI); TBRI: Introduction & Overview; TBRI: Empowering Principles; TBRI: Connecting Principles; CPR and Choking Emergency Refresher; Medication Management; Human Trafficking 101; Mandated Reporter; Asthma and Diabetes Management; A Journey Home Refresher; Comfort Calls and Icebreaker; What Is QPI; Teaming for Culture Change (QPI); Parent Perspective for System Change in QPI; Maximizing the Power of Adolescence; Safe Sleep-Reducing the Risk of SIDS and SUID; Kids and Substance Abuse; Bullying 101; Bullying 201; Cyber Bullying; Caring for the Substance Affected Infant; Court 101-and Intro to the Court System for Foster Parents and Youth. In addition, community partners and other agencies offer various trainings throughout the year that foster caregivers can attend. These training opportunities are shared via email to all foster caregivers.

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

The Health Care Oversight and Coordination Plan must include an outline of all of the items listed below, enumerated in statute at section 422(b)(15)(A)(i)- (viii) of the Act: All children in the DCFS custody shall receive medical and dental care when medically necessary or required for wellness. All children in the DCFS custody shall have a primary care provider through one of the Health Plans to promote continuity of medical services. This is consistent with national best practice standards, and meets the requirements of the Fostering Connection to Success and Increasing Adoptions Act of 2008 (Public Law 110-351). If possible, the DCFS retains children with the same medical providers and plan in use by the child's family at the time of foster care entry.

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

1. Initial medical screenings-newborns accepted into Foster Care (FC), the examination must occur prior to hospital discharge. Children other than newborns entering FC, the examination must occur within thirty calendar days of FC entry by a licensed physician, physician's assistant, or nurse practitioner. The examination will include screening of current development, medications, immunization status, hearing, speech and vision; children under 6 years of age will include universal blood lead screening. The DCFS makes every attempt to maintain any pre-existing relationships with health care providers when a child enters care. The initial medical screening and comprehensive exam serve as valuable tools to identify medical conditions and ensure appropriate subspecialty referrals are made. When a child's foster care setting changes every effort is made to locate a care setting in a geographical region that will allow for continuity of healthcare providers. Maintaining a stable relationship with a provider not only reduces the likelihood of inappropriate diagnoses being made upon entering care, but allows for close monitoring of a child's adjustment to a new care setting. The DCFS has established polices and procedures to ensure that children in foster care placements are not inappropriately diagnosed with mental illness, other emotional or behavioral disorders, medically fragile

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conditions, or developmental disabilities, and placed in settings that are not foster family homes as a result of the inappropriate diagnoses.

- 2. Regular periodic medical screenings-must occur after birth as follows for children under 2 years of age: 1 month, 2 months, 4 months, 6 months, 9 months, 12 months, 15 months, 18 months and 2 years. Medical screening must occur a minimum of annually for children ages 2 through 17.
- 3. Inter-periodic medical screenings may occur when-medically necessary, required prior to participation in an educational or sports program, required within three working days of a child returning from runaway/missing/kidnapped and there is suspicion of physical abuse, disease, or other condition such as HIV exposure or pregnancy and medical screening or testing is necessary to verify
- 4. Specialized medical screenings for children under the care of medical specialists due to the unique medical care needs of the child, follow up examinations and screenings should be based on the recommendations of the specialist treating the child. Examples of this may include, but are not limited to: Oncologist for child with Cancer, Cardiologist for child with heart issues, and Endocrinologist for child with gender identity issues.

Steps to ensure continuity of health care services, which may include establishing a medical home for every child in care:

• Through creation of the Medicaid managed care system known as Healthy LA the child's medical home is the managed care provider. Even if the child changes physicians for any reason the child managed care provider can identify another care provider within the same provider network to resume healthcare services. LDH and the DCFS work together on contract development and amendments to hold the Medicaid managed care plans and their providers accountable for network sufficiency and positive outcomes for the medical, dental and behavioral health of children and families. Practitioners and providers who opt into the provider networks of managed care organizations (MCOs) provide health care services for children in foster care.

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

- Each medical provider will be responsible for monitoring the child's well-being and the impact of all treatment provided.
- The child's foster caregiver will be responsible for daily monitoring of the child's health status and for accessing the appropriate services as needed to address any health concerns which arise.
- The child's parents will be engaged in making health care decisions, authorizing treatment and participating in examinations and treatment to the fullest extent possible and in the best interests of the child.

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- The DCFS or OJJ FC case worker will monitor the child's health status through monthly visits with the child and child's caregiver, collection of documentation of all screenings, examinations, assessments, testing, evaluations or treatment as well as consultation with health care providers as needed,
- LDH will insure the Department and OJJ are informed of changes with Medicaid coverage for children in Foster Care.

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

- 1. It is the policy of the Department of Children and Family Services (DCFS) for children and adolescents receiving Family Services (FS) and Foster Care (FC) from birth to age eighteen (18) years receive trauma and behavioral health screening and when indicated, referral for treatment.
- 2. The Trauma and Behavioral Health Screen (TBH) is used for the required behavior health screening. The instrument includes information about traumatic events that may have been experienced by a child and symptoms exhibited by the child that indicates the need for additional services.
- 3. The TBH score should inform the decision for mental and behavioral health treatment. When the score indicates a need for referral, the worker includes an appropriate treatment referral in the service plan. The TBH score is not the only factor used in making a decision for treatment referral. Other circumstances may also indicate a need for further assessment and treatment referral. The case worker and supervisor are expected to discuss the treatment needs in the case planning process.

Upon entering foster care, the DCFS policy states that past behavioral health and/or substance abuse providers should be identified and requested to provide history. Current policy states a case worker shall obtain mental health records from previous treatment providers to ensure diagnoses a child has when entering care are known to the agency and all medications prescribed by providers have been obtained. If a child is on a psychotropic medication recommendation and authorization of use should be obtained from the parent or legal guardian. Review of any psychotropic medications with the prescribing provider is to occur at a minimum of quarterly. At least annually, a written assessment must be obtained documenting the need for continued psychotropic medications.

The oversight of prescription medicines, including protocols for the appropriate use and monitoring of psychotropic medications:

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

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appropriate, the parents and the foster caregiver to include potential side effects prior to administration of the medication.

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

The DCFS is currently work closely with the Office for Citizens with Developmental Disabilities (OCDD) and Local Governing Entities (LGEs) to determine whether a child entering care meets and/or has already met the definition of a developmental disability. Louisiana law states the following requirements must be met:

According to statute reference - LA R.S. 28:451.2 "Developmental Disability" means either: a.) A severe, chronic disability of an individual that:

- i. Is attributable to an intellectual or physical impairment or combination of intellectual and physical impairments.
 - ii. Is manifested before the individual reaches age 22.
 - iii. Is likely to continue indefinitely.
- iv. Results in substantial functional limitations in three (3) or more of the following areas of major life activity:
 - aa) Self-care.
 - bb) Receptive and expressive language.
 - cc) Learning.
 - dd) Mobility.
 - ee) Self-direction.
 - ff) Capacity for independent living.
 - gg) Economic self-sufficiency.
 - v. Is not attributed solely to mental illness.
- vi. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are lifelong or extended duration and are individually planned and coordinated.
- b.) A substantial developmental delay or specific congenital or acquired condition in a person from birth through age 9, which without services or support, has a high probability of resulting in those criteria in Subparagraph (a) of this paragraph later in life that may be considered to be a developmental disability.

The determination of services and what services a child or child's family qualifies for is determined by the OCDD and needed services are coordinated through the state's Human Service Districts and Authorities. The DCFS in coordination with OCDD makes every attempt to provide services for a child in a community setting. There is also a network of Intermediate Care Facilities for the Developmentally Disabled (ICF/DD) that provides congregate care for children with severe developmental delays for whom the DCFS cannot find a care provider network. There are also OCDD Transitional Living Providers who may care for kids when they age out of

Foster Care. The DCFS accesses ICF/DDs and the TLPs via the Human Service Districts and Authorities.

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

- The child's foster caregiver collects documentation of all health care services provided to a child at the point of service. Foster Care caseworker collect documentation of health care services during monthly visits with the child and the child's caregiver. The Foster Care caseworker maintain health care services documentation in the child's case record and in FATS. The DCFS maintains a database in FATS form for electronic documentation and updating of the child's health record within the case plan system. The database is accessible to all DCFS staff when it is necessary to track the child's health care from different areas of the state.
- Foster Care caseworker provide copies of the child's health care information at a minimum of every six months to the parents at case planning meetings, at least every six months through court report, and prior to or at placement with any foster caregivers. Information is provided to other service providers only as needed to access services to meet the child's care needs or to provide for the protection of others when the child has a communicable disease.

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

- All youth age 16 and older will be informed by their foster care, adoption or juvenile justice case worker of the importance of establishing a health care power of attorney, also known as a health care proxy or health care mandate. The worker will explain to the youth a health care power of attorney is an advanced directive to appoint another person to make health care decisions in the event the individual is unable to make these decisions. The worker will explain the health care power of attorney is a contract and legal document and only adults (persons age 18 or older or persons who have been emancipated) can enter into a contract in Louisiana. This will include the worker encouraging the youth to discuss establishing a health care power of attorney with his or her court appointed attorney prior to reaching age 18. This also includes explaining there is a legal sequence of persons who may consent to medical treatment for an individual in the absence of a health care power of attorney as follows, pursuant to Louisiana Revised Statute 40:1299.53:
 - Any adult for himself
 - The judicially appointed tutor or curator of the patient, if one has been appointed,
 - The agency acting pursuant to a valid mandate, specifically authorizing the agency to make health care decisions
 - The patient's spouse, not judicially separated
 - Any adult child of the patient
 - Any parent, whether adult or minor, for his or her child

• The patient's sibling

Activities Planned in FFY 2025-2029:

- 1. Work in collaboration with treating personnel to ensure proper assessment to reduce the probability of inappropriate diagnosis of mental illness and other emotional or behavioral disorders and assess the appropriateness of their placement to ensure inappropriate diagnoses do not lead to placement settings that are not foster family homes.
- 2. Revise Health Care Oversight and Coordination Plan, re-establishing multi-department Memorandum of Understanding
- 3. Collaborate with healthcare providers and MCOs to better adhere to the recommendations from the American Academy of Pediatrics as outlined *in Fostering Health: Standards of Care for Children in Foster Care* by the Task Force on Health Care for Children in Foster care.
- 4. Develop a regular data sharing routine with LDH for psychotropic medication monitoring
- 5. Use the data received from LDH to determine inappropriate medical diagnosis in children diagnosed as medically fragile and developmental disability.
- 6. Evaluate and develop an extension of current psychotropic medication consultation process with psychiatrist for children receiving multiple medications.
- 7. DCFS will continue to fund TBH screening across the state and support trauma-informed focused services. Counseling services are available for children in foster care, but not the types of trauma-informed assessment and services that are necessary to treat trauma.
- 8. DCFS will monitor the completion of initial TBH screens to include at least 80% of the children in foster care.

C. DISASTER PLAN: See Appendix D for attachments Disaster Protocol policy and EP Strategic Five year plan 2024-2027.

D. TRAINING PLAN: The Department of Children and Family Services (DCFS) supports staff development and provides training supporting the goals and objectives of the 2025-2029 Child and Family Services Plan (CFSP). The training and staff development plan addresses Title IV-B programs and Title IV-E requirements and other training needs, objectives, and initiatives reflecting the ever-changing nature of staff learning and development. The training plan is based on providing legally required training, feedback and input from staff, university partners, foster parents, adoptive parents, and other stakeholders.

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

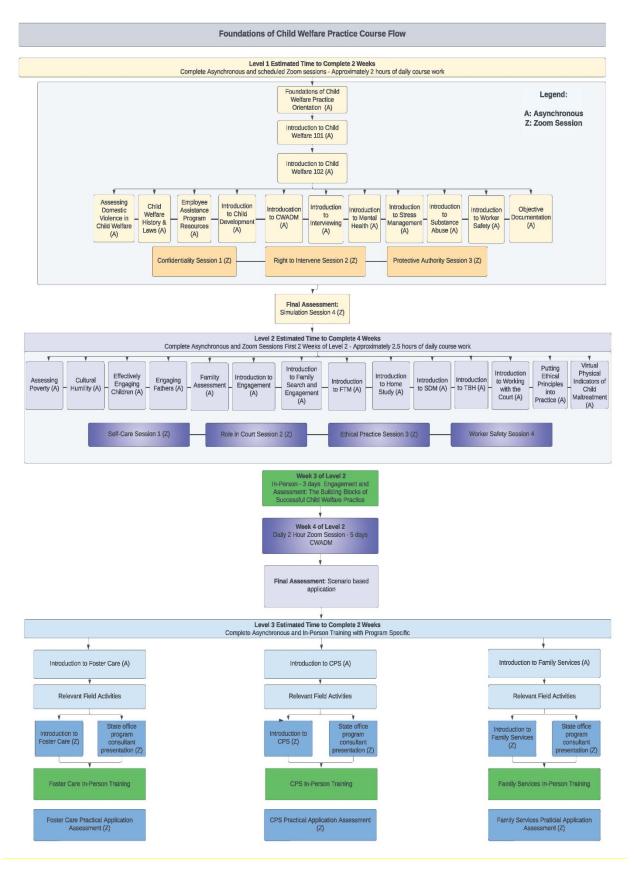
adoptive parents/providers as well as expanding training and professional development opportunities for legal stakeholders and other key partners.

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

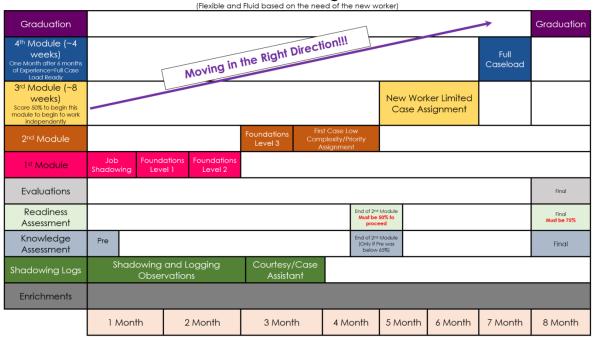
<u>Initial Staff Training</u>: All new DCFS child welfare employees are required to complete 64 hours of training in the first year and 32 hours of training in years 2 and 3 of employment. All new DCFS Child Welfare employees are assigned to Foundations of Child Welfare Practice cohorts and an On the Job Trainer upon notice of hire from the human resources section prior the assignment of cases.

Foundations of Child Welfare Practice includes multiple levels of learning and development over the first three years of a child welfare professional's employment. Foundations of Child Welfare Practice Levels I through III, as outlined below, provides necessary learning and development opportunities to prepare new child welfare staff for the assumption of case responsibility. Levels I-III are completed within the first 9-12 weeks of employment and training begins shortly after hire. Levels IV through VI of Foundations of Child Welfare Practice are currently in development and will provide enriched learning and development activities to support the acquisition of knowledge and skills throughout the first three years of employment. Level IV is designed to be completed within the first year of employment, Level V is targeted to be completed within the 2nd year of employment and Level VI within the 3rd year of employment. On the Job Training Program support is provided to all new child welfare professionals, including transfers into new programs, in the first six months to one year of employment. Please see details relating to both programs in Appendix B.

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On The Job Training Timeline



Ongoing Staff Training: All DCFS CW employees are required to complete 20 hours of inservice training annually. In-service training hours are documented within a state fiscal year, which runs July 1 through June 30. There are a wide array of courses and programs available to current child welfare employees. Please see Appendix B. Overall programs/pathways include additional levels/components in Foundations of Child Welfare Practice, programs for new and experienced supervisors, including the New Supervisors Capacity Building Program and the Advanced Supervisory Leadership Skills Certificate Program available through Grambling State University and the LCWTA strategic Partnership and a new Emerging Leaders Program for Child Welfare Specialist 3's. It also includes programs for child welfare clerical and administrative staff, team specialists, and child welfare managers, contingent upon resources being available for full implementation.

<u>Child Welfare Scholar Program</u>: The Child Welfare Scholar Program recruits and prepares student scholars for employment as child welfare professionals. It also supports current child welfare professionals in attaining their masters in social work from partner public university schools of social work. The program is a vital recruitment and retention strategy in addition to supporting the learning and development of child welfare professionals in the state.

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

Once foster/adoptive parents are certified, they are required to complete 15 hours of training per year to maintain certification. Training sessions offered for foster/adoptive parents are multidisciplinary and open to participation by the DCFS child welfare staff, legal, and community partners. Due to the change in federal rules allowing states to expedite relative certification, the DCFS has reduced pre-service training hours for relatives to 3.5 hours.

<u>Community Partner Trainings</u>: Various multi-disciplinary trainings are offered through partnerships across the child welfare continuum. This includes multi-disciplinary educational training for child welfare legal stakeholders as well as the DCFS staff and partners. Partners include the Pelican Center for Children and Families, universities, the La. Children's Trust Fund, the Office of Public Health, Louisiana CASA, and Louisiana CAC's among others. Mandated reporter training is offered to mandated reporters and others statewide through the LCWTA Learning Management System.

The Department, in collaboration with the Louisiana Children's Justice Act Task Force, the Louisiana Court Improvement Program, the Pelican Center for Children and Families, the Louisiana Children's Trust Fund, the Louisiana Foster and Adoptive Parents Association and other stakeholders produce an annual interdisciplinary conference. The conference concentrates on key areas of CW practice involving the safety, permanency and well-being of children in or at risk of entering the foster care system. Title IV-E funds are utilized for this three-day annual training conference called *Together We Can* (TWC). The TWC conference focuses on providing continuing education for departmental staff, judges, children's attorneys, parents' attorneys, Court Appointed Special Advocates (CASA), foster parents, social workers and other key professionals who benefit from the interdisciplinary training.

Methods to Measure/Outcome Measures: All courses/programs include pre and posttest measures along with participant feedback tools. Some courses include additional measurement rubrics/tools designed to provide meaningful feedback to learners and to support effective application and transfer of learning. A robust data/CQI and evaluation plan for Foundations of Child Welfare Practice and OTJT Program is expected to be ready in summer 2024. After that, a similar plan for the New Supervisors Capacity Building Program and Emerging Leaders Programs will follow. A template for data/CQI and evaluation will be developed and adopted to guide all new course/program development. The plans will include working with DCFS CQI and Data teams to examine impacts on practice and outcomes as well as university partners in LCWTA to support data/CQI and evaluation design and implementation.

The new learning management system being implemented July 1, 2024 includes a new interface with the DCFS Human Resource system that will offer enhanced capacity to support learner development over time as well as more robust means of examining variables impacting it. With university support, additional tools and templates will be developed to measure and support consistency in learning and development experiences across trainers/facilitators as well as competency development over time, with the DCFS data team support, will develop means of tracking and supporting when new staff receive cases consistent with agreed upon state policies. More broadly through university partnerships, semiannual stay interviews will be completed to examine variables impacting retention.

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

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

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

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

Multiple considerations must be taken into account in supporting effective learning and development programs. Locations of in-person courses/programs may vary depending on access to appropriate space and supports as well as where participants are located. The average cost per person will vary based on lodging and meal allowances. The costs listed below were developed using the formula below and is applied to all child welfare-training courses.

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<u>Travel Costs:</u> Travel and Training costs for FFY 2024, are as follows:

- **Lodging:** Average \$146.50 (low for Tier I \$109.00 high for Tier 2 \$184.00 per night excluding taxes and surcharge)
- Meals: Average of \$69.00 per day; (Tier I \$64.00 per day; Tier II, including New Orleans \$74.00 per day.)
- <u>Trainees' workbooks</u>: Average cost \$25.00 per workbook
- <u>DCFS Trainer Cost:</u> Average salary cost and benefits of \$585.00 per day per trainer. Two trainers co-facilitate most courses bringing the average trainer cost to \$1,170 per day.
- <u>Contract Trainer Cost:</u> Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- <u>Training Site:</u> The figures below are based on a free centralized location (such as state office) therefore; no facility fees are associated with the minimum and maximum costs.
- **Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.
- **Minimum Cost:** For training held at the state office/headquarters or a DCFS regional office with the minimum number of trainees (10) incurring costs of average lodging cost \$146.50 + \$69.00 for meals and \$25/workbook = \$2,405.00, per day (\$240.50/trainee)
 - With one DCFS trainer: Salary \$585.00 and travel per day \$215.00 (\$800.00)
 + \$2,405.00 = \$3,205.00 (\$320.50/trainee)
 - \circ With two DCFS trainers: Salary \$1,170.00 and travel per day \$430.00 (\$1,600.00) + \$2,405.00 = \$4,005.00/day (\$400.50/trainee)
 - \circ With Contract Trainer (\$500.00) + \$2,405.00 = \$2,905.00 (\$290.50/trainee)
- Maximum Cost: For training held at the state office/headquarters or a regional office with the maximum number of trainees (30) incurring costs of average lodging cost \$146.50 + \$69.00 for meals and \$25/workbook = \$7,215.00 per day (\$240.50/trainee)
 - With one DCFS trainer: Salary \$585.00 and travel per day \$215.00 (\$800.00)
 + \$7,215.00 = \$6,682.50 (\$222.75/trainee)
 - o With two DCFS trainers: Salary \$1,170.00 and travel per day \$430.00 (\$1,600.00) + \$7,215.00 = \$8,815.00 (\$293.83/trainee)
 - \circ With Contract Trainer (\$750.00) + \$7,215.00 = \$7,965.00 (\$265.50/trainee)

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

2025 – 2029 Child and Family Services Plan

Budgetary impact is a primary consideration for training; therefore, trainings are provided throughout the state to mitigate the need for travel and lodging expenses for the trainees. The costs listed below were developed using the formula below and is applied to all Court Improvement Program training courses.

Travel Costs: Travel and Training costs for FFY 2024, are as follows:

- <u>Lodging:</u> Average \$146.50 (low for Tier I \$109.00 high for Tier 2 \$184.00 per night excluding taxes and surcharge)
- Meals: Average of \$69.00 per day; (Tier I \$64.00 per day; Tier II, including New Orleans \$74.00 per day.)
- Trainees' workbooks: Average cost \$25.00 per workbook
- <u>DCFS Trainer Cost:</u> Average salary cost and benefits of \$585.00 per day per trainer. Two trainers co-facilitate most courses bringing the average trainer cost to \$1,170 per day.
- Contract Trainer Cost: Average of \$650.00 per day. The Louisiana Child Welfare Training Academy (LCWTA) contracts with trainers at the following rates: \$500.00 per day within their domicile. \$750.00 per day outside of their domicile. This daily rate includes travel, consultations, and other expenses.
- <u>Training Site:</u> The figures below are based on a free centralized location (such as state office) therefore; no facility fees are associated with the minimum and maximum costs.
- **Note: The formulary (below) does not include trainees' salaries, mileage, parking, or telephone calls nor does it include trainer course development time, course update time or preparation time.
- <u>Minimum Cost:</u> For training held at the state office/headquarters or a DCFS regional office with the minimum number of trainees (10) incurring costs of average lodging cost \$146.50 + \$69.00 for meals and \$25/workbook = \$2,405.00, per day (\$240.50/trainee)
 - With one DCFS trainer: Salary \$585.00 and travel per day \$215.00 (\$800.00)
 + \$2,405.00 = \$3,205.00 (\$320.50/trainee)
 - \circ With two DCFS trainers: Salary \$1,170.00 and travel per day \$430.00 (\$1,600.00) + \$2,405.00 = \$4,005.00/day (\$400.50/trainee)
 - \circ With Contract Trainer (\$500.00) + \$2,405.00 = \$2,905.00 (\$290.50/trainee)
- Maximum Cost: For training held at the state office/headquarters or a regional office with the maximum number of trainees (30) incurring costs of average lodging cost \$146.50 + \$69.00 for meals and \$25/workbook = \$7,215.00 per day (\$240.50/trainee)
 - With one DCFS trainer: Salary \$585.00 and travel per day \$215.00 (\$800.00)
 + \$7,215.00 = \$6,682.50 (\$222.75/trainee)
 - \circ With two DCFS trainers: Salary \$1,170.00 and travel per day \$430.00 (\$1,600.00) + \$7,215.00 = \$8,815.00 (\$293.83/trainee)
 - \circ With Contract Trainer (\$750.00) + \$7,215.00 = \$7,965.00 (\$265.50/trainee)

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