

LOUISIANA'S CHILD AND FAMILY SERVICES REVIEWS STATEWIDE ASSESSMENT



ROUND FOUR

FEBRUARY 2025

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**Minor formatting adjustments may have been made to this document
for 508 compliance. Content is unaffected.**

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Statewide Assessment Instrument

SECTION I: GENERAL INFORMATION

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TABLE OF PARTICIPANTS

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Name	Affiliation	Statewide Assessment Role(s)
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Jacqueline Brown	DCFS CW Manager 2	Agency Responsiveness & Service Array Workgroups
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Jewelwanda Lofton	DCFS PMC Consultant	Information Systems Workgroup
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Karen Austin	DCFS CW Manager 2 FC & ICPC	Agency Responsiveness, Service Array & Case Review System Workgroups
Karen Matthews	Social Services Director, Chitimacha Tribe of LA	Agency Responsiveness & Service Array Workgroups
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Name	Affiliation	Statewide Assessment Role(s)
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Shaundreka Mitchell	Planning & CQI Consultant	Agency Responsiveness, Service Array, & Case Review System Workgroups
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Name	Affiliation	Statewide Assessment Role(s)
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STAKEHOLDER INVOLVEMENT IN STATEWIDE ASSESSMENT PROCESS

Consultation with federal partners on the development of the 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 the assessment of the department's practice. 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 the Statewide Assessment, 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, current/previous foster parents, tribal representatives, University Alliance Partners, and staff from other state agencies] in the development of the 2025-2029 CFSP. On April 9, 2024, stakeholders were engaged in a virtual meeting with the morning session looking at overall planning and goal writing, and afternoon sessions available for staff to choose which program they wanted to assist in the finalization of goals through selection of a breakout room.

In October 2023, April 2024, and October 2024 various stakeholders were involved in the review of data, assessment of agency strengths and areas needing improvement, as well as, identifying the areas where goals, objectives and action steps would need to be developed. Stakeholder involvement through the state level and regional level CQI processes occurs on an ongoing basis throughout the year through the Child Welfare Training Academy partnership between Southeast Louisiana University, the University Alliance, the Pelican Center and the CIP. The stakeholders involved in the development of the Statewide Assessment through 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 assisted in incorporating various perspectives into the development of the Statewide Assessment. Additional workgroups were developed from the meeting held on April 9, 2024 to breakout into the different systemic factors to continue the work for the Statewide Assessment. Ongoing discussions with stakeholders related to the CFSR outcomes took place during the October 2024 regional Summits/CQI exit meetings.

Statewide Assessment Systemic Factor workgroup meetings took place on the following dates based on the identified Systemic Factor:

- Statewide information system: 3/11/24, 3/18/24, 7/18/24, and 8/15/24
- Case review system: 4/23/24, 5/13/24, 5/20/24, 8/21/24, 9/10/24, 10/10/24
- Quality assurance system: 3/11/24 and 3/18/24
- Staff and provider training: 4/15/24, 4/22/24, 5/1/24, 7/25/24
- Service array and resource development: 6/10/24, 7/11/24, 7/23/24, 12/2/24
- Agency responsiveness to the community: 7/11/24, 7/15/24, 11/13/24, 12/2/24

- Foster and adoptive parent licensing, recruitment, and retention: 8/19/24, 8/26/24, 9/24/24, 9/25/24

Other information collected to utilize as evidence for the Statewide Assessment included surveys and focus groups.

Ongoing Supervisory Surveys are conducted on a quarterly basis with parents involved with the agency through either in home services (CPS/FS) or out of home services (FC/AD). Surveys are also conducted with foster parents. For FFY 2023 and 2024, a sample of cases were pulled and the supervisor for the assigned worker contacted the parent (and foster parent if FC/AD) and completed a verbal survey with the caregiver to obtain feedback about different aspects of the family's experience working with the agency. The following is a list of the types of surveys completed and the number completed for FFY 2023 and 2024.

Type of Survey	FFY 2023 total count	FFY 2024 total count
Foster Care- Bio Parent Survey	750	543
Foster Care- Foster Parent Survey	2603	1877
Home Development- Foster Parent Survey	476	396
Adoption- Foster Parent Survey	517	336
CPS- Bio Parent Survey	731	1442
FS- Bio Parent Survey	902	826

Based on the way the sample of cases is pulled, there is a likelihood that some are duplicative in the survey participant.

During calendar year 2024, the DCFS also conducted focus groups across the state with youth who were either receiving foster care services or extended foster care services to obtain feedback about their experiences in foster care and with the independent living skills provided. There were a total of seven focus groups held but covering youth from all nine regions. The groups were; Baton Rouge, Covington, Lafayette, Lake Charles, Orleans/Thibodaux, Monroe, and Shreveport/Alexandria. The focus groups consisted of approximately 7-10 youth per group with a total of 58 youth participants. The focus groups were geared around questions related to responsiveness of staff, services youth were receiving, and youth voice.

A set of focus groups were held in December 2024 with birth parents currently engaged in services with the DCFS. The majority of the respondents had children in the foster care system and the rest were involved with the agency for ongoing in home services. The focus groups were held in three areas of the state to cover a representative geographic population. One group was held in each of the following regions: Alexandria, Baton Rouge, and Lafayette. The focus groups were led by Family Resource Center Parent Partners who are persons with lived experience who have had involvement with Louisiana DCFS. The parents are participants in a service through the FRCs. The focus groups were voluntary for anyone who wanted to participate who receives services through the FRC. Focus group questions were aimed at assessing services, communication with staff, development of the case plan, services based on cultural needs, and wait lists.

SECTION II: STATE CONTEXT AFFECTING OVERALL PERFORMANCE

Part 1: Vision and Tenets

Agency Information

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.

[Louisiana's 2025-2029 Child and Family Services Plan](#) and [2020-2025 Annual Plan and Service Report](#) are included for additional information. For Policy references that do not have a hyperlink, these were not available on the outward facing internet page. If needed, they can be provided as imbedded attachments in the document.

Part 2: Cross-System Challenges

Briefly describe cross-cutting issues not specifically addressed in other sections of the statewide assessment that affect the system's programs, practice, and performance (e.g., legislation, budget reductions, community conditions, consent decrees, staff turnover and workload).

Since Round three, Louisiana's Department of Children and Family Services has developed and worked through PIP goals to improve practice and services provided to those served within the child welfare system. However, there is still work to do and many challenges, some are within the control of the child welfare system and some are outside of the agency's control. Three ongoing challenges within the agency are identified below because of their impact on data indicators, outcomes, and systemic factors measured through the CFSR process.

1- Lack of treatment for youth with Behavioral/Mental Health challenges.

The DCFS has experienced an increase in the number of children entering custody with acute mental health diagnoses and severe developmental disabilities, but the network of providers who are able or willing to care for children with these complex presentations is limited. The DCFS has worked to establish a more robust partnership with other state agencies to help achieve care settings for child/youth in the DCFS custody with developmental disabilities and or comorbid developmental and behavioral health challenges. The DCFS moved to a two-tiered rate scheme to allow providers to tailor supervision and resources to ensure the safety and well-being of children in Child Residential Care and Therapeutic Foster Care. Children who present with greater needs for supervision and behavior management are referred for care at these levels. Providers are able to use the rate adjustment to accommodate adjustments to their staffing and training structures, and to ensure appropriate care for youth with greater needs. 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. Although the provider network has remained stable, providers continue to offer a reduced

number of beds due to a lack of staff to meet the staff ratio requirements. Providers report that the two significant barriers to attracting and maintaining staff are 1) they are not able to offer competitive pay, and 2) the challenging and violent behavior of the children who are referred and admitted into these settings.

- 2- Staff shortages/turnover leading to backlog and challenges in meeting case standards. Louisiana Department of Children and Family Services continued to manage challenges related to recruiting and retaining a diverse workforce. The turnover rate increased tremendously with COVID-19 and the natural disasters of Louisiana. This impacted the entire field staff workforce. Louisiana DCFS petitioned Louisiana State Civil Services for a competitive entry pay rate and a retention premium pay rate. On Sept 29, 2021, a pay increase was awarded to frontline positions- those that assess safety, neglect, and go out into the homes to complete investigations and assessments for our most vulnerable children and families. This was needed due to the increased turnover, noncompetitive wages, and the complexity of work. In July 2021, the DCFS began Centralized Decision Making (CCDM) in an effort to reduce backlog. This has allowed for a quick closure of cases, decreases backlog, and moves cases from their caseload and thus creates less stress for the worker. It also allows the worker and supervisor to spend more time on cases that require more attention and intervention. During FFY 2023, the DCFS redesigned the child welfare worker job positions to help strengthen the workforce, reduce worker turnover, and help staff meet caseload size standards by increasing career opportunities through a State Civil Service qualifications expansion, allowing career crossover candidates with increased education, knowledge, and experience to join the workforce at a salary commensurate with their expertise. Louisiana DCFS also received a grant which lead to the development of a new professional position, the Child Welfare Team Specialist (CWTS), responsible for the administrative, non-clinical, aspects of the DCFS work. During FFY 2023, the DCFS began conducting mass hiring fairs throughout the state. The DCFS partnered with Civil Service, Division of Administration, and Louisiana Workforce Commission to assist in the hiring process by streamlining qualified applicants through the process more efficiently. Qualified candidates received a conditional offer at the event. Retaining staff and rapid hiring to replace departed workers were also to help staff meet caseload size standards. The Department strived and will continue to work on improving the onboarding, job training and employee wellness as a means to improving employee retention.
- 3- The DCFS continues to work under budget constraints. 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 DCFS expanded the role of Team Specialist throughout the state; however, due to budget and staffing limits, the Agency has been unable to fill these positions as intended (one per supervisory unit). Due to budget limitations, there is also little to no funds to help engage stakeholders. This includes the agency not being able to provide funds or support to stakeholders for their time and efforts. However, many still volunteer their time when they are available.

Part 3: Current Initiatives

Briefly describe the cross-cutting improvement initiatives (e.g., practice model, new safety model, workforce projects) to provide context for, and an understanding of, the priority areas of focus from the last CFSR that were

addressed through the state's most recent PIP. This is an opportunity to highlight current initiatives and progress made toward achieving desired outcomes and systemic change.

There are several current initiatives in place to support improvement and progress in priority areas identified in Round Three of the CFSR.

- CWADM Phase 2- Louisiana exhibited its dedication to keeping children safe, achieving permanency and helping families become self-sufficient by developing a unified assessment and decision-making model also known as CWADM, implementing the job redesign through the collaboration with the Quality Improvement Center Workforce Development Project, by committing to engaging families, foster families and stakeholders, and recognizing them as essential partners in the case planning and service delivery processes, building a comprehensive array of services through collaborations with legal stakeholders and local communities and developing a high-quality multidisciplinary legal representation model in order to provide foster children and their families with the greatest representation possible. CWADM Phase Two was added to include coaching and case consultations to new supervisors and focuses on identification of history and appropriate utilization of history gathered during the assessment process, obtaining adequate information, and completing a thorough Assessment of Family Functioning. Coaching and case consultations provide learning and practice of application strategies to help reinforce and continue building upon the CWADM competencies of workers and supervisors. The focus of CWADM Phase Two has been on developing good safety assessment and planning including information related to legal processes available to manage safety, how to improve safety-focused practice and improving risk and safety assessment skills to enhance the Agency's overall practice. Quarterly reviews are conducted to identify performance trends, areas the CWADM model is succeeding and areas that need improvement. Feedback regarding the findings is distributed to State Office Management and Program Leads, State Level CQI and CIP, and to Regional Management. Regional exit meetings are also held to provide data and feedback to the regions who had cases reviewed during the prior review time frame.
- In October 2023 the Louisiana Legislative Auditor's office hired the first Child Ombudsman for the State of Louisiana. The Child Ombudsman monitors different agencies that are responsible for children across the state, provides an avenue to report complaints, and can propose changes to help improve the services that agencies provide. Some of the Child Ombudsman's responsibilities include:
 - Review Complaints and act as liaison for child or family
 - Review agency procedures to safeguard the child's rights, welfare and safety
 - Review policies and procedures for placement of special needs children
 - Report on conditions of confinement for youth held in secure detention
 - Conduct programs of public education to ensure the rights of Louisiana children
 - Evaluate delivery of services by state agencies
 - Review child placement facilities
 - Review state policies of systems providing juvenile justice, child care, foster care, and access to physical and mental health treatment
 - Make proposals for systemic reform
 - Serve as a member of the State Child Death Review Panel

- Louisiana's FFPSA Plan was approved on October 1, 2022. Louisiana DCFS has chosen to implement, administer, and expand the evidence-based service array and delivery through Child First and Intercept. 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 based on the categories listed above. 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. The DCFS has developed a referral process, policies and procedures for FFPSA services being provided through Child First and Intercept.

- My Community Cares (MCC) was designed to enhance coordination and collaboration between the DCFS, courts, service providers, and community members to identify social determinants and root causes of child abuse and neglect in the priority zip codes in each parish, identify and capture services and supports in each parish, provide a collaborative online resource platform, and engage community members in advocating to fill gaps/barriers to services and supports in their community. The CIP partnered with the DCFS, model developer, Mainspring, and My Community Cares local staff and community members to launch and implement the expanded model of MCC to improve service array for children and families as well as prevent entries of children in foster care. Each of the nine MCC sites is located in the parish within the region that has the historically highest rate of child abuse and neglect cases and children entering foster care based on the DCFS data, which includes: Caddo, Calcasieu, East Baton Rouge, Lafayette, Livingston, Ouachita, Orleans, Rapides, and Terrebonne. While each MCC site customizes its own unique approach based on its community, each site has three MCC Parish Staff that partner with families who have lived experience in the child welfare system, community members, the DCFS, schools, healthcare providers, courts, emergency responders, etc. to accomplish the vision and mission of MCC in their community.

The DCFS has continued to utilize PSSF and TANF funds to support the addition of the My Community Cares program in each region across the state. The DCFS has contract with

Louisiana Public Health Institute as the organizational home for the MCC. During SFY 23, My Community Cares served 282 families during this time period through their connect coordination and case management services. From October 1, 2023 until April 30, 2024 MCC has provided services to 833 families.

SECTION III: ASSESSMENT OF CHILD AND FAMILY OUTCOMES

Safety

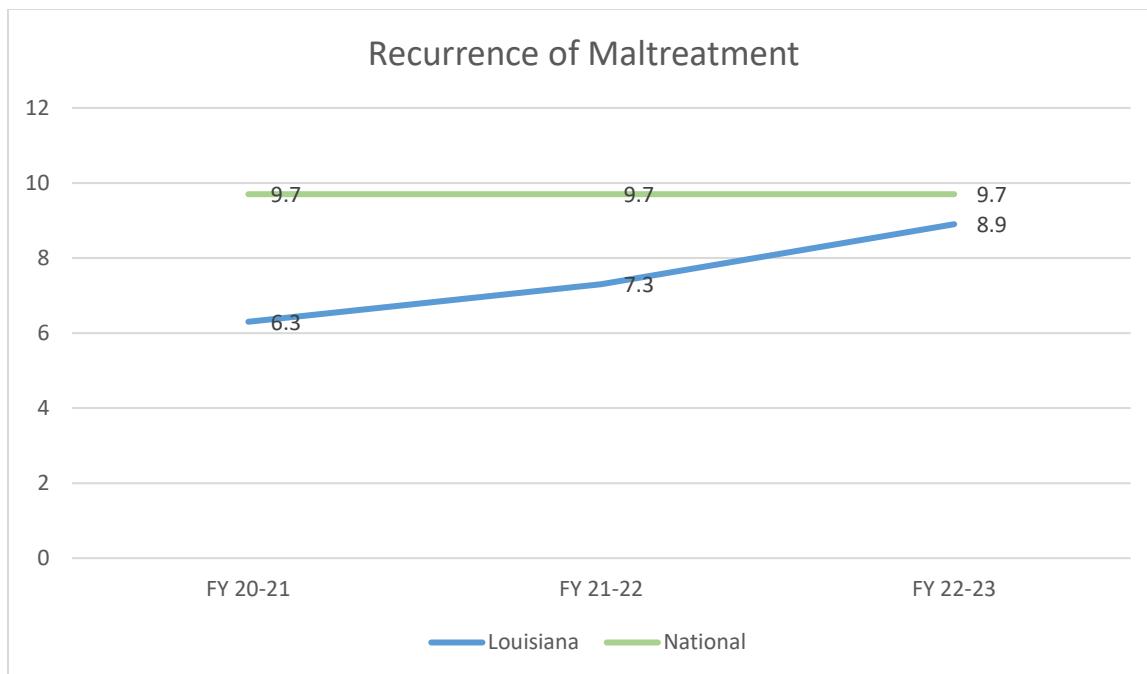
Safety Outcomes 1 and 2

Children are, first and foremost, protected from abuse and neglect and children are safely maintained in their own homes whenever possible and appropriate.

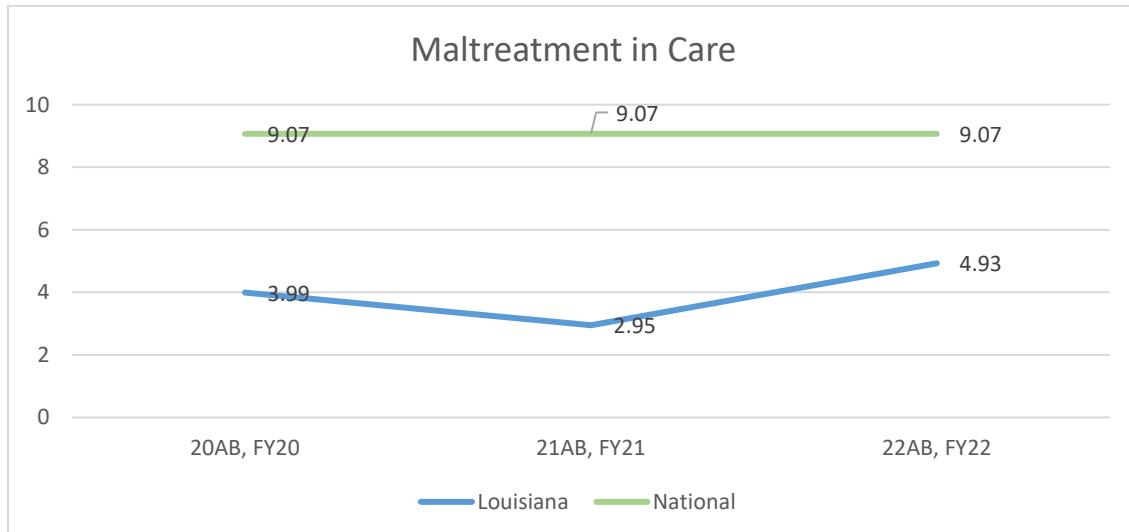
Data Profiles

Louisiana's CFSR Round 4 Data Profile dated August 2024 indicated that the Louisiana Department of Children and Family services meets the national standard performance for both safety indicators. Historically Louisiana has performed better than the National Performance on Maltreatment in foster care and Recurrence of Maltreatment.

With the most recent Data Indicators provided from August 2024, Louisiana is at the National Standard for Recurrence of Maltreatment. Based on review of the data indicators over the last few years, the trend is showing an increase in the number of recurrence of maltreatment in Louisiana. Based on Contextual Data, children under the age of 1 are the highest percentage of initial victims at 31.8%; however, they have the lowest rate of being a recurring victim at 19.6%. The age group with the highest recurrence of maltreatment is age range 1-5 at a 29.6% with the 11-16 year old age range following at 28.3%. Black or African American children have a slightly higher rate of initial victimization at 47.7% but a slightly lower rate of being a recurring victim at 45.1%. (White children 42.4% initial 45.4% recurrence). When looking at recurrence by parish, Orleans region has the highest rate of recurrence at 14.5%, followed by East Baton Rouge Parish at 11.5% and Jefferson at 10.1%.



Louisiana has historically performed well in relation to Maltreatment in Care. Louisiana's Risk Standardized Performance (RSP) is 4.93 victimizations per 100,000 days in foster care. This is well below the national standard of 9.07. Although it is still well below the national standard, it is an increase from the last two profiles which were at 3.99 and 2.95 respectively. In review of Louisiana's context data, children between the ages of 11-16 experienced victimization in foster care at 5.98 victimization per 100,000 days. This age group includes 25.7% of the total days in foster care yet 44.2% of the total victimizations while in care. Children with two or more races experienced the highest rate of victimization at a rate of 4.78 victimizations/100,000. White children followed at 4.11.



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

Item 1: Timeliness of Initiating Investigations of Reports of Child Maltreatment

Policy and Process Overview

In Louisiana, all reports of alleged child abuse and neglect go through the DCFS Centralized Intake Unit and are either screened in or screened out utilizing a Structured Decision Making tool as either meeting or not meeting criteria for an investigation. When a report is screened in, it is assigned a priority based on the severity and immediate needs of the allegation. The DCFS CPS Policy Response Priority Procedures per [Policy 4-510 Investigation Initiation with Alleged Victims](#) outlines the time frame that the response priority must be met. Louisiana state statute requires that face to face contact with all child victims and at least one perpetrator be made by the assigned agency staff person within the following time frames to meet response priority.

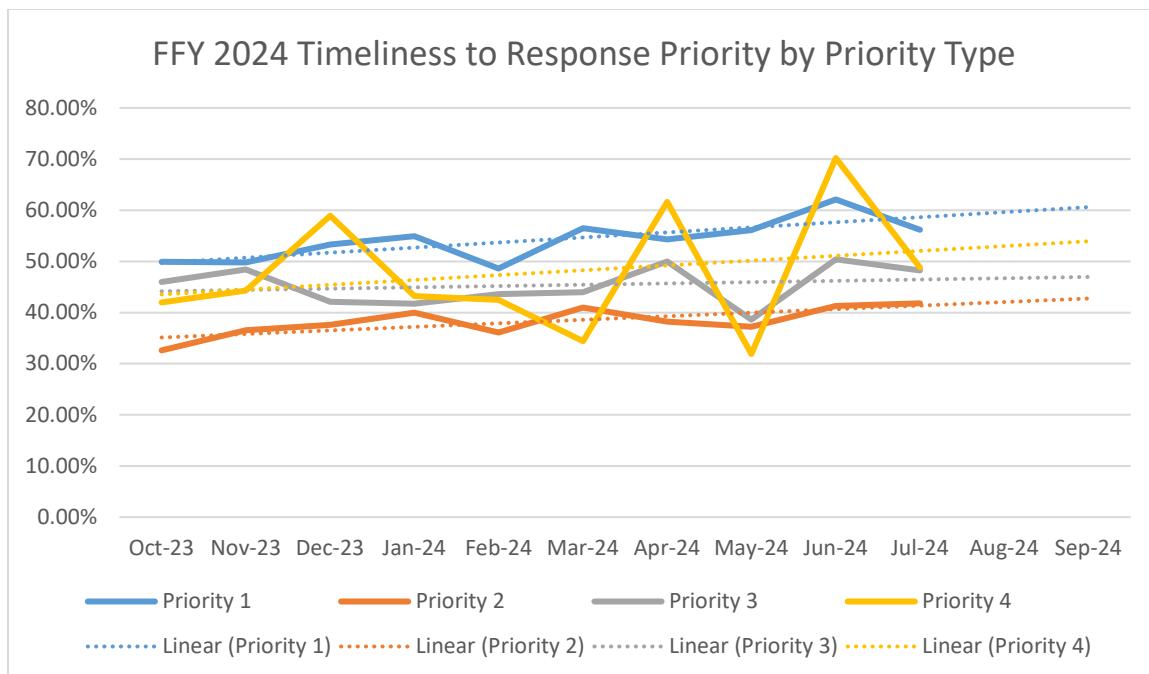
The four response priorities and the criteria for compliance are as follows:

- Priority 1 - The first face-to-face contact with all alleged child victims and at least one parent/caretaker shall be made as soon as possible after receipt of the report by the department, but within 24 hours of the receipt of the report by the department.
- Priority 2 - The first face-to-face contact with all alleged child victims and at least one parent/caretaker shall be made as soon as possible, but within 48 hours of the receipt of the report by the department.
- Priority 3 - The first face-to-face contact with all alleged child victims and at least one parent/caretaker shall be made as soon as possible, but within three calendar days of the receipt of the report by the department.
- Priority 4 - The first face-to-face contact with all alleged victims and at least one parent/caretaker shall be made as soon as possible, but within five calendar days of the receipt of the report by the department.

Policy 4-510 Investigation Initiation with Alleged Victims also outlines what constitutes as a contact and what constitutes initiation of the investigation. An attempted contact shall not be counted or substituted for a face-to-face contact. It shall be documented as an attempted contact on the ACESS interview page. One attempted visit within the response priority time frame does not indicate a diligent effort to meet the response priority requirement. The investigation is initiated with the first face-to-face contact with one of the alleged child victims and one parent/caretaker, however each alleged victim must be interviewed/observed within the response priority in order to meet the expectation of timely initiation. Children in the home who are not suspected to be a victim must be interviewed/observed within the timeframe for child contacts as determined by the response priority.

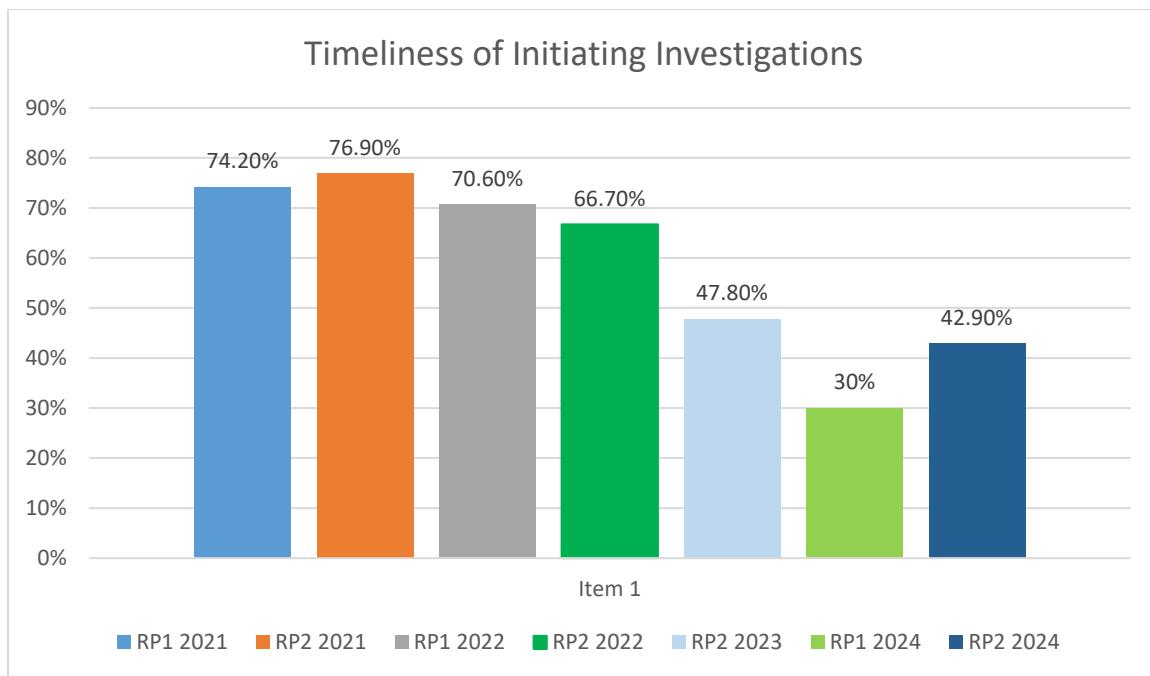
Analysis of Performance

Louisiana's WebFocus Response Priority Performance report provides details of timeliness of meeting the required elements for response priority by the time frames required for a Response Priority 1, 2, 3, or 4 investigation. The chart below provides the details of that report for FFY 2023 and FFY 2024.



Based on the administrative data, the agency has the lowest response priority met on Priority 2 responses which require response within 48 hours. Priority 1 cases have historically had the highest occurrence of response priority met. Feedback from staff during CQI Quarterly meetings regarding what leads to a lower response priority on these cases indicates that there is a very strong push and immediacy to get out on the Priority 1 cases and often times high caseloads and back to back assignments of Priority 1 cases put the other Priority type cases behind.

From assessment of Louisiana's performance in ongoing CQI reviews utilizing the OnSite Review Instrument, evidence supports that for Timeliness of Initiating Investigations of Reports of Child Maltreatment over the past five years Louisiana averaged 58.4% Strength rating on cases reviewed (RP1 2021-RP2 2024 covers dates 10/1/2019-9/30/2024). The primary concerns for the remaining 41.6% 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-to-face contact in a timely manner. In the most recent three review periods, Louisiana has seen a substantial decline from the average of ratings during the past five years that ranged between the mid-60s to 70%. The ratings dropped to 47.8% for RP2 2023 to 30% for RP1 2024 with a slight increase to 42.9% for RP2 2024. Trends leading to Area Needing Improvement included: no reason for delay or worker cannot recall/not documented, zero or one attempt was made prior to response priority expiring with no evidence of concerted effort to make contact to meet response priority outside of the one attempt, and transfer of case/courtesy did not occur timely to allow for response.



Feedback at CQI quarterly meetings held in April and October 2024 indicated that the delay in response priority included high caseloads/back to back case assignment, case assigned after response priority expired or close to expire due to delay in transfer from Centralized Intake, parents not cooperative with meeting with staff, not having a good address on the family, and/or crossregional cases (where a courtesy may be needed). In response to trends, feedback was given during CQI meetings to encourage the use of Supervisor staffings to note reasons for delay and to use Notes in ACESS if a case comes in after response priority expired due to delay from Centralized Intake. There was also encouragement provided for ensuring documentation of concerted efforts to meet response priority as workers had difficulty remembering what efforts were made when interviewed.

Louisiana will continue to explore possible causes for the decline in response priority and monitor both administrative data and CQI reviews for improvement. Further consideration into the timeliness of cases moving from Centralized Intake to the respective parish will continue, as well as, the type and accuracy of information gathered.

In Round 3 CFSR, Louisiana was found to be Not in Substantial Conformity for Safety Outcome 1 and Item 1 was found to be an ANI as the state's performance on item 1 was at a 69% strength rating where 29 applicable cases were rated a Strength.

As the agency has continued to struggle with retention rates for frontline staff with turnover of staff at 20.45% for 2022 and at 27.31% for 2023, the agency's focus is on retaining and supporting frontline staff. Regions that saw the highest turnover of staff included Orleans Region and Baton Rouge region with a turnover rate for Orlenas of 33.01% in 2022 and 32.48% in 2023 and for Baton Rouge a turnover rate of 45.45% in 2022 and 57.61% in 2023. Due to turnover, staff continue to experience a higher caseload than the expected caseload of 10 new investigations each month with an average caseload of 14.36 for FFY 2023 and 13.05 for FFY 2024. Parishes

experiencing higher caseloads for both FFY 2023 and 2024 included West Jefferson Parish, Rapides Parish, Avoyelles Parish, Orleans, East Baton Rouge, and Calcasieu. These parishes had a case load average of 15.8 for FFY 2023 and 14.5 for FFY 2024. Although several of these parishes had higher than normal case loads, it's difficult to directly relate the turnover to the higher caseloads as there are regions that saw high turnover with average case loads. One example is in Monroe region the turnover for 2023 was 29.41% but the caseloads remained barely above standard at 10.6. The expectation is with continued work on retention of staff and stabilization of caseload numbers, the agency will begin to see an increase in Response Priority met.

Safety Outcome 2: Children are Safely Maintained in Their Homes Whenever Possible and Appropriate

Policy and Process Overview

Louisiana continues to develop a service continuum to allow for children to be safely maintained in their homes whenever possible and appropriate. Policy [5-200 Overview of Service Continuum](#) describes the services available through the agency to ensure that prevention services are provided, when possible, prior to removal. Services to support Reunification and prevent Re-entry are described in policy [6-216 Services to Assist with Reunification](#). Through the enactment of the Family First Prevention and Services Act, Louisiana began to provide services under this Act in order to prevent removal, safely keep children in their home when appropriate, and lessen the time in foster care by providing stability to a family at transition. 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 described in [Policy 16-100 Family First and Eligibility](#). 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.

The Family First Core Team comprised of agency staff, providers, and stakeholders worked to review data and focused on the specific needs of children in Louisiana to develop our Family First five-year plan. Louisiana is using Intercept and Child First with a specific focus on children with at-risk behaviors and substance exposed newborns.

Child First has been implemented in pilot areas of the State with the most out of home placements of children ages 0-5. Child First is currently implemented in Shreveport, Monroe, Lafayette, Alexandria, Baton Rouge, Covington, and Orleans. The remaining regions of Lake Charles and Lafayette are expected to roll out by early 2025. The policy guiding use of Child First services is found in [Policy 16-200 Child First Services](#).

Youth Villages provides Intercept services within the Baton Rouge, Covington, and Orleans and Choices provides Intercept services within the Shreveport Region. The DCFS has continued to work with the providers to ensure they are using the model to fidelity. The remaining regions of Monroe, Alexandria, Lafayette, Lake Charles, and Thibodaux are expected to rollout by early 2025. The policy guiding use of Intercept services is found in [Policy 16-105 Intercept Services](#). 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. The Child First program is currently rated as "supported" by the Title-IV E Clearinghouse so a rigorous evaluation is 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 in identifying and tracking 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. Intercept and Child First have been implemented in a slow roll out across the state. Adequate Outcome data has not been captured at this time to support whether the services implemented are making the expected impact as report out of this information is not required until October 2026. Data will start being pulled on October 1, 2025 and Louisiana will begin reporting the results of the data by October 1, 2026.

During the development of the PIP for Round 3, the premise of the My Community Care (MCC) model was born. 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 team-based, power sharing structure, comprehensive continuum of services and coordination across sectors and organizations. The agency's Family Resource Centers are the home for the My Community Cares program, Kinship Navigator Program, and provide services like Intensive Home Based Services that are used in Prevention. Policy 12-215 Early Learning Center Services for Child Protective Services describes the Continuity of Care policies and practices and provides for the continuous and consistent care in high quality child care programs when there are changes in the family dynamics. Early Learning Center (ELC) services may be part of a safety plan for the child for cases, where the services contribute to the sufficiency of the safety plan. ELC services are considered a reasonable effort to prevent out of home placement. If the family was using day care services upon case closure and the family indicates they will still need day care after case closure, the FS worker should ensure continuity of care. Individuals who meet the income guidelines established by Louisiana Department of Education (LDOE) will qualify for the remaining units of services left on their current early learning center authorization in TIPS. At case closure the Early Learning Center Continuity of Care Form is to document the need for continued protective early learning center services for CPS, FS, FC, AD and EFC clients. This form is submitted to Louisiana Department of Education (LDOE) for processing and if approved LDOE will begin payment the day after the DCFS case closure and extend through the remaining 12-month authorization established in any child welfare program.

Louisiana's policy 3-600 Preventive Assistance Fund (PAF) describes the purpose and allowable expenditures under PAF. Preventive Assistance Fund Service (PAF) is a concrete service that allows staff to purchase items and/or services for families with children at risk of an out-of-home

placement. These funds are available to families with active CPS and FS cases. It is also available to families active in CPS or FS receiving IHBS services. These funds can be used for transportation services, medical services when they family does not have Medicaid, payment for home repairs, home furnishings, housing deposits, baby beds, other safety equipment the home may need, and safety heating/cooling equipment. The funds are limited to a one time use for a non-recurring expenditure. Louisiana's policy 3-605 Reunification Assistance Fund (RAF) describes the purpose and allowable expenditures under RAF. Reunification Assistance Funds (RAF) is a concrete service that allows staff to purchase items and/or services to assist with reunification and to stabilize the families with children in foster care/guardianship and EFC such as relative/kin caregivers. The use of these funds is similar in type of service as PAF funds are again limited to the number of uses. For both of these services, staff are to ensure there are not community resources that provide the same service prior to use of funds.

Intensive Home Based Services (IHBS) are services of intensive, short term, crisis intervention and teaching/educational services delivered primarily in the home of families. The service is targeted to: families in which one or more children are at imminent risk of being placed in foster, group, or institutional care, families who require intensive services when children are being returned from out-of-home care, children at risk of placement disruption, and children moving from restrictive setting to a less restrictive setting (i.e. moving from group to foster home or foster home to relative placement).

Analysis of Performance

Foster care entry rate

The chart below shows the removal rates for the past several years for Louisiana gathered from Contextual data provided by the Children's Bureau. In comparison to the National Contextual data, Louisiana shows to have an entry rate into foster care higher than the national standard overall and in the breakdown of each age range, with the exception of 17 year olds who enter into custody in Louisiana at a lower rate than the national average.

There has been an overall trend showing an increase in the foster care entry rates for Louisiana over the past few years and the average for each of those timeframes. While the national trend shows a decrease in foster care entry rates, Louisiana continues to see an increase in foster care entry rates.

Louisiana Contextual Data on Entry Rates							
	Entry rates per 1,000					Percent of total (child population)	Percent of total (entries)
Age at Entry	19B20A	20B21A	21B22A	22B23A	23B24A	2024	23B24A
Total	2.46	1.88	2.27	3.13	3.02	100.0%	100.0%
< 1 yr	9.72	8.58	10.13	12.55	11.78	5.2%	20.4%
1 - 5 yrs	2.78	2.21	2.52	3.66	3.51	26.4%	30.6%

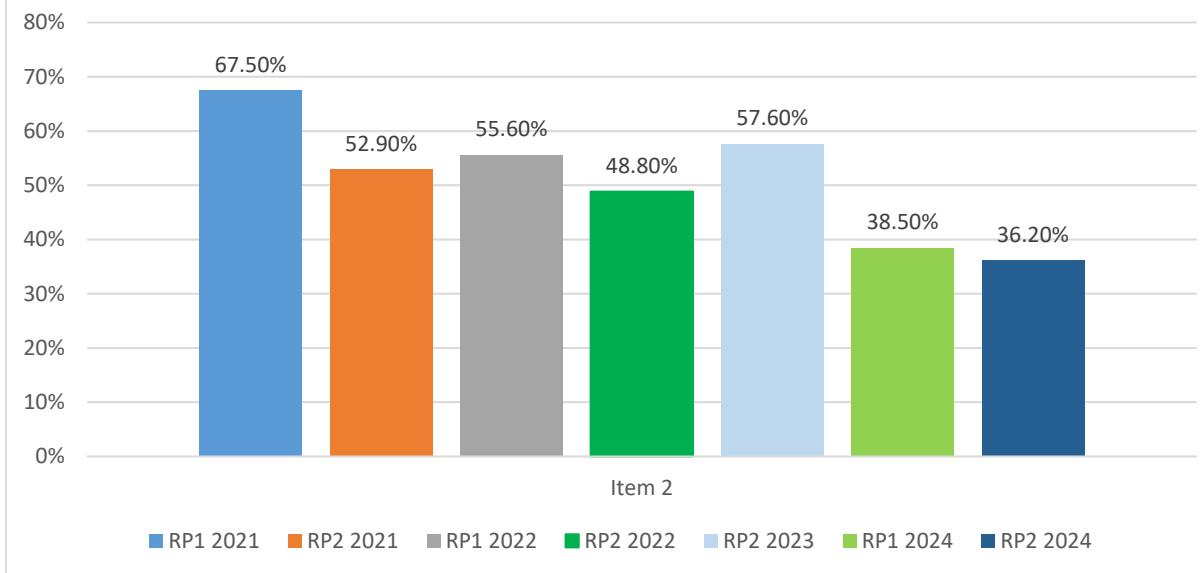
Louisiana Contextual Data on Entry Rates						Percent of total (child population)	Percent of total (entries)
	Entry rates per 1,000						
6 - 10 yrs	1.93	1.37	1.80	2.41	2.25	28.1%	20.9%
11 - 16 yrs	1.77	1.23	1.53	2.28	2.29	34.5%	26.1%
17 yrs	1.02	0.72	0.77	0.85	1.06	5.8%	2.0%

National Contextual Data on Entry Rates						Percent of total (child population)	Percent of total (entries)
	Entry rates per 1,000						
Age at Entry	19B20A	20B21A	21B22A	22B23 A	23B24 A	2024	23B24A
Total	3.17	2.61	2.55	2.43	2.32	100.0%	100.0%
< 1 yr	12.22	11.67	10.57	9.68	8.99	5.0%	19.4%
1 - 5 yrs	3.63	3.00	2.89	2.69	2.57	25.7%	28.6%
6 - 10 yrs	2.45	1.91	1.88	1.82	1.75	27.9%	21.1%
11 - 16 yrs	2.35	1.82	1.90	1.88	1.81	35.3%	27.5%
17 yrs	1.81	1.37	1.36	1.29	1.33	6.0%	3.5%

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

Purpose of Assessment: To determine whether, during the PUR, the agency made concerted efforts to provide services to the family to prevent children's entry into foster care or re-entry after a reunification.

Item 2: Services to Protect Children in the Home and Prevent Removal/Re-entry



From assessment of Louisiana's performance in ongoing CQI reviews utilizing the OnSite Review Instrument, evidence supports that for Services to Protect Children in the Home and Prevent Removal and Re-entry into Foster Care over the past five years, Louisiana averaged 51.1% Strength rating on cases reviewed (RP1 2021-RP2 2024 covers dates 10/1/2019-9/30/2024). The primary concerns for the remaining 48.9% of cases (area needing improvement rating) were a lack of concerted efforts to provide timely services related to the reason for the agency's involvement. In the most recent two review periods, Louisiana has seen a decline from the average of ratings during the past five years that ranged between the upper 40th to upper 60th percentile. The ratings dropped to 38.5% for RP1 2024 with a slight decrease to 36.2% for RP2 2024. Trends leading to Area Needing Improvement included: lack of provision of services that were connected to reason for agency involvement (most often Substance Abuse Treatment, Mental Health Treatment, and Domestic Violence Treatment), an increased need for services in home to assist families with behavior of adolescents (i.e. behavioral services for the adolescent, therapeutic family services to address relationships, services to assist parent in managing behavior/deescalation), lack of services put in place to support trial placements, delays in providing the safety related services (seeing delays sometimes between 2-5 months in services to assist management of safety concerns like substance abuse services, protective daycare services, or delay in reunification services), not assessing father or paramour for a need for safety related services, and a lack of providing concrete services (no PAF/RAF used to prevent removal).

In CFSR Round 3, Louisiana received an overall rating of Area Needing Improvement for Item 2 because only 8% of the 37 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 20% of the 15 applicable foster care cases and 0% of the 22 applicable in-home services cases.

Item 3: Risk and Safety Assessment and Management

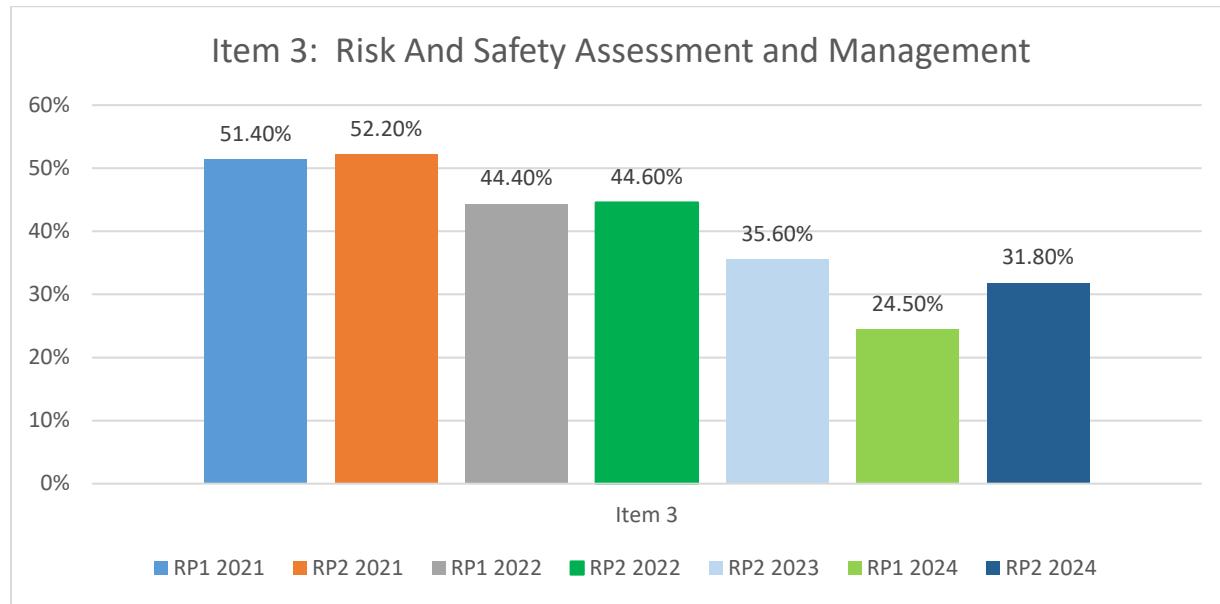
To determine whether, during the PUR, the agency made concerted efforts to assess and address the risk and safety concerns relating to the child(ren) in their own homes or while in foster care.

Policy and Process Overview

[5-400 Assessment of Safety and Risk](#) outlines the policy and process for assessing risk and safety in Louisiana's in home cases. Safety and risk assessment is expected to be an ongoing process conducted through both formal and informal means. Formal Safety and risk assessments should be conducted every 90 days from case opening for in home services cases or when a threat is identified informally a formal safety assessment should be conducted. There should be a clear picture of safety threats identified, vulnerability of the child, and the enhanced or diminished protective capacities of the parents/caretakers. The SDM level of risk is used to determine if Agency services are needed to reduce risk, the frequency of worker-family visits and guide decisions about case closure.

[6-202 Risk Assessment and Reassessment](#) outlines the time frame that formal reassessments are due for out of home cases. The SDM Out-of-Home Reunification Reassessment shall be completed three months (90 days) after the case was opened in FC, every three months (90 days) thereafter, prior to each case plan review as long as a case plan goal remains reunification, and any time there is a significant change in family circumstances.

Analysis of Performance



From assessment of Louisiana's performance in ongoing CQI reviews utilizing the On Site Review Instrument, evidence supports that for Risk and Safety Assessment and Management over the past five years Louisiana averaged 40.6% Strength rating on cases reviewed (RP1 2021-RP2 2024 covers dates 10/1/2019-9/30/2024). The primary concerns for the remaining 59.4% of cases (area needing improvement rating) were a lack of ongoing risk and safety assessments and a lack of contact with parents in order to assess with no concerted efforts to locate a parent/parents

for assessment. In the most recent three review periods, Louisiana has seen a decline from the average of ratings during the past five years that ranged between the mid-40th to low 50th. The ratings dropped to 36.6% for RP2 2023 to 24.5% for RP1 2024 with a slight increase to 31.8% for RP2 2024. Trends leading to Area Needing Improvement included: lack of frequent or quality contact with parents, incorrect or insufficient risk and safety assessments, not including all caretakers or children in risk and safety assessments, no risk and safety assessments at critical points of the case, delays in providing and following up on services, lack of utilization and/or insufficient safety plans. Louisiana continues to score high in the areas of safety assessment of foster children in their foster home and in the areas of maltreatment allegations about the family not formally reported or not substantiated. Ongoing risk and safety assessments saw a slightly lower strength rating in FS cases than in the FC cases and this area continues to be the lowest average for the last two review periods. Ongoing assessment and development and monitoring of a safety plan (3B and 3C) were the two areas where Louisiana saw the lowest performance for the last few review periods. In CFSR Round 3, Louisiana received an overall rating of Area Needing Improvement for Item 3 because 13.9% of the 65 applicable cases were rated as a Strength. Item 3 was rated as a Strength in 20% of the 40 foster care cases and 4% of the 25 in-home services cases. While the last 3 review period ratings are above the Round 3 CFSR baseline rating (13.9%), and above the established PIP goal for this item (19.3%), 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 Child Welfare Assessment and Decision Making Model (CWADM) was born out of the work conducted under the Round 3 PIP and continues to be a focus on implementing overall comprehensive assessments to ensure safety.

The DCFS has continued to monitor the quality of assessments and decision-making and measured compliance and adherence to policy requirements through a review process. The development of the CWADM Phase 2 Case Review Instruments (CPS and FS) focuses on the areas identified as areas of most concern in the Phase 1 CWADM reviews. Those areas include identification of history and appropriate utilization of history information in the assessment process, gathering adequate information, and completing a thorough Assessment of Family Functioning. The CWADM Phase 2 Case Reviews were used to determine if implementation of CWADM Phase 2 positively impacted the practice in those areas. The instruments were completed in June 2023 and consultants were trained on the use of the instrument in June 2023. The CWADM Phase 2 Instruments were used to assess practice in Child Protection Services and Family Services programs beginning in July 2023. Quarterly reviews were conducted to identify performance trends, areas the CWADM model is succeeding and areas that need improvement. Feedback regarding the findings were distributed to State Office Management and Program Leads, State Level CQI CIP, and to Regional Management. Regional exit meetings were held to provide data and feedback to the regions who had cases reviewed during the prior review time frame. CWADM Phase 2 reviews are ongoing helping Louisiana capture key pieces of the Model to determine how implementation and practice is adjusting based on the supports provided. Louisiana is almost complete with the roll out of CWADM Phase 2 coaching for CPS and FS supervisors. Anticipated completion is mid-2025.

Data from case reviews is found in the chart below. For Q3 2023, reviews were conducted in only Monroe and Alexandria as they were the regions where coaching rolled out first. In Q4 2023,

Lake Charles and Shreveport were added. In Q1 2024, Covington and Thibodaux were added. In Q2 2024, Baton Rouge was added and in Q3 2024, Orleans region was added.

Louisiana saw growth in most of the key areas that are being measured by the CWADM reviews.

CWADM CPS CASE REVIEW DATA STATEWIDE					
	Q 3 2023	Q 4 2023	Q 1 2024	Q 2 2024	Q 3 2024
Review Period	July 1, 2023-Sept 31, 2023	Oct 1, 2023-Dec 31, 2023	January 1, 2024-Mar 31, 2024	April 1, 2024-June 30, 2024	July 1, 2024-Sept 30, 2024
Period Under Review	May 1, 2023-Sept 31, 2023	Aug 1, 2023-Dec 31, 2023	Nov 1, 2023-Mar 31, 2024	Feb 1, 2024-July 30, 2024	May 1, 2024-Sept 31, 2024
Pre-Investigative Staffing Held	62.5%	25%	33.3%	47.8%	53.8%
Household Member Interviews Sufficient	25%	42.8%	52.4%	65.2%	69.2%
Collateral Interviews Sufficient	50%	25%	57.1%	43.5%	65.4%
Adequate Information gathered for AFF	50%	11%	23.8%	34.8%	30.8%
Sufficient Guidance Provided	37.5%	42.8%	47.6%	36.4%	50%

CWADM FS CASE REVIEW DATA STATEWIDE					
	Q 3 2023	Q 4 2023	Q 1 2024	Q 2 2024	Q 3 2024
Review Period	July 1, 2023-Sept 31, 2023	Oct 1, 2023-Dec 31, 2023	Jan 1, 2024-Mar 31, 2024	April 1, 2024-June 30, 2024	July 1, 2024-Sept 30, 2024
Period Under Review	May 1, 2023-Sept 31, 2023	Aug 1, 2023-Dec 31, 2023	Nov 1, 2023-Mar 31, 2024	Feb 1, 2024-July 30, 2024	May 1, 2024-Sept 31, 2024

CWADM FS CASE REVIEW DATA STATEWIDE					
	Q 3 2023	Q 4 2023	Q 1 2024	Q 2 2024	Q 3 2024
Transfer Staffing Held	33.3%	100%	100%	90%	100%
Collateral Information	33.3%	50%	87.5%	60%	57.1%
Adequate Information Gathered for AFF	66.7%	0%	42.9%	70%	35.7%
Sufficient Guidance Provided	0%	50%	57.1%	70%	71.4%

Louisiana continues efforts to ensure that children are safely maintained in their homes whenever possible and appropriate by continuing to explore alternatives to removal, enhancing the continuum of services available, ensuring utilization of those services, and ongoing enhancement through CWADM training and supports,. As Louisiana continues to expand the continuum of services available through Prevention Services, the agency expects to see an increase in the ratings for Safety Outcome 2.

Permanency Permanency Outcomes 1 and 2

Children have permanency and stability in their living situations; and the continuity of family relationships is preserved for children.

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

Louisiana was found not to be in substantial conformity with Permanency Outcome 1 as the outcome was substantially achieved in only 20% of the 40 applicable cases reviewed during CFSR Round 3. Louisiana was able to meet the PIP expectations for all items within the Permanency Outcome 1 within the PIP timeframe.

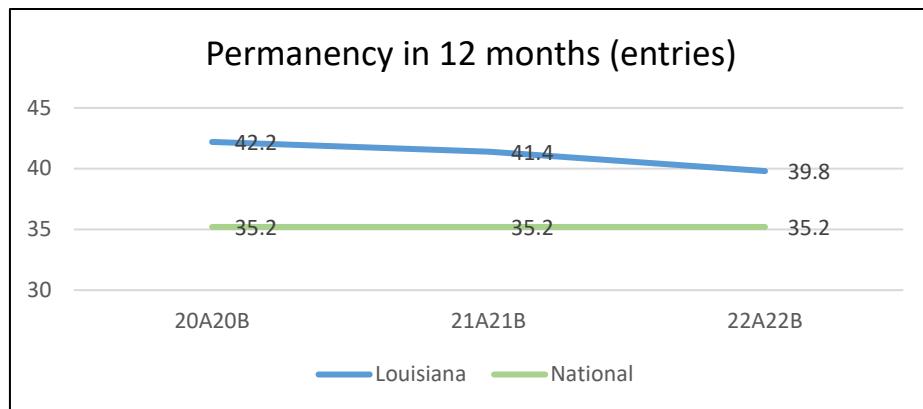
Data Profiles

Historically Louisiana has performed better than the National Standard on all of the Permanency Indicators related to Achieving Permanency within 12 months of the measured timeframe. Louisiana's CFSR Round 4 Data Profile dated August 2024 indicated Louisiana DCFS successfully met 4 of the 5 permanency indicators. The only permanency indicator that the state performed worse than the national standard was in Placement Stability. Louisiana has also

recently had a decline in performance for the percentage of children achieving permanency within 12 months of those in care for 24 or more months which brings Louisiana's performance to performing at the national standard.

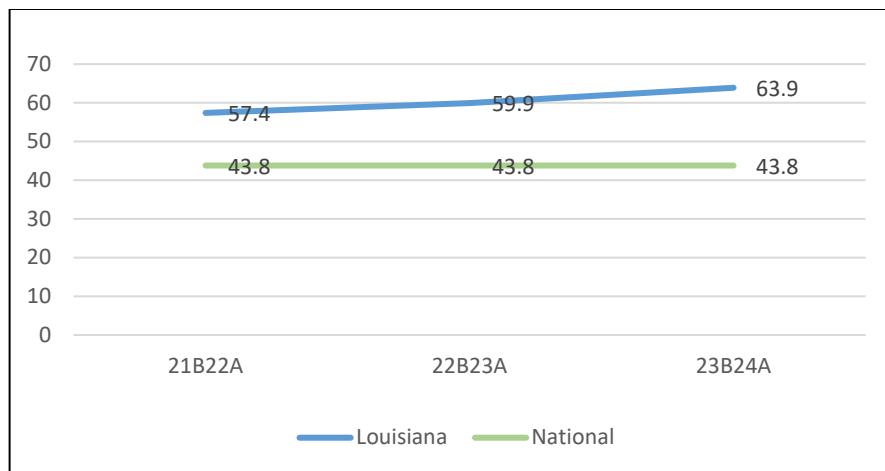
The chart below demonstrates that Louisiana has performed better than the national standard of 35.2% in achieving permanency within a 12 month period for those children experiencing entry during the identified timeframe. For Permanency in 12 months for entries, Louisiana saw 42.2% permanency for the 20A20B time frame down to 41.4% for 21A21B timeframe. For the most recent data profile, Louisiana experienced another slight decline to 39.8% but is still performing better than the national standard.

For children entering care and exiting within 12 months, the age cohort 1 year to 5 year entered custody at the highest rate (30.4%) and exited custody at the highest rate (31%). White children entered care during the 22A22B time frame at a higher percentage (46.1% white versus 42.7% black) but black children exited care within 12 months at a higher percentage during this time frame (49.7% black children versus 39.6% white).



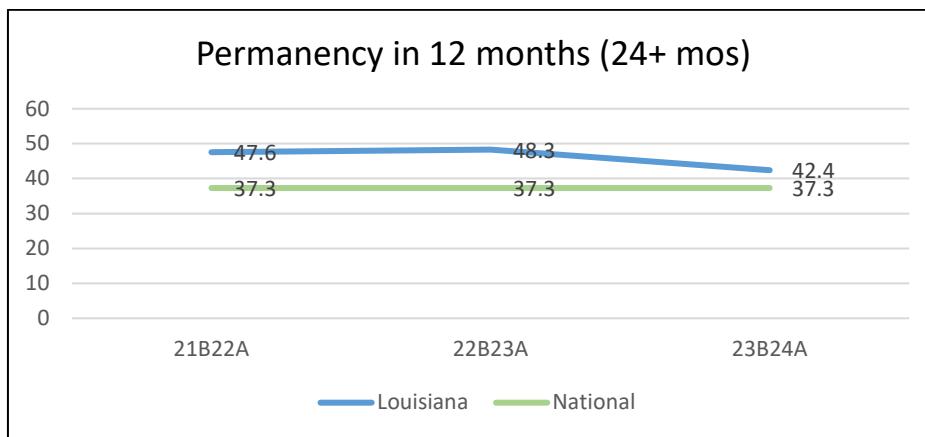
For Permanency in 12 months for those children in care between 12 and 23 months, Louisiana has also demonstrated performance better than the national standard. The national standard in this factor is 43.8% and Louisiana has performed at 57.4% for 21B22A, 59.9% for 22B23A and 63.9% for 23B24A. Louisiana continues to exceed the national standard on performance in this area and is seeing an increase over the last few data profiles.

For children who were in care from 12 to 23 months at the start of the year, 1-5 year old children saw the highest likelihood of exiting foster care during this time frame with 62.6% for 21B22A, 64.4% for 22B23A, and 71.1% for 23B24A. They were the age group with the highest percentage in care at 57.1% but also had the highest exits at 63.6% for the 23B24A timeframe. White children had the highest percentage of exits in care during this time frame. Although white children made up the highest percentage of children in care (50.7% versus 40.7% black), they experienced exits from care at a much higher rate than black children (56.5% white versus 36.7% black).



For Permanency in 12 months for those children in care 24 or more months, Louisiana has seen a recent decline in this factor. Although Louisiana is still performing at the national standard, there was a significant decline of nearly 6% between the 2021 and 2022 measures. The national standard in this factor is 37.3% and Louisiana has performed at 47.6% for 21B22A, 48.3% for 22B23A and 42.4% for 23B24A.

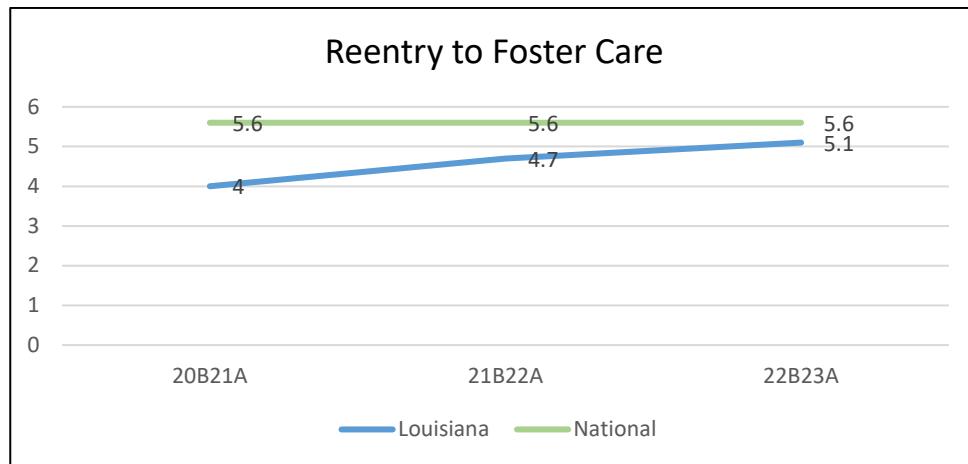
For the 23B24A time frame, children in the 1-5 year old age range were the second highest for entry into care (27.1%) but saw the highest level of exits at a significant rate higher than the other age groups (48.1%). While 11-16 year olds were the highest percentage in care at 24+ months (43.1%), they saw the lowest exits (18.3%). When looking at percentages remaining in care at 24+ months, white children and black children were present in the population at a comparable rate (44.5% versus 43.6%) however, white children exited care at a much higher rate with 51.5% white children exiting custody and 35.3% black children).



Louisiana has performed at the national standard for Reentry to Foster Care for the past several measurement timeframes. The national standard for this factor is 5.6% of the children who exited care to permanency during the year reentered care within one year of their exit. Louisiana has been found to be performing at the national standard with an indication of an upward trend in the

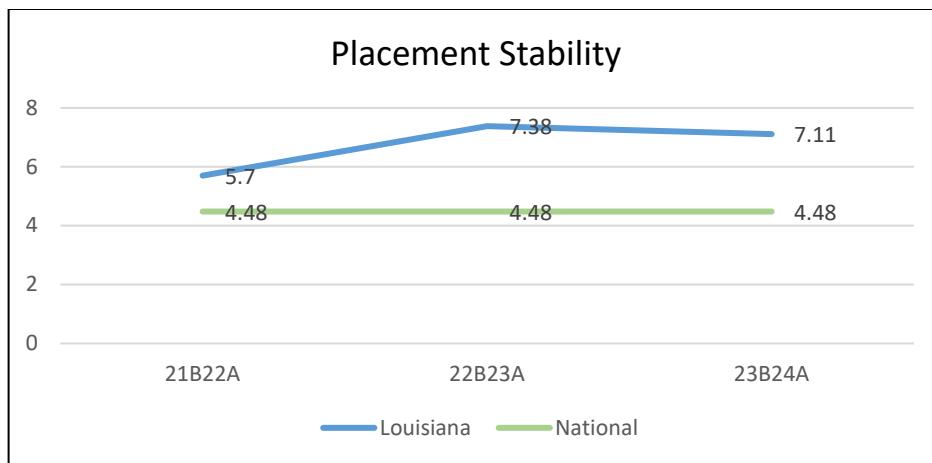
reentry into foster care. Louisiana saw reentry rates of 4.0% for 20B21A, 4.7% for 21B22A, and 5.1% for 22B23A.

In the 21B22A time frame it is noted that the under age 1 age range had an elevated number of reentries at 7.6% with it being narrowed down to the 0-3 months age who had a 15.9% reentry. This was not seen in other timeframes. In the most recent time frame 22B23A, the 17 year olds had a high percentage of reentries at 7.5%, followed by 0-3 months at 6.5% and 11-16 year olds at 6.1%. In two of the recent timeframes (21B22A and 22B23A) black children had a higher reentry rate than white children at 5.3% and 5.9% for black children versus 3.3% and 4.3% for white children.



Placement stability is the one permanency factor that Louisiana has continued to perform worse than the national standard for the last several measurement periods. The national standard for this factor is 4.48 rate of placement moves (per 1000 days in care) for the measured time period. Louisiana has continued to see an increase in the number of placement moves over the last few measurement periods. Louisiana saw 5.7 placement moves per 1000 days for the 21B22A time frame, 7.38 placement moves for the 22B23A time frame and 7.11 moves for the 23B24A time frame.

The age group with the highest placement moves historically have been those children age 11 and over. When looking at placement moves for white children versus black children, black children experience more placement moves than white children at 7.63 for the 23B24A time frame for black children and 6.61 for white children during that same time frame. Children of 2 or more races and Hispanic children also saw higher placement moves at 7.59 for children of 2 or more races and 8.05 for Hispanic children.



CFSR Permanency Outcome 1 Performance from the last 7 review periods which covers the last 5 years of data showed Substantially Achieved for Permanency Outcome 1 in only 29.3% of the cases and Partially Achieved in 65.3% of the cases.

Item 4: Stability of Foster Care Placement

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for Stability of Foster Care Placement because 88% of the 40 applicable cases were rated as a Strength.

Policy and Process Overview

[4-807 Emergency Placement of Children](#) requires as soon as the decision is reached that the child requires emergency removal and placement, staff must consider the availability of placement with relatives or a suitable individual. If there is not a parent, with whom the child has not been residing, available as a potential resource for the child, placement with a suitable individual or placement with relatives (grandparent, aunt or uncle, sibling, cousin, family, friend, neighbor, etc.) is considered first. The safety and well-being of the child is the primary concern when considering a relative or suitable individual as a placement resource. If it does not appear that there is a suitable relative or suitable individual available to the child, the most appropriate, least restrictive, alternative placement resource available for the child shall be determined.

[6-300 Guidelines for Selecting a Care Setting/Replacement Resource](#) establishes policy to place foster children in a care setting which is least restrictive, most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. In most situations, the progression of care setting consideration begins with a non-custodial parent or relative resource and moves to certified family foster care or other specialized types of foster homes. Relative placements should be taken into consideration and utilized when appropriate. The case worker shall send the Relative Notification Letter to all identified relatives and significant persons within five working days from the date the address has been provided to the worker via regular and certified mail. Efforts should be made to place children with families who can provide a permanent care setting, should they be unable to return to their parents' custody. This involves placing children with relatives who are willing to adopt, accept transfer of custody, or guardianship of the child instead of providing short term care. Children who are not placed with relatives but are at risk of not being returned to their parents should be placed with foster parents who are prepared to commit to the permanent plan for the child.

[6-305 Guidelines for Care Setting Decision Making for Children Under Age Six](#) are set as the Department of Children and Family Services (DCFS) recognizes that an infant or young child's stable attachment to a caregiver is of fundamental importance for both short and long term well-being. When it is necessary for a young child to be separated from his/her parent and placed in foster care, there are two primary considerations in placement decision making:

- 1) the need to facilitate reunification efforts (if applicable) through active visitation and a case plan focused on removing safety threats and building parental protective capacity; and
- 2) ensuring the child develops a secure, trusting relationship with a primary caregiver who is consistently meeting the child's daily needs.

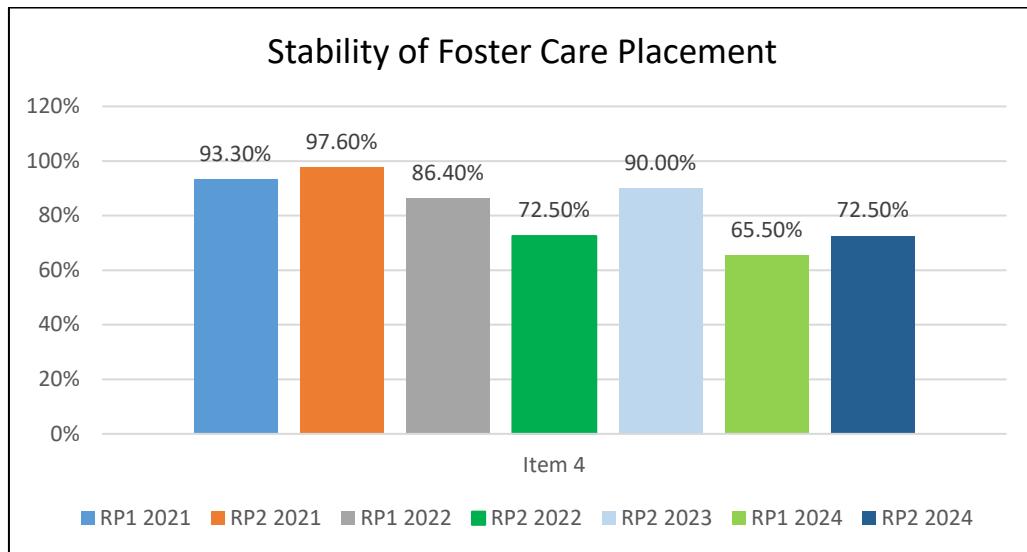
Furthermore, concurrent planning for permanency is most critical for infants and young children to ensure they do not linger in foster care any longer than necessary, and experience the fewest moves possible, in accordance with their best interest.

Analysis of Performance

Louisiana's overall performance for Stability of Foster Care Placement over the last 7 review periods averages to 82.5%. Louisiana has overall performed well in item 4 in regards to Placement Stability; however, the last few review periods have seen much lower strength percentages than in previous review periods. For RP1 2024, Louisiana saw a strength rating of 65.5% which was the lowest rating between the CFSR Round 3 and CFSR Round 4. Although Louisiana saw a slight increase in RP2 2024, 72.5%, Louisiana is still not seeing the strength ratings from the PIP time frame which had increased to mid to upper 90 percentile. 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 Strength rating, and work done through the DDOC has led to further exploration into what is leading to placement instability.

A workgroup has been developed and met for the initial meeting on November 13, 2024 with a presentation of initial data available from administrative data, data profiles, CQI review data, and other case review data. Subsequent meetings were held on December 11, 2024 and January 8, 2025 to further explore available data based on areas of concern identified in the initial meeting. The workgroup consists of Home Development staff from state office and front line, foster parents, Foster Care program managers from state office and frontline, frontline foster care staff, frontline child protection staff (investigators), legal stakeholders, youth with lived experience, and university alliance members. Administrative data supports that during FFY 2024, placement moves were most likely in the first 60 days, those children who were placed with relatives as a first placement had a 70% less chance of a move in the first 60 days, and removals on weekends or after hours results in a 32% great chance of a move in the 1st 60 days. Through CQI reviews, it has become evident that a larger number of the placement changes are occurring for older youth with behavioral health needs. Louisiana has completed Ad Hoc reviews on Placement Stability for seven quarters and will use that data to assist in root cause analysis. Preliminary results of multiple review periods in 2023 and 2024 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 along with a lack of use of preservation

staffings to prevent replacement from occurring. This along with other noted trends will be explored to determine possible root causes that can assist in implementation of measures to improve this outcome area.



Item 5: Permanency Goal for Child

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for establishing timely and appropriate goals while in foster care because 64% of the 39 applicable cases were rated as a Strength.

Policy and Process Overview

Louisiana's policy [6-802 Case Plan Goal Establishment and Concurrent Planning](#) is established to ensure every child in foster care has a case plan goal to meet their needs and best interests. All permanency and concurrent permanency goals are established based on achieving the most permanent plan possible for the child. Securing more timely permanency for children in foster care is paramount and a reduction in the time spent in state custody is the goal. Concurrent planning is vital in achieving this goal; therefore, the department identifies that a concurrent case plan goal shall always be implemented in all case plans.

[Policy 6-1500 Involuntary Termination of Parental Rights-Grounds for Termination of Parental Rights](#) identifies the processes and safeguards in place to ensure the timely filing of termination of parental rights (TPR) proceedings in accordance with federal requirements. DCFS policy requires a permanency staffing within nine months of foster care entry. The purpose of the staffing is to ensure everything is in place to proceed with TPR if appropriate at the 12-month permanency hearing. When the decision to proceed with termination is made, a TPR packet is prepared and submitted to staff attorneys. The staff attorney assigned to the case has 30 days from receipt of the TPR packet to file the petition for termination. After the petition is filed, TPR proceedings follow the court process, which is guided by the Louisiana Children's Code legal requirements.

According to Children's Code 1004.1, termination of parental rights must be filed when the following condition apply:

- Efforts to reunify were made for 12 months but the child cannot be safely returned home
- The child has been in care for 17 of the last 22 months. The calculation of 17 of the last 22 months begins with the date of the first judicial finding that the child was subjected to child abuse or neglect or 60 days from the date the child was removed from the home, whichever occurs first.
- When a child has been determined by a court of competent jurisdiction to be an abandoned infant.
- When the parent has been convicted of murder of another child of the parent, voluntary manslaughter of another child of the parent, aiding in or abetting, attempting, conspiring or soliciting, to commit such a murder or voluntary manslaughter, or felony assault that results in serious bodily injury to the child or another child of the parent.

Analysis of Performance

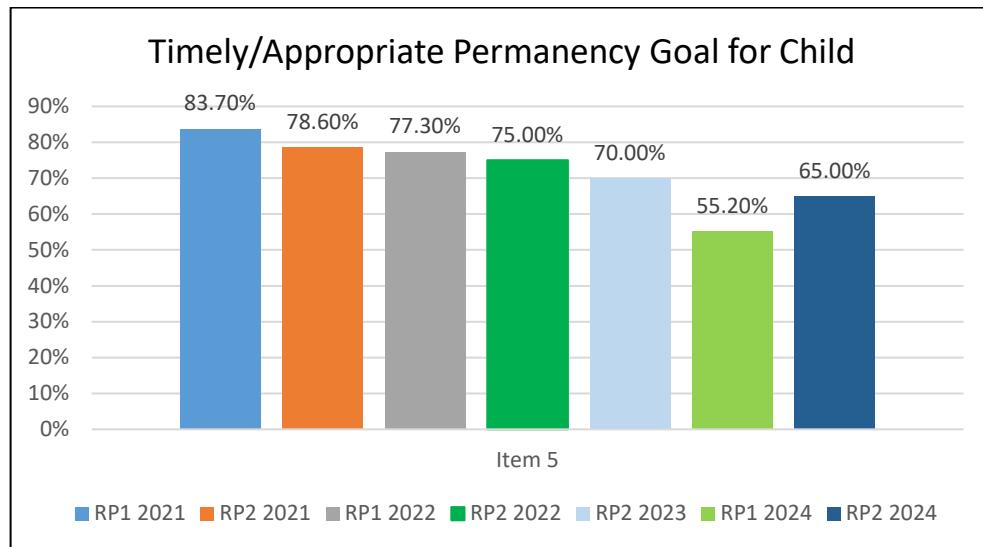
During the past seven review periods, Louisiana has averaged 72.1% strength rating in its efforts to establish appropriate permanency goals for children in a timely manner. Louisiana has consistently performed well in the areas of permanency goal specified in the case record seeing ratings above 90%. There was a noted decline in the timeliness of the establishment of goals between RP2 2023 (90%) and RP1 2024 (79.31%); however, this area saw an increase back to 90% for RP2 2024. Based on exploration of item 5, the area of appropriateness has continued to see a decline from prior review periods. For RP2 2023, the strength rating was 76.67% with a decrease to 62.07% for RP1 2024. The state saw an increase in RP2 2024 with a 75% rating for appropriateness of the goal during the PUR. This is still a lower area of performance for this item and exploration into practices around the appropriateness of an established goal will be conducted.

There was a significant decline in cases where the Termination of Parental Rights Petition was filed timely or an exception to file applied with a 91.7% rating in RP2 2023 with a decline to 66.7% in RP1 2024 and a continued decline to 64.7% rating for RP2 2024.

Based on administrative data, For FFY 2023, there were 1993 children in foster care for 15 of the last 22 months. Of those cases (1125) 56.4% had a TPR petition filed for the mother and (1088) 54.5% had a TPR petition filed for the father. For FFY 2024, there were 2315 children in foster care for 15 of the last 22 months. Of those cases (956) had a TPR petition filed for the mother and (889) had a TPR petition filed for the father.

Based on ongoing CQI reviews, areas identified as leading to Area Needing Improvement ratings include: not establishing appropriate goals for adolescents; not changing goals when there is evidence to support that the current goals will not be achievable (this was often due to court unwilling to accept a goal change); not reassessing goals during the course of the case at appropriate junctures or when case situations change; and not filing the TPR timely. Feedback provided during CQI quarterly meetings, indicates that judges are often hesitant to change goals which often leads to delays in filing the Termination of parental rights petition. In the meeting, staff express an awareness of timeframes on establishing goals and use of permanency staffings

to assist in determining appropriateness of goals and what the expectations is for assessing the need for a goal change.



Item 6: Achieving Reunification, Guardianship, Adoption, or Another Planned Permanent Living Arrangement

In Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for Achieving identified permanency goals because 25% of the 40 applicable cases were rated as a Strength.

Policy and Process Overview

[Policy 6-835 Case Planning For the Foster Child-Judicial Hearings for Foster Children](#) asserts in order to ensure permanency is achieved and reviewed on a regular basis, DCFS policy requires an initial permanency staffing within nine months of foster care entry. This staffing assesses the potential for the family to achieve reunification within 12 months. The staffing identifies 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 12 months. After an initial permanency staffing has been held, each case staffing held every three months thereafter serves as 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 that are held at 6-month intervals. The DCFS staff provides the court a report with the DCFS recommendations 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.

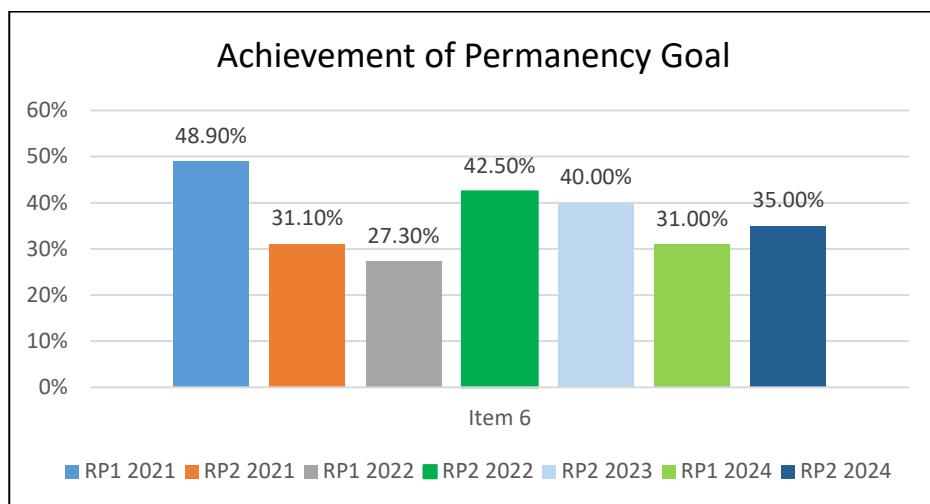
Policies are established to guide staff through the development and active pursuit of each of the identified goals of Reunification, Guardianship, Adoption and APLA. [6-840 Permanent Plan Goal: Reunify with Parent\(s\) or Principal Caretaker\(s\)](#), [6-854 Permanent Plan Goal Guardianship](#)

, [6-845 Permanent Plan Goal Adoption](#) , [6-860 Permanent Plan Goal: Alternative Permanent Living Arrangement](#).

Analysis of Performance

During the past seven review periods, the average of ratings for timely achievement of Permanency goals was 36.5%. The remaining 63.5% received an Area Needing Improvement rating based on trends including untimely filing of Termination of Parental rights which delayed achievement of permanency, reunification occurred but services were not provided to ensure reunification was successful, lack of contact with parents to ensure that reunification could occur or no timely provision of services, lack of discussion at court hearings about barriers to the achievement of goals like whether the goals can be achieved due to the case circumstances, and delays based on information needed to proceed (i.e. birth certificates, paternity testing). Efforts towards achieving Reunification has had the lowest strength percentages when looking at achieving identified goals for the past two review periods. For RP2 2023, concerted efforts to achieve reunification was at 57.14%, for RP1 2024 it was at 0%, and for RP2 2024 it was at 28.57%. This is often due to the lack of contact/engagement in case planning to assist in the achievement of reunification.

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. Work has been 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.



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

Louisiana was found to not be in substantial conformity with Permanency Outcome 2 as the outcome was substantially achieved in only 23% of the 40 applicable cases reviewed during CFSR Round 3. Louisiana was able to meet the PIP expectations for all items within the Permanency Outcome 2 within the PIP timeframe.

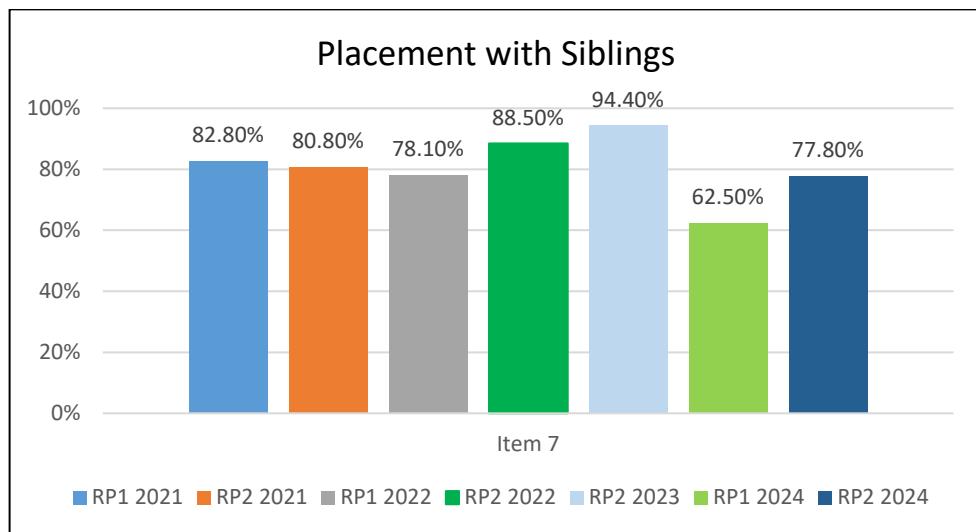
CFSR Permanency Outcome 2 Performance from the last 7 review periods which covers the last 5 years of data showed Substantially Achieved for Permanency Outcome 2 in 64% of the cases and Partially Achieved in 27.9% of the cases.

Item 7: Placement with Siblings

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for Placement with Siblings because 53% of the 30 applicable cases were rated as a Strength.

Analysis of Performance

Over the past seven review periods, Louisiana scored an average of 80.7% in its efforts to ensure siblings in foster care are placed together. In 19.3% 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 several review periods, the percentage of siblings placed together did not decline significantly (44.4% in RP2 2023 to 37.5% in RP1 2024 down to 33.3% in RP2 2024), but the valid reason for the separation was significantly lower in RP1 2024 leading to a 50% decline between RP2 2023 and RP1 2024 (90% to 40%). For RP2 2024, this rating is back up to 66.7% for a valid reason for the child's separation from siblings in placement. Exploration into causes for this based on interviews from ongoing CQI case reviews, 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

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for Item 8 because 34% of the 38 applicable cases were rated as a Strength. In 50% of the 22 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation with a sibling(s) in foster care who is/was in a different placement setting was sufficient to maintain and promote the continuity of the relationship. In 43% of the 30 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her mother was sufficient to maintain and promote the continuity of the relationship. In 33% of the 21 applicable cases, the agency made concerted

efforts to ensure that both the frequency and quality of visitation between the child in foster care and his or her father was sufficient to maintain and promote the continuity of the relationship.

Policy and Process Overview

Policy [6-915 Visitation and Continuing Contact with Biological Family](#) establishes that visits shall be arranged for the foster child with his biological parents and siblings. When reunification is the permanency goal for the child, visitation between parent and child is critical to achieving this goal. The purposes of the parent/child/sibling visits are to:

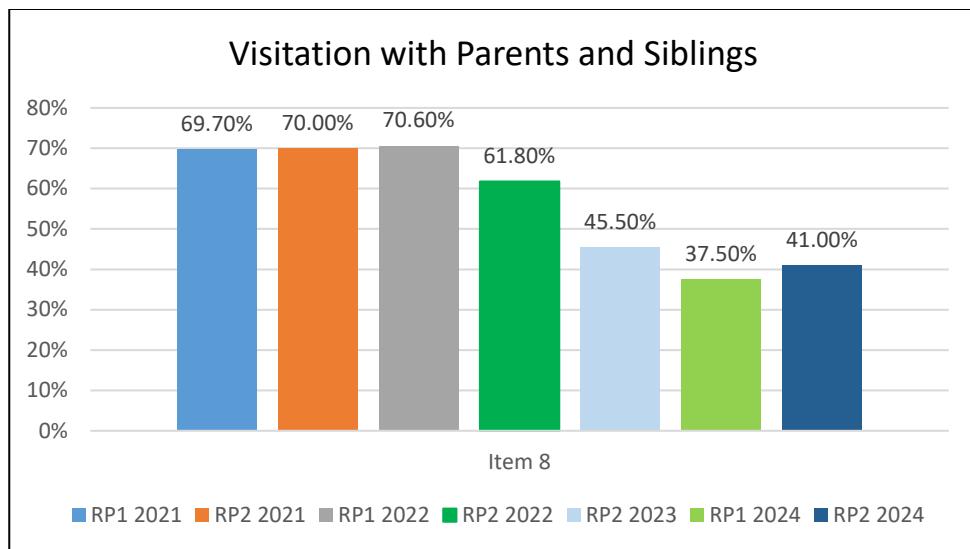
- Maintain relationships regardless of the permanency goal;
- Provide opportunity for the parent to demonstrate willingness/ability to care for the child on an ongoing basis and/or help the child realize the parent cannot provide ongoing care;
- Prepare parent and child for reunification or for separation to achieve the alternative permanency goal and,
- Focus on the foster parent role as that of a temporary substitute parent/caregiver until the permanency plan goal of reunification is changed or the alternative permanency goal is attained.

When siblings are placed in separate settings, every effort shall be made to allow more frequent contact than the minimum and diligent, ongoing efforts shall be made to place the children together.

Analysis of Performance

When looking at the past seven review periods, Louisiana has averaged a 56.6% strength rating on cases regarding adequate frequency and quality of visits with parents and siblings in foster care. Concerted efforts to ensure frequent and quality visits with siblings consistently received the highest strength ratings with visits with mothers second. Concerted efforts to ensure that frequency and quality visits were held with the mother occurred in 61.9% of the cases for RP2 2023, 47.8% of the cases for RP1 2024, and 51.6% of the cases in RP2 2024. Concerted efforts to ensure that frequency and quality visits were held with the father occurred in 46.7% of the case for RP2 2023, 33.3% of the cases for RP1 2024, and 36.4% of the cases in RP2 2024. Concerted efforts to ensure that frequency and quality visits were held with the child's siblings occurred in 70% of the case for RP2 2023, 50% of the cases for RP1 2024, and 52.9% of the cases in RP2 2024.

The frequency of the visits occurring seemed to be the biggest concern in the reviews with frequency of visits with each party (mother, father, child) seeing a decline, while the quality of visits that did occur remained fairly consistent with prior review periods. Trends noted in case reviews included a lack of concerted efforts to engage parents to ensure that they were aware of visitation and that there were no barriers to visitation (such as transportation) and incarcerated parents and not looking at alternative for visitation.



Item 9: Preserving Connections

In Round 3 of the CFSR, Louisiana received an overall rating of Area Needing Improvement for preserving connections because 59% of the 39 applicable cases were rated as a Strength.

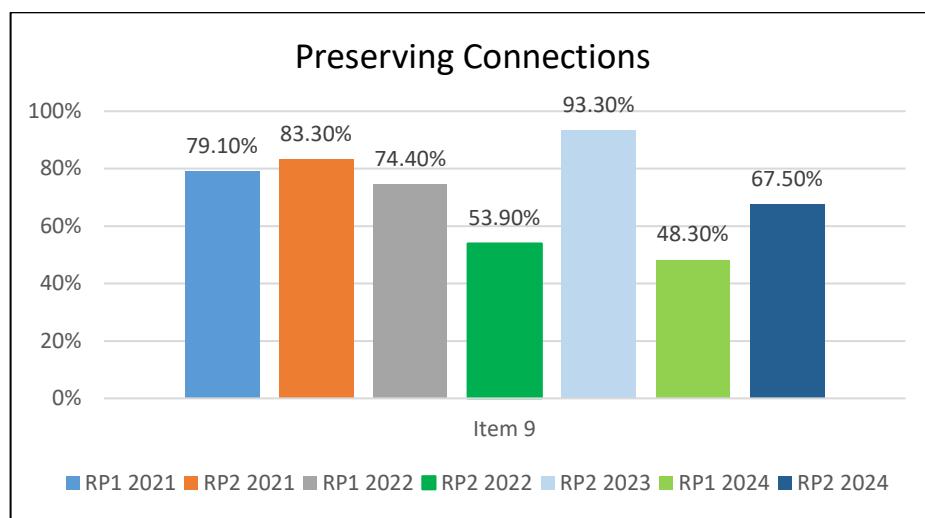
Policy and Process Overview

Policy [6-915 Visitation and Continuing Contact with Biological Family](#) requires that if the child has established, significant relationships with other relatives, such as grandparents, and it is in the child's best interest, these relationships should be preserved to the extent possible through continued contacts during foster care placement. These contacts should include visitation as well as other arrangements, such as email, telephone calls, letters and the exchange of personal information, cards or pictures. Detailed information, including contact information and continued contact between the foster child and biological family should be included in the case plan visitation/continuing contact section and documented on the child's Family Connection Form. It is critical for individuals with whom the child has a significant relationship with be included in case planning for the child and given the opportunity to provide care and support for the child, when physically possible to do so. If the child has established, significant relationships with other individuals such as friends, teachers, church members, godparents, or others, every effort should be made to allow the child to have ongoing contact with these individuals as well. For Native American children whose tribe is supporting placement by the Department, this includes assuring contact between the child and tribal members with whom the child has a relationship.

Analysis of Performance

For the last seven review periods, 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 71.4%. The 28.6% of cases with an area needing improvement rating, was primarily due to not ensuring the child maintained contact with relatives. For RP2 2023, item 9 saw a significant increase from the prior completed review period with a 93.3% rating. In RP1 2024, the rating declined to 48.3% which is the lowest rating during the time frame tracked, including baseline data. In RP2 2024, the state saw an increase to 67.5% strength rating. ACT 350 reviews began in late 2023 to explore

the agency's exploration early on into relatives and ensuring 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 but preliminary information indicates that the most used exploration for permanent connections for a child is through interviews of the parent by the worker to determine who the child's important connections are and was found to have occurred in 79% of the 63 cases reviewed during FFY 2024. An underutilized option was having the child identify persons who were important to them through interviews and was only found in 24.2% of the cases where the child was age appropriate to interview. It was found that only 22.6% of the cases had documentation on the Family Connections form of a diligent search for family connections (relative and fictive kin). The majority of the family connections forms were not completed timely with 62.3% not completed within 30 days of removal so it was difficult to determine if diligent efforts were made to assess the child's connections. In most cases, the Relative Notification form was not sent by regular and certified mail within 5 working days from the date the address of the relative was obtained.



Item 10: Relative Placement

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for Relative Placement because 60% of the 40 applicable cases were rated as a Strength.

Policy and Process Overview

[4-807 Emergency Placement of Children](#) requires as soon as the decision is reached that the child requires emergency removal and placement, staff must consider the availability of placement with relatives or a suitable individual. If there is not a parent, with whom the child has not been residing, available as a potential resource for the child, placement with a suitable individual or placement with relatives (grandparent, aunt or uncle, sibling, cousin, family, friend, neighbor, etc.) is considered first. The safety and well-being of the child is the primary concern when considering a relative or suitable individual as a placement resource. If it does not appear that there is a suitable relative or suitable individual available to the child, the most appropriate, least restrictive, alternative placement resource available for the child shall be determined.

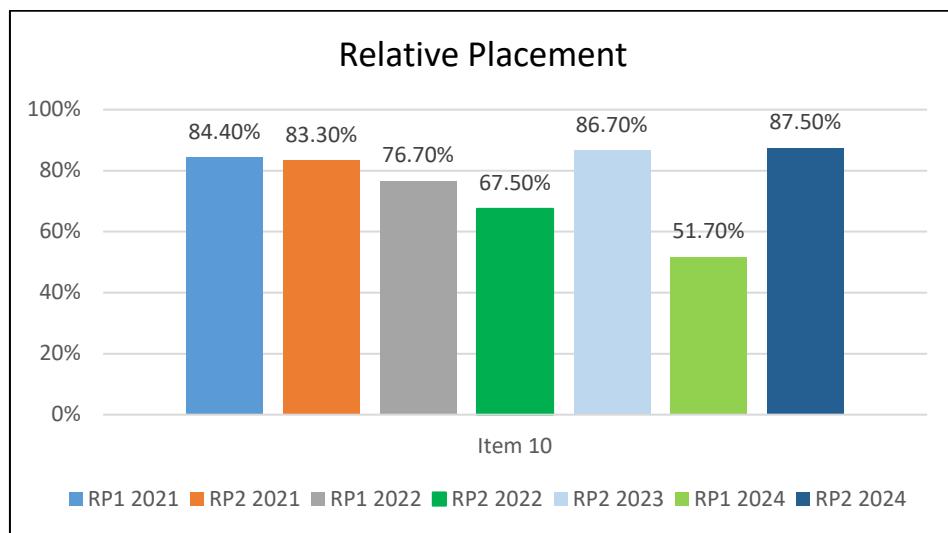
[**6-300 Guidelines for Selecting a Care Setting/Replacement Resource**](#) establishes policy to place foster children in a care setting which is least restrictive, most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. In most situations, the progression of care setting consideration begins with a non-custodial parent or relative resource and moves to certified family foster care or other specialized types of foster homes. Relative placements should be taken into consideration and utilized when appropriate. The case worker shall send the Relative Notification Letter to all identified relatives and significant persons within five working days from the date the address has been provided to the worker via regular and certified mail. Efforts should be made to place children with families who can provide a permanent care setting, should they be unable to return to their parents' custody. This involves placing children with relatives who are willing to adopt, accept transfer of custody, or guardianship of the child instead of providing short term care. Children who are not placed with relatives but are at risk of not being returned to their parents should be placed with foster parents who are prepared to commit to the permanent plan for the child.

Policy [**6-400 Placement of the Child with Relative/Kin Caregivers**](#) establishes that the DCFS shall first consider placement with a non-offending parent, adult sibling, and relative/kin caregiver. An adult relative/kin is connected to a child or family through bonds of affection, concern obligation and/or responsibility and whose parents are not living in the home. When multiple relative/kin are available and equally capable of providing the child permanency, the relative/kin caregiver with the closest relationship to the child should be selected and the caregiver should be immediately referred to home development for certification. Consideration of permanency for the child should be paramount after consideration of safety, health, and well-being in the decision to place a child in a relative/kinship caregiver's home. The placing case worker's thorough assessment of the family and home for appropriateness and capacity for certification will lessen the need to remove a child from a family which cannot be certified at a later date.

Analysis of Performance

For the past seven review periods, Louisiana scored an average of 76.8% in its efforts to ensure children in foster care are placed with relatives. Louisiana received an average of 23.2% area needing improvement, primarily due to not making an effort to locate relatives. For RP2 2023, the agency receive a rating of 86.7%. There was a significant decline in the rating in RP1 2024 with a rating of 51.7%. The rating increased in RP2 2024 to 87.5% which is well above the average rating for the identified review periods. In a review of the data from cases reviewed over the last two fiscal years, approximately half of the children reviewed were in a relative placement. The large majority of those placements were determined to be appropriate placements able to meet the child's needs. When looking at the concerted efforts to ensure relatives were identified, located, informed, and evaluated, often times when children were not in relative placement there was a lack of evidence that demonstrated the agency made those concerted efforts to identify, locate, inform and evaluate. A large majority of both maternal and paternal relatives were found to not be assessed for placement with approximately 41% of maternal family members and 44% of paternal family members. 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.

Administrative data for FFY 2024, supports that 42.9% (1353 of 3151) of children who entered care during this time frame had their first placement with a relative or kin and 56.4% (1776 children) had at least 1 placement within the first 30 days with a relative or kin placement. For the children experiencing their first placement with a relative or kin, 62.3% of those children (843) were still placed in a relative/kin placement.

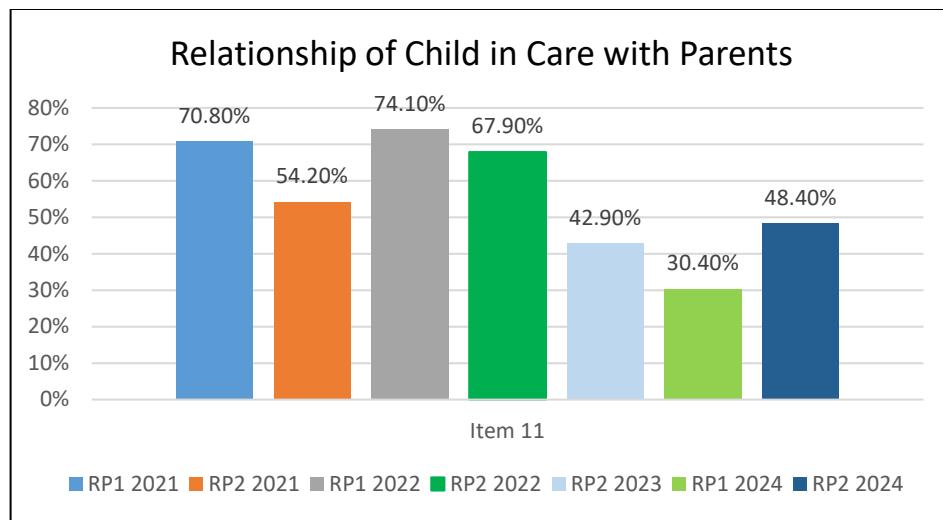


Item 11: Relationship of Child in Care with Parents

In CFSR Round 3 reviews, Louisiana received an overall rating of Area Needing Improvement for Item 11 because 30% of the 33 applicable cases were rated as a Strength. In 50% of the 30 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her mother. In 32% of the 22 applicable cases, the agency made concerted efforts to promote, support, and otherwise maintain a positive and nurturing relationship between the child in foster care and his or her father.

Analysis of Performance

For the last seven review periods, Louisiana has averaged a 55.5% strength rating for promoting and maintaining the child and parent relationship. Area needing improvement ratings were 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 RP2 2023 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 RP1 2024 to 30.4%. Louisiana saw an increase to 48.4% for RP2 2024; however, the rating continues to be lower than historical performance. The biggest decline noted was related to the promotion of the mother's relationship with the child from 70% in RP2 2023 to 39% in RP1 2024. The promotion of the relationship with the mother saw an increase in RP2 2024 with a 61.3% rating. The promotion of the relationship with the father has consistently seen lower strength ratings with RP2 2023 at 40%, RP1 2024 at 26.7%, and RP2 2024 at 40.9%.



Well- Being **Well- Being Outcomes 1, 2 and 3**

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

Families have enhanced capacity to provide for their children's needs; children receive appropriate services to meet their education needs; and children receive adequate services to meet their physical and mental health needs.

Round 3 Performance Well-being Outcome 1

Louisiana was found not to be in substantial conformity with Well-Being Outcome 1 as the outcome was substantially achieved in only 14% of the 65 applicable cases reviewed during CFSR Round 3. The outcome was substantially achieved in 20% of the 40 Foster Care cases reviewed and 4% of the 25 in-home services cases. Louisiana was able to meet the PIP expectations for all items within the Well-Being Outcome 1 within the PIP timeframe.

Recent Historical Performance Well-being Outcome 1

Performance for Well-Being Outcome 1 over the past 7 review periods has demonstrated performance of Substantially Achieved in 37.8% of the cases (167/442) and Partially Achieved for 33.3% of the cases (147/442).

Item 12: Needs and Services to Child, Parents, and Foster Parents

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for needs and services to child, parents, and foster parents with 14% of the 65 applicable cases rated as a Strength. Item 12 was rated as a Strength in 20% of the 40 foster care cases and 4% of the 25 in home services cases.

When looking at Round 3 performance on the sub-items within item 12, Louisiana's performance in needs assessment and services to children (12a) with a 51% rating of the 65 cases. The agency performed at 55% strength rating for foster care cases and 44% of the 25 in home services case.

Louisiana had the lowest strength rating for needs assessment and services to parents (12b) with a Strength rating of 10% of 60 cases. Item 12b had a Strength rating in 14% of the 35 applicable foster care cases and 4% of the 25 in home services cases. In 16% of the 57 applicable cases, the agency made concerted efforts to assess and address the needs of the mothers. In 13 % of the 53 applicable cases, the agency made concerted efforts to assess and address the needs of the fathers.

Louisiana was most successful in the needs assessment and services to foster parents (12c) where 72% of the 39 applicable foster care cases were rated as a Strength.

Policy and Process Overview

Louisiana has established policies to provide guidance for assessment for in home and family services cases. It is the policy of the Department of Children and Family Services that each family is assessed to determine their areas of strength and service needs to ameliorate the conditions and/or behavior that present safety threats and/or the risk of abuse/neglect to the children so the children may remain safely in their homes or return home if removed. The Assessment begins while the family is involved with Child Protection Services per policy [4-512 Initiation of the Investigation with the Parent or Caretaker.](#)

Ongoing programs build upon the assessment of family functioning that was started in CPS. The in home services cases follow policy [5-405 Assessment of Family Functioning](#). Foster care cases follow policy guidance [6-205 Assessment of Family Functioning](#). Guidance provides insight into the importance of engaging with the family and emphasizes that engagement of the family is essential to improve their outcomes related to safety, permanency and well-being. Successful engagement occurs through conversation, joint planning and decision making. It develops over time and results in cooperation and a partnership with the parents and caretakers and is essential for gathering reliable and thorough assessment information. [6-201 Diligent and Conceted Efforts to Locate Parents](#) outlines the expectations for staff to ensure that there are concerted efforts made to locate a parent when the parents has not been accessible to the worker. It is the policy of the Department of Children and Family Services, in cases where a parent's whereabouts are unknown or the parent is uncooperative, the case manager conduct at least two meaningful attempts to locate or contact the parent per month. Meaningful attempts to locate or visit include attempts at in-person contact (i.e. scheduled and unscheduled home visits) and phone calls. Also expected is in-person or phone contact with family members, public service agencies, and/or service providers to attempt to locate the parent.

Services to support Reunification are described in policy [6-216 Services to Assist with Reunification](#). Through the enactment of the Family First Prevention and Services Act, Louisiana began to provide services under this Act in order to prevent removal, safely keep children in their home when appropriate, and lessen the time in foster care by providing stability to a family at transition. 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 described in [Policy 16-100 Family First](#)

and Eligibility. 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.

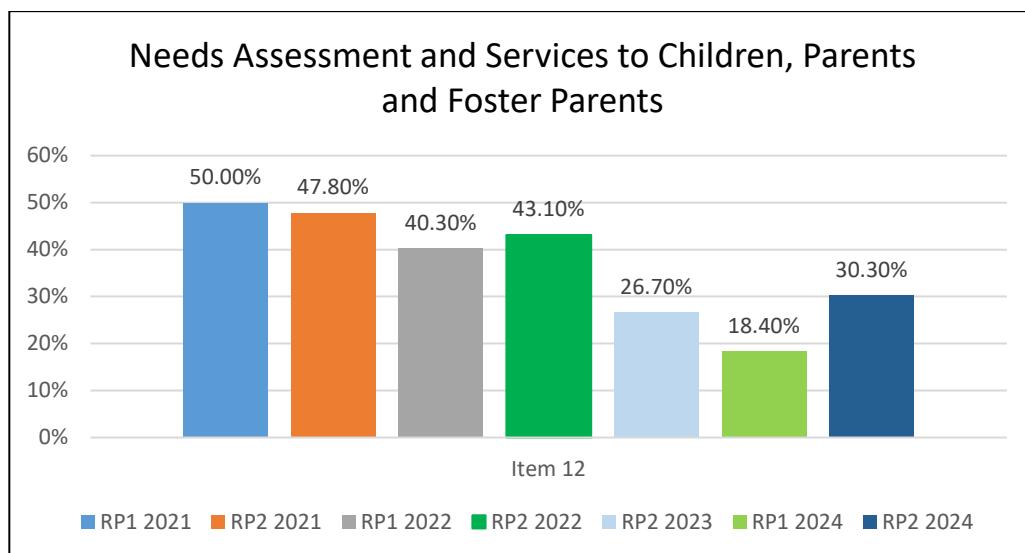
Child First has been implemented in pilot areas of the State with the most out of home placements of children ages 0-5. Child First is currently implemented in Shreveport, Monroe, Lafayette, Alexandria, Baton Rouge, Covington, and Orleans. The remaining regions of Lake Charles and Lafayette are expected to roll out by early 2025. The policy guiding use of Child First services is found in [Policy 16-200 Child First Services](#).

Youth Villages provides Intercept services within the Baton Rouge, Covington, and Orleans and Choices provides Intercept services within the Shreveport Region. The DCFS has continued to work with the providers to ensure they are using the model to fidelity. The remaining regions of Monroe, Alexandria, Lafayette, Lake Charles, and Thibodaux are expected to rollout by early 2025. The policy guiding use of Intercept services is found in [Policy 16-105 Intercept Services](#).

Analysis of Performance

When looking at performance related to Item 12 for reviews conducted over FFY2023 and FFY2024, the agency has seen a decline in performance from previous review periods. For cases reviewed in FFY 2023 (RP2 2023 only), Louisiana saw Strength ratings of 26.7% (12 of 45 cases). In comparison of foster care cases to in home services cases, foster care cases saw a 36.7% strength rating (11 of 30) while in home cases saw a strength rating of 6.7% (1 of 15 cases).

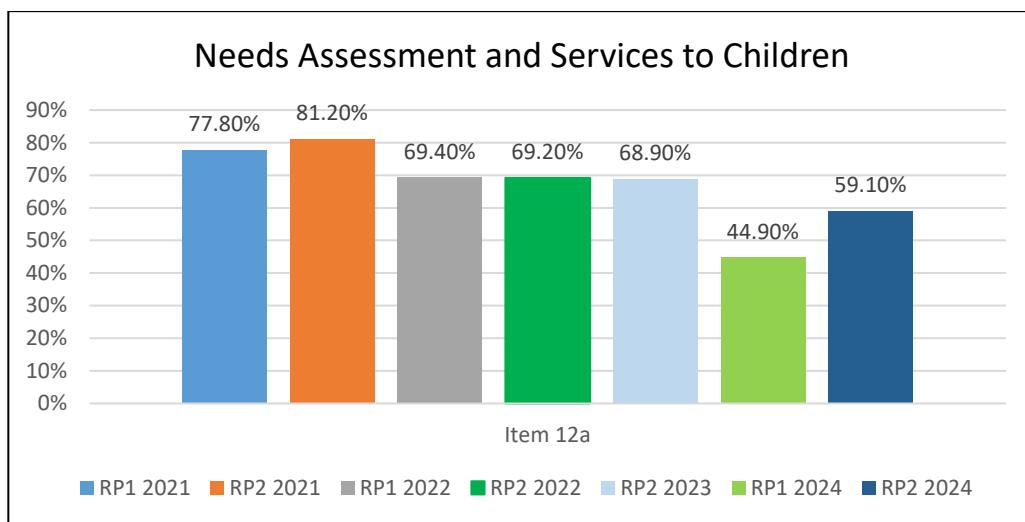
For cases reviewed in FFY 2024 (RP1 2024 and RP2 2024 combined), Louisiana saw Strength ratings of 25.22% (29 of 115 cases). In comparison of foster care cases to in home services cases, foster care cases saw a 24.6% strength rating (17 of 69 cases) while in home cases saw a strength rating of 26.09% (12 of 46 cases).



Item 12a

When looking at recent performance on the sub-items within item 12, Louisiana's performance in needs assessment and services to children (12a) for FFY 2023 (RP2 2023 only) was 68.9% rating

(31 of 45 cases). The agency performed at 86.7% strength rating for foster care cases (26 of 30) and 33.3% of the in home services cases (5 of 15). For FFY 2024 (RP1 2024 and RP2 2024), performance showed a decline with a 53% Strength rating for all cases (61 of 115). The agency performed at 58% Strength rating for foster care cases (40 of 69) and a 45.7% strength rating for in home cases (21 of 46). Reasons identified for the Area Needing Improvement ratings stemmed from a lack of assessment due to a lack of contact with the children for extended periods of time, a lack of reassessment during transitions (i.e. trial placement home), and lack of gathering or incorporating collateral information into the assessment to ensure a comprehensive assessment. Area Needing Improvement ratings related to provision of identified service needs stemmed from adolescents not receiving services needed to assist in repairing or improving maladaptive communication patterns that impact the family dynamics and independent living skills services. For younger children there was a lack of follow up on needed services through Early Steps to address development lags (i.e. speech therapy).



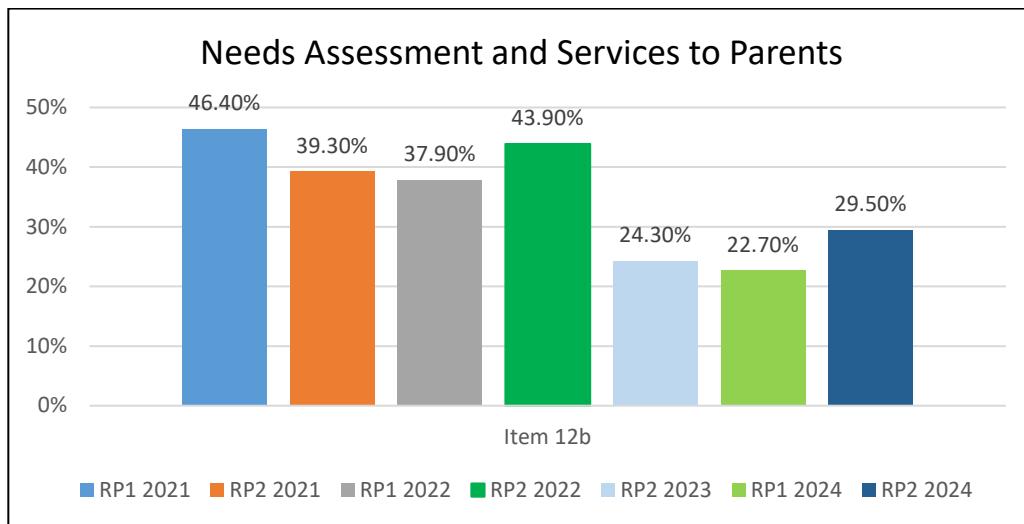
Item 12b

Out of the 3 sub items, Louisiana continued to yield the lowest strength ratings in needs assessment and services to parents (12b). For FFY 2023 (RP2 2023 only), performance in needs assessment and services to parents was 24.3% (9 of 37 cases) for all cases. The agency performed at 31.8% strength rating for foster care cases (7 of 22) and 13.33% of the in home services cases (2 of 15) for FFY 2023. For FFY 2024 (RP1 2024 and RP2 2024), performance indicated a 26.7% Strength rating for all cases (28 of 105). The agency performed at 25.4% Strength rating for foster care cases (15 of 59) and a 28.3% strength rating for in home cases (13 of 46).

In FFY 2023, the agency made concerted efforts to assess and address the needs of the mothers in 40.5% of the cases (15 of 37) with a rating of 34% in FFY 2024 (35 of 103 cases). In FFY 2023, the agency made concerted efforts to assess and address the needs of the fathers in 28.1% of the cases (9 of 32) with a rating of 24.1% in FFY 2024 (21 of 87 cases).

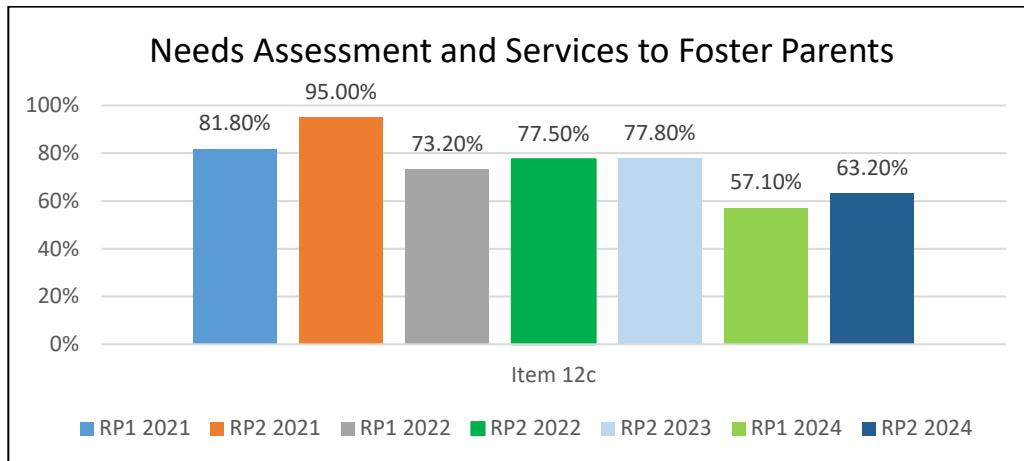
Reasons for Area Needing Improvement ratings often stemmed from a lack of concerted efforts to locate an absent parent or a lack of effort to maintain contact with a difficult to engage client. In cases where there was ongoing contact, the lack of assessment often times stemmed from a lack

of ensuring the parent had a thorough assessment to adequately capture the parent's needs. The agency continues to struggle in the area of assessing and providing fathers with services. This includes both in home and out of home involved fathers. There is a lack of ongoing assessment of mothers to determine if services are enhancing protective capacities. This is often stemming from a lack of asking in depth questions or questions that may get to the underlying needs of the parent.



Item 12c

Out of the 3 sub items, Louisiana continued to yield the highest strength ratings in needs assessment and services to foster parents (12c). For FFY 2023 (RP2 2023 only), performance in needs assessment and services to foster parents was 77.8% (21 of 27 cases). For FFY 2024 (RP1 2024 and RP2 2024), performance indicated a 60.6% Strength rating (40 of 66 cases). When looking at both time frames, the provision of appropriate services received a slightly lower strength rating than the assessment of the foster parent. The reasons for Area Needing Improvement ratings often stemmed from a lack of assessment or provision of services for the foster parent's needs related to meeting the child's specific needs (i.e. management of behaviors or medical needs of the child), lack of meeting financial needs (i.e. reimbursements or assistance), and a lack of education for relatives on things like benefits of becoming certified, agency processes and what to expect.



Item 13: Child and Family Involvement in Case Planning

Louisiana received an overall rating of Area Needing Improvement for Item 13 because 16% of the 61 applicable cases were rated as a Strength. Item 13 was rated as a Strength in 25% of the 36 applicable foster care cases and 4% of the 25 applicable in-home services cases. In 55% of the 33 applicable cases, the agency made concerted efforts to involve child(ren) in case planning. In 27% of the 52 applicable cases, the agency made concerted efforts to involve mothers in case planning. In 18% of the 45 applicable cases, the agency made concerted efforts to involve fathers in case planning.

Policy and Process Overview

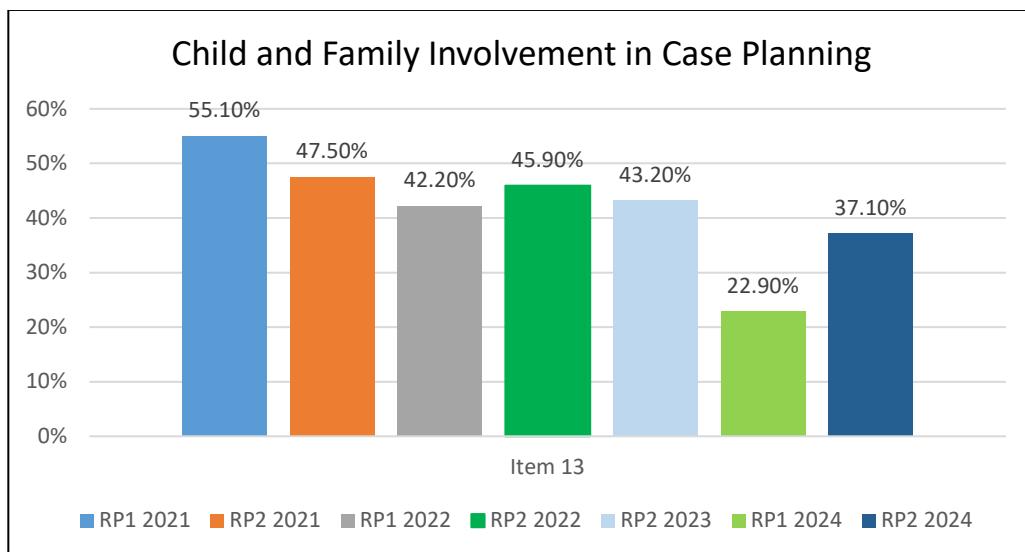
[5-420 The Case Plan](#) outlines the process and procedures for case planning for an in home services case. It is the policy of the Department of Children and Family Services (DCFS) that a written case plan be developed with the family, including participation by the Office of Juvenile Justice (OJJ) for “crossover youth.” * The case plan meeting must occur within 30 days of case acceptance and the case plan must be finalized within the first 45 days of the opening of the Family Services (FS) case, and once every six months thereafter in a formal meeting. All case plans are developed in collaboration with the family and individualized to address the issues that affect child safety and risk of removal. The family includes all parents of all the children in the home, whether or not they normally reside with the child. All in-home parents must be included in the plan. Out of home parents should be included in the case plan, if appropriate to their involvement and assessment rating. Children should also participate when they are old enough to participate in planning for services.

[6-800 Case Planning Process](#) outlines the process and procedures for case planning for foster care cases. The purpose of the case plan is to guide the case worker, supervisor, parents, foster parents/caregivers, and the court in working collaboratively towards the goals of safety, well-being, and permanency. 6-800 Initial Family Team Meeting provides the expectations for the family team meeting process and the Case workers are expected to team with a family in the case planning process on an ongoing basis but must finalize a case plan or make revisions/updates within the first 45 days of a case being opened and a minimum of once every six months thereafter at a FTM. Engagement should begin with the Department’s first contact with a family. Part of engagement includes the case workers’ genuine interest in understanding the reasons for Department involvement from the family’s perspective and conveying the Department’s role in assisting the family in achieving desired outcomes. [6-825 Ongoing Family Team Meeting Administrative Reviews](#) provides guidance on the ongoing family team meeting for foster care cases.

Analysis of Performance

Performance for FFY 2023 and FFY 2024 showed a decline in Child and Family Involvement in Case Planning from prior review periods. For FFY 2023 (RP2 2023 only), Louisiana’s strength rating for Item 13 was 43.2% (19 of 44 cases). When comparing in home cases to foster care cases, Louisiana’s performance was significantly better in foster care cases with strength ratings in 51.7% (15 of 29) of the foster care cases and only 26.7% (4 of 15) of the in home cases. In comparison of case planning activities with certain case participants, the highest strength percentage was with engagement of age appropriate children in case planning with a 60.7% (17 of 28) strength rating while mothers were at 51.4% (19 of 37) and fathers were at 37% (10 of 27).

Again foster care cases saw higher strength percentages for each case participant than family services cases. For FFY 2024 (RP1 2024 and RP2 2024), Louisiana's strength rating for Item 13 was 30.9% (34 of 110). When comparing in home cases to foster care cases, Louisiana's performance was comparable for foster care cases and in home services cases with foster care cases showing a strength rating of 31.3% (20 of 64) and in home services cases at 30.4% (14 of 46). In comparison of case planning activities with certain case participants, the highest strength percentage was with engagement of age appropriate children in case planning with a 41.5% (27 of 65) strength rating while mothers were at 38.5% (37 of 96) and fathers were at 29.2% (21 of 72). Active involvement with mothers was higher in in home cases than foster care cases while children and fathers were higher in foster care cases. Trends leading to Area Needing Improvement ratings include a lack of concerted efforts to locate parents to engage them in the case planning process on an ongoing basis, lack of follow up with parent or providers to determine progress or address barriers or challenges with services that impact case plan goals.



Item 14: Caseworker Visits with Child

Louisiana received an overall rating of Area Needing Improvement for Item 14 because 46% of the 65 cases were rated as a Strength. Item 14 was rated as a Strength in 55% of the 40 foster care cases and 32% of the 25 in-home services cases.

Policy and Process Overview

Louisiana has policies and procedures in place to address the expected frequency and quality of home visits with children involved with the agency through both in home services and foster care.

[5-205 Time Frames, Frequency and Nature of Contact](#) outlines the frequency and quality of visits with children on in home cases. Frequency of contacts with parents/ caretaker, secondary caregivers and children are guided by the SDM policy which is based on the scored risk level of the SDM risk assessment. Refer to the Structured Decision Making System for Child Welfare Services Policy and Procedures Manual. The worker must visit privately with the child once a month when the child is verbal or otherwise capable of communicating and is developmentally

able to separate from the parent for the private time without distress. When the child is pre-verbal, unable to communicate or separate from the parent, the child is observed.

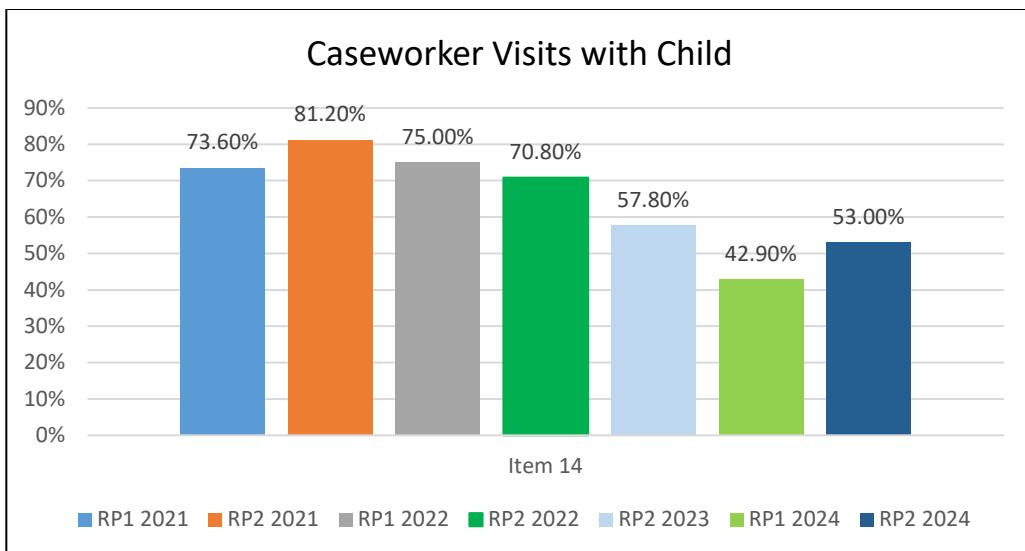
[6-905 Case Worker Visits with the Foster Child/Foster Parent/Caregiver](#) outlines what frequency and quality of visit with the foster child and their caregiver should look like. The term visit is defined as any face-to-face contact between the case worker and verbal child which provides for free and private communication. Visiting with a verbal child on the same date as a visit with the foster parent/caregiver is permissible, provided the case worker and child visit privately. Visiting with the child privately allows the child to share any concerns more openly and discuss his/her care. The case worker should also spend time visiting the child and caregiver together to observe interactions and support positive relationships within the placement. The case worker should document in case notes that he/she visited privately with each verbal child and the foster parent/caregiver, if more than one person was seen during the same visit. When the child is pre-verbal or unable to communicate, a visit is defined as any face-to-face contact between the case worker and the child. The case worker must observe the caregivers with each child during each visit to determine the adequacy of care and evidence of bonding.

Analysis of Performance

For FFY 2023 (RP2 2023 only), Louisiana received a Strength rating on item 14 in 57.8% of the cases (26 of 45). Item 14 was rated as a Strength in 66.7% (20 of 30) of the foster care cases and 40% (6 of 15) of the in home services cases. When looking at frequency versus quality, frequency was rated higher than quality with 73.3% (33 of 45) strength rating on frequency and 64.4% (29 of 45) on quality. When looking at in home versus foster care, foster care rated higher in both frequency and quality of home visits (80% and 70%) versus in home cases (60% and 53.3%).

For FFY 2024 (RP1 2024 and RP2 2024), Louisiana received a Strength rating on item 14 in 48.7% of the cases (56 of 115). Item 14 was rated as a Strength in 50.7% (35 of 69) of the foster care cases and 45.7% (21 of 46) of the in home services cases. When looking at frequency versus quality, frequency was rated higher than quality with 69.5% (80 of 115) strength rating on frequency and 52.6% (60 of 114) on quality. When looking at in home versus foster care, foster care rated higher in both frequency and quality of home visits (75.4% and 55.1%) versus in home cases (60.9% and 48.9%).

Trends leading to Area Needing Improvement ratings were based on not ensuring that additional visits are conducted at critical times in the cases like trial home placements, initial placements in new foster homes for children with special needs, not ensuring the environment is conducive for private discussions, not visiting at least every month in the home, and not using the time in home visits to comprehensively explore how services were addressing the child's needs or issues pertaining to the child's safety.



Item 15: Caseworker Visits with Parents

Louisiana received an overall rating of Area Needing Improvement for Item 15 because 16% of the 56 applicable cases were rated as a Strength. Item 15 was rated as a Strength in 26% of the 31 applicable foster care cases and 4% of the 25 in-home services cases. In 25% of the 52 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 15% of the 46 applicable cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient.

Policy and Process Overview

[5-205 Time Frames, Frequency and Nature of Contact](#) outlines the frequency and quality of visits with children on in home cases. Frequency of contacts with parents/ caretaker, secondary caregivers and children are guided by the SDM policy which is based on the scored risk level of the SDM risk assessment. Refer to the Structured Decision Making System for Child Welfare Services Policy and Procedures Manual. It is expected that the family is seen together in a home visit for at least one of the contacts each month. The visits should be planned for a time that will permit participation of all family members, whenever possible. If a family member (parent, caretaker or child) is unavailable at the time of the planned family visit, the worker must have a face-to-face contact during the month with the person who was unavailable. When each family member is either present during the visit or seen later, it meets the requirement for a contact with the parent, children and caretaker, as applicable.

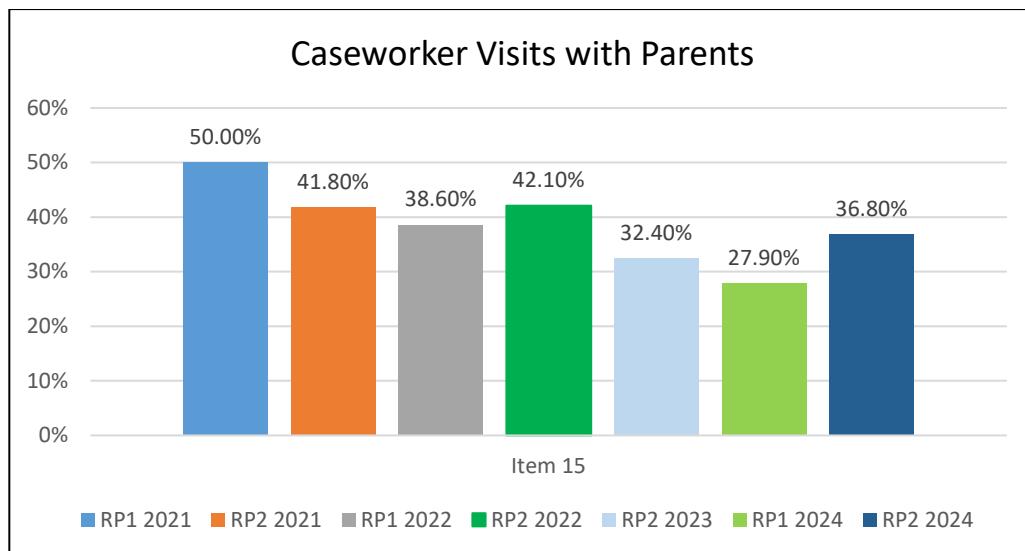
[6-200 Worker Visits with Parents](#) outlines the frequency and quality of home visits with parents. In order to achieve timely permanency for the child when the plan is to reunify parent and child, the case worker shall have face to face contact with the parents for ongoing assessments of safety and risk as well as to provide support and assistance in achieving case plan goals. When the case plan goal is reunification, the minimum number of face to face contacts that must be made with the parents/caregivers each month is determined by each family's SDM risk level as outlined in the Structured Decision Making (SDM) Policy and Procedures Manual.

Analysis of Performance

For FFY 2023 (RP2 2023 only), Louisiana had an overall Strength rating of 32.4% (12 of 37) for Item 15. Frequency and Quality of Visits with parents was rated as a Strength in 36.4% (8 of 22) foster care cases and 26.7% (4 of 15) of the in-home services cases. In 43.2 %(16 of 37) of the cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 25.9% (7 of 27) of the cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient. The frequency of contacts with the mother in in home cases was found to be more sufficient than the frequency of contacts with the mother in foster care cases (73.3% versus 50%) but the quality of the visits for foster care cases was found to be more sufficient than the quality of the in home visits (50% versus 40%).

For FFY 2024 (RP1 2024 and RP2 2024), Louisiana had an overall Strength rating of 33% (33 of 100) for Item 15. Frequency and Quality of Visits with parents was rated as a Strength in 30.9% (17 of 55) foster care cases and 35.6% (16 of 45) of the in-home services cases. In 37.5 %(36 of 96) of the cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with mothers were sufficient. In 29.2% (21 of 72) of the cases, the agency made concerted efforts to ensure that both the frequency and quality of caseworker visitation with fathers were sufficient. The frequency and quality of contacts with the mother in in home cases was found to be more sufficient than the frequency of contacts with the mother in foster care cases (frequency 55.6% versus 45.1% and quality 45.4% versus 36.7%). The frequency and quality of visits with the father were comparable in both in home and foster care cases.

Trends leading to Area Needing Improvement in this area include a lack of in depth discussion during home visits to assist in determining if services are meeting the parent's needs, a lack of home visits with in home/involved fathers, and the focus of home visits tends to be more on compliance of attending services versus using the time to assess the progress in protective capacities.



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

Round 3 Performance Well-being Outcome 2

Louisiana's performance for Round 3 in Well-being outcome 2 was not in substantial conformity based on the outcome being achieved in 77% of the 30 applicable cases reviewed.

Recent Historical Performance Well-being Outcome 2

Performance for Well-Being Outcome 2 over the past 7 review periods has demonstrated performance of Substantially Achieved in 81.4% of the cases (179/220) and Partially Achieved for 2.2% of the cases (5/220).

Item 16: Educational Needs of the Child

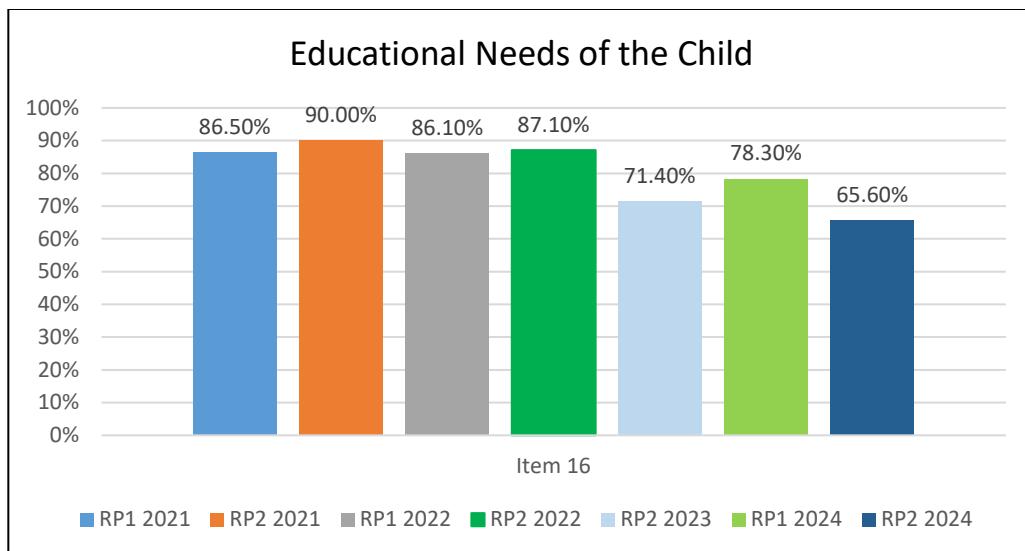
Louisiana received an overall rating of Area Needing Improvement for Item 16 because 77% of the 30 applicable cases were rated as a Strength. Item 16 was rated as a Strength in 75% of the 28 applicable foster care cases and 100% of the 2 applicable in-home services cases.

Policy and Process Overview

[6-1000 Educational Services to Children in Foster Care](#) provides guidance on provision of educational services to children in foster care. The Foster Care (FC) case worker, in collaboration with the local school system, parents, foster child, and foster caregivers, ensures each child in foster care receives the opportunity to receive a full time education, participates in community based public educational programs and ensures the child has a stable educational setting. For those children requiring Special Education services, policy [6-1005 Serving Children with Special Education Needs](#) addresses the process and procedures for staff to ensure that services are provided to those children.

Analysis of Performance

In FFY 2023 (RP1 2024 only), Louisiana had an overall Strength rating of 71.43% (20 of 28 cases) for Item 16. Item 16 was rated as a Strength in 78.3% (18 of 23) of the foster care cases and 40% (2 of 5) of the applicable in-home services cases. Louisiana had more strength ratings in the assessment of the child's educational needs versus the actual provision of the services specifically for foster care cases (87% assessment versus 71.4% providing services). In FFY 2024 (RP1 2024 and RP2 2024), Louisiana had an overall Strength rating of 70.9% (39 of 55 cases) for Item 16. Item 16 was rated as a Strength in 71.2% (37 of 52) of the foster care cases and 66.7% (2 of 3) of the applicable in-home services cases. Louisiana had more strength ratings in the assessment of the child's educational needs versus the actual provision of the services specifically for foster care cases (75% assessment versus 71.2% providing services). Trends identified in Area Needing Improvement ratings were based on not ensuring services identified in an IEP are being provided, not ensuring tutoring services were provided, not ensuring proper attendance, lack of oversight of educational needs while in hospitalizations, and not ensuring speech services for younger children.



Wellbeing Outcome 3: Children receive adequate service to meet their physical and mental health needs.

Round 3 Performance Well-being Outcome 3

For Round 3, Louisiana was not found in Substantial Conformity with Well-being outcome 3. The outcome was substantially achieved in 32% of the 60 applicable cases reviewed. The outcome was substantially achieved in 25% of the 40 foster care cases and 45% of the 20 applicable in home services cases.

Recent Historical Performance Well-being Outcome

Performance for Well-Being Outcome 3 over the past 7 review periods has demonstrated performance of Substantially Achieved in 65.6% of the cases (282/430) and Partially Achieved for 11.4% of the cases (49/430).

Item 17: Physical Health of the Child

Louisiana received an overall rating of Area Needing Improvement for Item 17 because 36% of the 59 applicable cases were rated as a Strength. Item 17 was rated as a Strength in 30% of the 40 foster care cases and 47% of the 19 applicable in-home services cases.

Policy and Process Overview

[6-700 Medical Evaluation and History](#) and [6-1100 Medical and Dental Care for the Foster Child](#) outlines the expectations for the assessment of medical and dental needs for children in foster care and the services available to address needs for initial entry.

Ongoing assessment and provision of services are outlined in policy [6-1105 Ongoing Medical and Dental Care](#). All children in DCFS custody shall receive medical and dental care when medically necessary or required for wellness. All children in 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,

DCFS retains children with the same medical providers and plan in use by the child's family at the time of foster care entry.

The Director of Medical Services serves as an in-house clinical resource for the DCFS ensuring timely access to physical and behavioral health services for the children and families across all program areas including intake, investigations, and home-based services to families at high risk of child maltreatment, foster care, adoption, and post- adoption. During FFY24 the Director of Medical Services has focused on the following areas:

- Served as a liaison on behalf of the DCFS with LDH and the healthcare community.
- Provided consultation on complex medical cases, as needed. Two written consults were completed from June-September 2023 and from October 2023-April 30, 2024 29 total consults have been completed. The Director of Medical Services assisted caseworkers by providing written consultations, participating in care coordination meetings, and multidisciplinary discussions. Form 98-S was developed as well as policies outlining the steps to obtain consultation.
- Developed relationships, communication, and educational programming with health care providers and health care institutions statewide. In FFY24, the DCFS focused on combating the opioid epidemic. Louisiana experienced an increase in the rate of both prenatal exposures to opioids and pediatric fatalities secondary to opioid exposure. In 2023, the DCFS investigated nine fatalities related to fentanyl and eight cases were validated. Eighteen fentanyl related life-threatening injuries were investigated with fourteen cases validated. The DCFS collaborated with the Louisiana Hospital Association to host a statewide discussion regarding the impact of opioids in the state, recognition of pediatric opioid ingestions, and appropriate testing for children suffering from suspected opioid ingestion. Hospital partners continued to meet quarterly with the DCFS. Topics such as mandatory reporting were discussed and collaboration has subsequently improved. The DCFS has participated in providing healthcare providers with mandatory reporter education. The Director of Medical Services has provided education through presentations to healthcare providers around the state.
- Collaborated with the MCO's and medical providers to establish a network of clinicians with expertise and commitment to holistically caring for the physical and behavioral health needs of the foster care population and their caregivers.
- Oversaw the development and implementation of a policy for monitoring psychotropic medications in foster care youths. The Director of Medical Services met weekly with Dr. Drell to discuss behavioral health issues as well as consultations throughout FFY 2024.
- Provided clinical guidance and expertise to the DCFS staff in the development of policies, protocols, treatment programs, case planning guidelines, and other areas, as needed.
- Provided consultation and support to the system of medical providers that facilitates and supports the DCFS policies requiring timely medical screening and comprehensive evaluations for all children entering foster care. Collected and analyzed data and prepared written reports as necessary to inform the DCFS policy-making as it relates to health care with specific attention to disparate outcomes for minority populations.
- Collaborated in the development and implementation of resources and services for each program including intake, investigations, in-home services, foster care, adoptions, extended foster care, and post-adoptions.

The DCFS also had a vision to be able to provide children and their caregiver involved in the child welfare system the ability to have timely access to physical and behavioral health services to meet their needs. This includes a full continuum of services and resources to allow the DCFS to fulfil its responsibility for healthcare services across all program areas including investigations, in-home services, foster care, adoption, and post adoption. This included timely and appropriately comprehensive assessment and treatment of physical and behavioral health needs of children and their caregivers who are being served by the DCFS. The DCFS wanted to build upon the collaborative working relationship with the state's managed care organizations as well as healthcare providers across the state to achieve timely access to a comprehensive physical and behavioral health continuum of services. This specifically included having:

- Dedicated clinicians to administer physical and behavioral health screenings within 72 hours of entering foster care; immediate access to services for any urgent health care concerns identified; comprehensive initial health exam within 30 days, and an ongoing schedule of preventative healthcare. Discussions were held during early FFY24 with pediatric providers in the state in the hopes of piloting a pediatric medical home in Region two. The Our Lady of the Lake Pediatric Academic Clinic agreed to provide health care to children entering foster care when a medical home had not been established once policies had been developed within the DCFS. Policies are currently in the process of development.
- Three preferred Managed Care Organizations continued to provide Medicaid coverage for children in foster care. Weekly rounds with each provider were held to discuss children with complex behavioral healthcare needs. Weekly rounds improved communication between the DCFS and managed care organizations. The discussions also served to bring attention to any unmet behavioral health needs for the children discussed weekly.
- The DCFS met with managed care organization leadership and behavioral health providers in early FFY24 to discuss barriers to care and use of a process map developed by the DCFS to strategically identify the needs of foster children, provide the care they need, and better identify the appropriate treatment levels of care. MCOs and providers responded favorably to the process map.

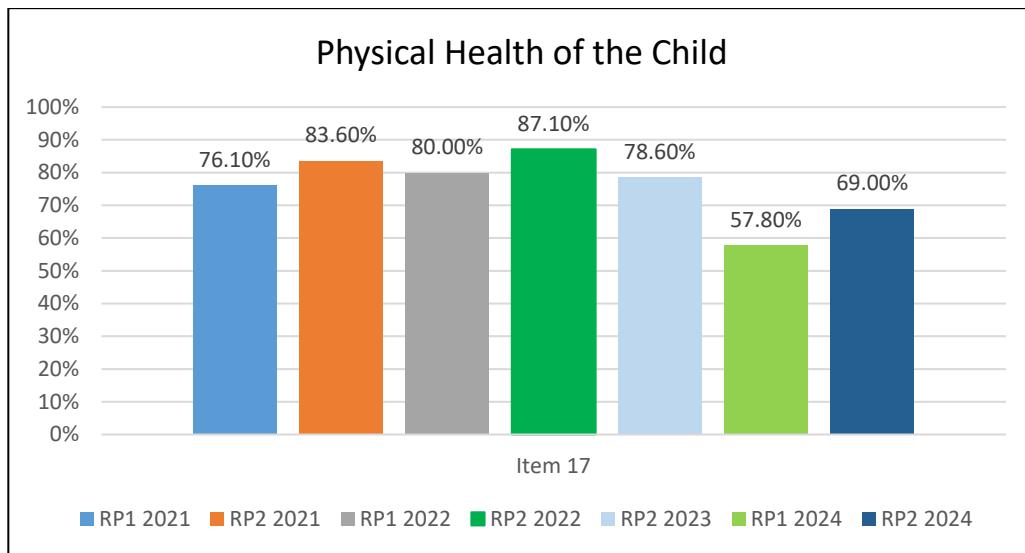
Analysis of Performance

For FFY 2023 (RP2 2023 only), Louisiana received a strength rating in Item 17 for 78.6% (33 of 42) of the applicable cases. Item 17 was rated as a Strength in 90% (27 of 30) of the foster care cases and 50% (6 of 12) of the applicable in-home services cases. The agency received 100% rating (30 of 30) for assessment of physical health needs of foster children and in 96.3% (26 of 27) of the cases ensured that the appropriate services were provided. For dental assessments for foster children the agency received a 96.4% (27 of 28) and 88% (22 of 25) in the provision of dental services needed. For in home services cases, the agency received 75% strength rating (9 of 12) for applicable cases for assessment of physical health needs but only 50% of the in home services cases received a strength for ensuring the appropriate services were provided to meet those needs.

For FFY 2024 (RP1 2024 and RP2 2024), Louisiana received a strength rating in Item 17 for 64.1% (66 of 103) of the applicable cases. Item 17 was rated as a Strength in 71% (49 of 69) of the foster care cases and 50% (17 of 34) of the applicable in-home services cases. The agency received 84.1% rating (58 of 69) for assessment of physical health needs of foster children and in 84.2% (51 of 68) of the cases ensured that the appropriate services were provided. For dental assessments for foster children the agency received a 75% (51 of 68) and 73.2% (41 of 56) in the provision of dental

services needed. For in home services cases, the agency received 50% strength rating (17 of 34) for applicable cases for assessment of physical health needs and 51.6% (16 of 31) of the in home services cases received a strength for ensuring the appropriate services were provided to meet those needs.

Trends related to Area Needing Improvement cases include the lack of follow up for assessments of physical health needs of children in in home services cases where involvement was due to something medical in nature for the child, especially for substance exposed newborns.



Item 18: Mental/Behavioral Health of the child

In Round 3, Louisiana received an overall rating of Area Needing Improvement for Item 18 because 36% of the 22 applicable cases were rated as a Strength. Item 18 was rated as a Strength in 29% of the 17 applicable foster care cases and 60% of the 5 applicable in-home services cases.

Policy and Process Overview

[6-702 Initial Behavioral Health Screening and History](#) outlines the initial behavioral assessment for a child entering foster care. The TBH is used to document the screening of the child's behavior health needs and to make a referral for further assessment or treatment, if indicated. If the child was receiving treatment services prior to coming into foster care, the foster care worker shall arrange for treatment to continue. If it is not possible to maintain services with the same provider, the foster care worker shall arrange services with another provider or facility for the child's well-being. [6-1125 Behavioral Health Services](#) outlines the referral process and treatment options for children in foster care. [6-1127 Psychotropic Medication Use with Children in DCFS Custody](#) addresses psychotropic medication management and monitoring for children in foster care. [6-1135 Psychiatric Hospitalization Inpatient Services-Acute Care](#) policy addresses the process and procedures when a child has been hospitalized due to behavioral/mental health needs.

In FFY 2023 (RP2 2023), Louisiana received an overall strength rating for Item 18 in 53.6% of the cases (15 of 28). Item 18 was rated as a Strength in 65% (13 of 20) of the foster care cases and 25% (2 of 8) of applicable in-home services cases. Louisiana received a 71.4% rating on

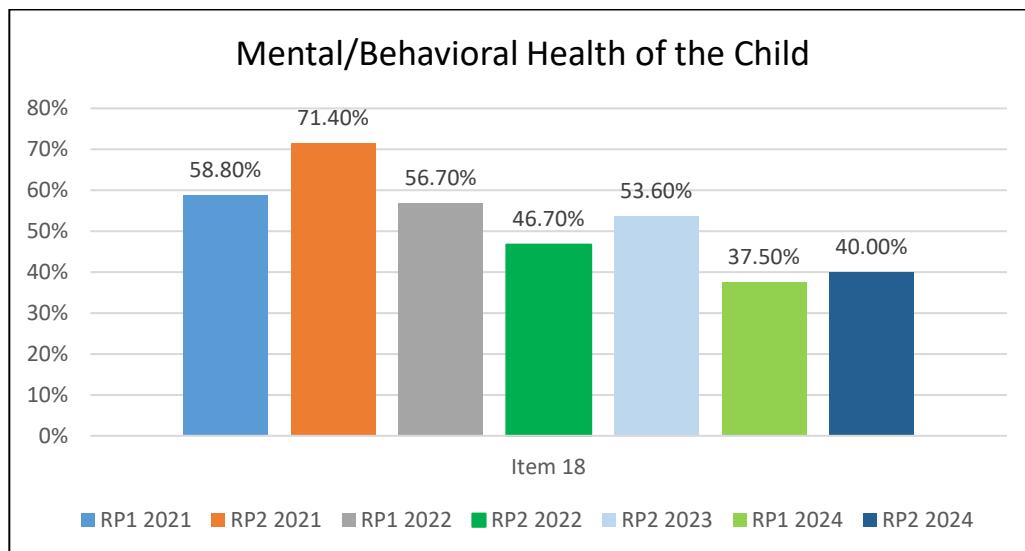
oversight of prescription medication for foster children. There was a lack of provision of services to children in in home services cases where mental/behavioral health was a reason for involvement.

In new work under the DCFS Medical Director, Dr. Rebecca Hook, the Louisiana Department of Health and the DCFS collaborated to develop policies for a Mobile Crisis Response Team with proactive outreach to establish connection with youth and caregivers. These are for youth who are determined to be “at risk” for placement disruption and to access support with physical or behavioral health issues to prevent placement disruption. The Mobile Crisis Response Team plans to begin providing services in summer of 2024. Children in foster care will be eligible for services for each unique self-identified crisis. Crisis will include both planned and unplanned placement changes.

Analysis of Performance

In FFY 2024 (RP1 2024 and RP2 2024), Louisiana received an overall strength rating for Item 18 in 38.9% of the cases (21 of 54). Item 18 was rated as a Strength in 41% (16 of 39) of the foster care cases and 33.3% (5 of 15) of applicable in-home services cases. Louisiana received a 38.5% rating on oversight of prescription. There continued to be a lack of provision of assessment and services to in home children where mental/behavioral health of the child(ren) is related to the reason for agency involvement.

Trends related to Area Needing Improvement ratings included lack of concerted efforts to arrange for timely counseling services when assessment indicated counseling was needed, lack of assessment for the need for mental health services for children exposed to domestic violence, not ensuring proper oversight of psychotropic medication, and a lack of follow up to get reports from providers to assess progress in services.



SECTION IV: ASSESSMENT OF SYSTEMIC FACTORS

A. Statewide Information System

Item 19 – How well is the statewide information system functioning statewide to ensure that, at a minimum, the state can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care?

Louisiana DCFS has a well-functioning information system that is able to provide all federally required data through TIPS. The DCFS is able to readily identify the status, demographic characteristics (child's name, TIPS/individual client number, gender, date of birth/age, social security number, race, ethnicity, tribal affiliation, current and placement history, and the child's current case plan goal) of every child who is or within the immediately preceding 12 months has been in foster care. In addition, Louisiana is compliant with AFCARS and NCANDS data submissions indicating that Louisiana's information system has a high level of accuracy. Louisiana DCFS also has an established CQI process to monitor data quality and supportive data as evidence.

Policy and Process Overview

Louisiana is a state-based CW system including information systems. The current system for case maintenance is the Tracking, Information and Payment System (TIPS). TIPS is an on-line, statewide, interagency, information management, and payment system capable of tracking client information and generating payments on behalf of Louisiana's Department of Children and Family Service clients and providers. The system tracks all placement services for foster children and tracks all supportive services paid for through the TIPS system. TIPS is used for maintaining a record of all foster child placements whether the placement resource receives payment through TIPS, through other sources such as Medicaid, or is a non-paid placement. Using TIPS, the DCFS is able to collect and report required data elements including child's name, TIPS/individual client number, gender, date of birth/age, social security number, race, ethnicity, tribal affiliation, current and placement history, and the child's current case plan goal for federal reporting as well as for any ad hoc reporting needed. The TIPS system is updated on an as needed basis to reflect changes including changes within foster care that are requested to improve overall data quality as well as the ability to adequately report on AFCARS and NCANDS requirements. Louisiana is compliant with AFCARS and NCANDS data submissions indicating that Louisiana's information system has a high level of accuracy.

When a case is accepted by Louisiana DCFS the child's name, TIPS/individual client number, gender, date of birth/age, social security number, race, ethnicity, tribal affiliation, is added on the TIPS 101 screen. This screen also shows how the date of birth and social security number were verified. When a child is placed into Foster Care, the child's current primary residence is added on the TIPS 101 screen and their placement history is added on the TIPS 105 screen. The TIPS 102 screen includes the child's agency program history, current program status, and the case plan goal. The TIPS 103 screen shows all court history. It is DCFS policy to enter any information

into the TIPS 101, 102, and 103 screen within two days. The TIPS 110 screen is to be completed within three days, initial placement and placement changes, including short-term placements like hospital stays, within 24 hours. Supervisory staff are responsible for ensuring the timeliness of this data entry. The custody status is entered on the TIPS 102 screen including the entry date and the date the child returns home, and/or date of permanency when the child is no longer in care.

If a child is adopted but the case remains open for guardianship or subsidy, the case remains open but the date of the legal status change is added into TIPS. TIPS 104 displays the funding sources and 106 is the service authorization screens where all payments are entered and approved for payment. This history also remains in TIPS to provide an overall recording of the child's foster care placements. This data entry system ensures the state of Louisiana is able to capture the required information for federal reporting and for best practice.

The federally mandated Adoption and Foster Care Analysis and Reporting System (AFCARS) and the National Child Abuse and Neglect Data System (NCANDS) data elements are captured in TIPS and reported using a well-defined extraction process through the federal submission portals. Beginning in December 2022, a workgroup was developed to ensure Louisiana developed a plan to become compliant with AFCARS 2023A and 2023B submission. The group was led by a CW Manager 2 and included representatives from DCFS Child Welfare Programs, Child Welfare Data Systems, Office of Technology Supports (OTS), and Office of Juvenile Justice (OJJ). The group included CW Managers, CW Consultants, Program Managers, OJJ Managers, OJJ and DCFS Systems Managers and Consultants, and all levels of staff from OTS. Child Welfare Programs (Foster Care, Adoptions, and Home Development) also began meeting with Systems to develop business requirements for all data elements needed for the AFCARS 2023 submission based on the AFCARS 2020 Technical Bulletin 20: Data Elements for Out-of-Home Care and Adoption and Guardianship Assistance Data Files, dated November 29, 2022. Each program area worked closely with the Systems and OTS Team to ensure all elements developed as specified in the technical bulletin. The group met weekly to discuss the development and implementation of data elements for children in DCFS custody as well as OJJ custody. Beginning in March 2023, the AFCARS Workgroup began meeting weekly to discuss the status of elements that were under development and implementation in TIPS, track errors that could be successfully updated in TIPS, and to discuss concerns related to the development and submission of the AFCARS XML File. Discussions were also held related to concerns by OJJ in its development of elements in the system and the status of correction to errors received. Juvenile Electronic Tracking System (JETS) tracks client status, legal status, demographics (child's name, individual client number, gender, date of birth/age, social security number, race, ethnicity), location, and goals for youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). JETS is not linked to any DCFS information system but it does not limit the agency's ability to provide AFCARS data. Foster children in OJJ custody are given a TIPS number and integrated into the AFCARS reports through a data transfer from OJJ to the DCFS. Discussions were also held related to concerns by OJJ in its development of elements in the system and the status of correction to errors received. The workgroup met each Tuesday from March 13, 2023, until May 14, 2024. Case record reviews were conducted to verify the accuracy of the extraction logic. The data from this final review was shared back with OJJ. The meetings were moved to twice per month in April, May and June and then once in July. The next meeting will be held October 8, 2024 and will continue weekly until the AFCARS 2024B report is

successfully submitted. The CFSR Round 4 Statewide Data indicators workbook issued in April and August 2024 reported Louisiana had no Data Quality issues found for any of the indicators that were tracked for AFCARS and NCANDS submissions as of February 20, 2024.

TIPS currently interfaces with other systems providing information on Medicaid Eligibility as well as Supplemental Nutritional Assistance Program (SNAP) and Temporary Assistance for Needy Families (TANF) participation. These other systems can be used by approved DCFS IV-E staff to verify demographic information including gender, date of birth/age, social security number, race, ethnicity including scanned documents of birth certificates and social security cards to review and verify information to correct TIPS data when errors are discovered as well as collaborating to serve children and families more effectively.

A Comprehensive Enterprise Social Services System (ACESS) was developed by the DCFS as the statewide system for intake and investigation of all reports of suspected child abuse and neglect. This information management system contains Centralized Intake (CI) reports. The accepted reports are assigned to the Child Protection Services (CPS) program. All CPS investigative activities (interviews, staffings, collateral contacts, etc.) are documented in ACESS. Specific demographic data (child's name, ACESS individual client number, gender, date of birth/age, social security number, race, and ethnicity) from ACESS is migrated to the TIPS system for establishing a TIPS number and related service records for every case and data required for NCANDS reporting (child ID, age/date of birth and sex). ACESS 2.0 was implemented as a temporary solution to meet existing business needs pending implementation of a CCWIS solution. Child Welfare Administration from the DCFS State Office continue to monitor and are able to make request for system enhancements and changes through Monday.com. Once a request is made, Information Systems staff review the request, analyze current system functionality and how the change will impact the system. Information Systems staff will then meet with child welfare management to gather all of the requirements for the change. Information Systems then meets with child welfare and the contractor to ensure all acceptance criteria for changes are clear and can be developed. The contractors then develop the changes. These changes are moved to the testing environment once development is completed and approved. Information Systems staff test all changes to validate the requirements and ensure functionality. Once all approved by Child Welfare, the changes are moved to production. During FFY 2024, the DCFS continued to actively address ACESS system issues for optimal performance and identified defects resulting in forty-one (41) enhancements deployed into production as a result of feedback from staff. The operational child welfare information systems continued to support the DCFS programs. Software updates focused on TIPS and ACESS with improvements to enhance data quality, improve usability, strengthen search capabilities, fix system defects, and collected data to align with federal requirements for AFCARS 2020 and the Family First Prevention Services Act. The DCFS will maintain the current information systems environment to support program goals, outcomes, and state and federal reporting requirements until a CCWIS system is implemented.

The DCFS/PPMO Release Team began to send out surveys in 2023. Surveys were sent out in July and August 2023 and January and August 2024 to all ACESS users (at least 1,000 users) in an effort to measure the impact and satisfaction of the enhancements needed and deployed into production. Surveys were sent out in January and July 2024 based upon the enhancements that

were made January - March 2024 and April - June 2024. The response rate varied with approximately 76% responding. Staff have provided positive feedback about the updates made during each survey. The surveys also provided the PPMO and CW Executive management information on areas of improvement that are being suggested by the staff and data to help determine if additional changes and/or future updates are needed.

Information regarding the demographics of children in foster care or who had been in foster care within the immediately preceding 12-month period, including their location (Parish/Region) and placements are accurate based on information entered and updated into TIPS by the case worker. As it is related to reporting, the Data Team runs reports monthly to identify any missing data. Once this information is identified, the Foster Care section is notified as well as the Performance Measure Consultants and efforts are made to correct and input missing data. The current process is working well. Case record verification reviews are also completed quarterly by the CQI team. With updates made to the DCFS systems and other case reviews in place, the DCFS has passed all elements required by AFCARS, NCANDS, and NYTD.

WebFOCUS is a comprehensive data management and analytics platform that enables Louisiana's DCFS to access, transform, visualize, and distribute data across multiple platforms. It is built for enterprises with large, complex datasets and a need for robust reporting and analytics capabilities. WebFocus is connected to TIPS and is used to check accurate inputs into TIPS. This system is readily available for any DCFS child welfare staff for a multitude of needs like case demographic information related to every child on their caseload, expired placement authorizations, children placed in certain types of placement, etc. These reports are developed based on identified needs of the frontline staff. There are approximately 200 reports on the Dashboard available. These reports can be drilled down to region, parish, worker, or child depending on the type of report run. This can be used by frontline workers, regional management or state office staff to ensure correct data entry including all demographic information (child's name, TIPS/individual client number, gender, date of birth/age, social security number, race, ethnicity, current and placement history, and the child's current case plan goal) and other information related to any DCFS child. Any data found to be missing or inaccurate during these formal or informal searches are addressed with staff and corrections are made. New data reports are developed on an as needed basis to meet the needs of the frontline staff.

Live case reviews are actively completed throughout the year by supervisors, managers, and CQI staff. Some of the specific ongoing case reviews focus on ACT 350, Placement Stability and Child Welfare Assessment and Decision Making (CWADM) model. These reviews are pulled through a random sample, completed quarterly, and are a representation of the diverse child welfare population. Louisiana also has a dedicated team of CQI staff that complete the required CFSR case reviews each quarter. The CQI staff also complete Addendum reviews on cases pulled for the CFSR. These additional case reviews also ensure that data entry is correct and up-to-date.

Juvenile Electronic Tracking System (JETS) tracks client status, legal status, demographics (child's name, individual client number, gender, date of birth/age, social security number, race, ethnicity), location, and goals for youth in the custody of the Department of Public Safety and Corrections, Office of Juvenile Justice (DPSC/OJJ). JETS is not linked to any DCFS information system but it does not limit the agency's ability to provide AFCARS data. Foster children in OJJ

custody are given a TIPS number and integrated into the AFCARS reports through a data transfer from OJJ to DCFS. Case record reviews were conducted to verify the accuracy of the extraction logic. This final information is shared back with OJJ.

Louisiana DCFS will continue moving forward to achieve the complete replacement of the CW mainframe systems, which includes CAFÉ, ACESS, FATS, QATS, and TIPS, and will develop a new Comprehensive Child Welfare Information System (CCWIS). 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).

The Children's Bureau, Administration for Children and Families, conducted a primary review of the Louisiana's foster care program under title IV-E of the Social Security Act during the week of February 4-9, 2024. It was determined that Louisiana's foster care program for title IV-E was not in substantial compliance with federal eligibility requirements for the period under review (PUR) of April 1, 2023 – September 30, 2023. During the review, six (6) error cases and one (1) non-error case was determined title IV-E payments were claimed for items outside the definition of allowable program costs. There were two (2) error cases, where IV-E foster care maintenance payments were made to a foster home, while the child moved to a trial home visit. There were two (2) error cases, where the state claimed for IV-E foster care maintenance payments after the child was discharged from foster care. Additionally, there were three (3) error cases where IV-E maintenance were claimed for the previous foster home while the child was placed with a relative foster home that was not yet fully certified. In some cases, individuals did not follow required procedures for notifying the IV-E analyst when a child changed placement. It was also determined that some cases needed payment adjustments in the Tracking Information and Payment System (TIPS) were not made or were not made timely. Louisiana DCFS has developed a PIP to address these unallowable program cost errors related to placement changes. The PIP goal is to reduce the number of payments made to children who are no longer eligible to receive Title IV-E maintenance payments due to their placement and to request a fiscal adjustment any time a Title IV-E payment is made to a child who is no longer in an allowable placement. To achieve this goal, Foster Care staff will submit a report change wizard via CAFÉ for children who move to a trial home placement, exit foster care, or move from one placement to another within five (5) days. The IV-E analyst will use monthly reports to determine if the report change was made. Federal Programs will have a monthly call with each region to verify all placements have been entered and are correct. Federal Programs will assist in monitoring these reports and request a fiscal adjustment when the report change was not made timely.

To ensure the DCFS continues to correct errors and stay on top of current updates needed to the TIPS systems, the CW Data Team sends a list of TIPS AFCARS errors each Monday morning and this list is forwarded to the DCFS CW Regional Administrators and Area Directors to distribute to staff within their regions. The list is also distributed to the Regional Program Consultants, who monitor progress made by the region and who contacts staff to ensure errors are addressed timely. When court errors appear on the list, contact is made with the worker, supervisor, manager, and AD directly to ensure the error is corrected within one week. This plan will continue ongoing.

Analysis of Performance

The DCFS policy requires workers to enter demographic data into the data system(s) within two-days and within three-days for any placements changes. Manual data entry and re-entry creates a challenge to maintain high data quality, specifically related to accuracy and timeliness. When a case is assigned to a foster care worker or a placement change occurs, the supervisor ensures that data entry is completed timely according to policy, with support from clerical staff, when needed. TIPS captures both the date of entry into Foster Care and the date the worker entered this date into the system. This same feature is available for placement changes. A report can be generated to show this information and is another way to ensure entry into Foster Care and placement changes are entered timely. Another primary way the DCFS ensures that the information systems are capturing timely and quality data is through the AFCARS submission error correction processes. The DCFS periodically runs error reports and they are distributed to the field for correction to ensure submission of a compliant file twice a year. As CFSR case reviews are completed, an adjunct review instrument continues to be completed in the Quality Assurance Tracking System (QATS) on each CFSR case review. The Case Plan Review Instrument is completed on each CFSR review. This instrument captures whether the information in the TIPS database matches the information found in the case record related to Social Security Number, Date of Birth, Gender, Race, Permanency Goal and Placement. If data accuracy issues are noted by the reviewer, the reviewers inform the case manager and supervisor of the inaccuracy and request the information be corrected. Based on review from reviews completed in FFY 2022 and FFY 2024 found in the table below, these items on average are found to be correct approximately 90 percent of the time. Reviews were not completed in FFY 2023 due to staff reassignments.

Case Plan Review Data				
% Match	FFY 2022 n=44	FFY 2023	FFY2024 n=30	
SSN	86.7%		93.3%	
DOB	93.2%		96.7%	
Gender	93.2%		96.7%	
Race	95.5%		93.3%	
Placement History	97.7%		96.7%	
Permanency Goal	90%		90%	

n= Individual child pulled in review who were currently in care

Additional ad hoc reviews were completed for FFY 2024 Q4 and FFY 2025 Q1 using the Case Record verification form which requires a review of 50 case records per quarter that are randomly selected statewide to determine if information in the TIPS system matches the information found in the case record (i.e. comparison of date of birth for a child in TIPS to the child's birth certificate in the record). These were children that entered custody the previous 12 months and were in custody at the time of the review. The review is focused on the target child only. Exit dates of all children in foster care are accurate based on entry into TIPS and court documentation. Results from these reviews can be found below:

Case Record Verification Data		
% Match	FFY2024 Q4	FFY2025 Q1
SSN	76%	81.8%
DOB	86%	92%
Gender	92%	98%
Race	90%	98%
Placement History	92%	96%
Permanency Goal	94%	98%
Removal Date	100%	96%
Closure Date	88%	94%

Interviews were completed with the assigned Foster Care worker during the case record verification review. Most workers reported Foster Care cases are opened within 2 days of receiving the case (as required in policy) and the next day or as soon as possible for placement changes (within 3 days according to policy). All workers were able to report that demographic information is verified through original or copies of documents, data base searches, or with help from IV-E clerical staff. One area needing further exploration found during these reviews is related to cases without social security numbers, specifically newborns. The DCFS is sometimes unable to verify the child's social security number due to the lengthy time it takes to receive a social security number. Through this case review process, the DCFS will continue to assess and determine if this is a local, regional issue or a statewide issue. Discrepancies are often found when there are no legal documents in the case record to verify the data information found in TIPS is accurate. There are also discrepancies found when there is a mock SSN and the agency has not yet verified the correct number. The agency could use other systems to verify SSN sooner.

There are also dashboard reports in WebFOCUS for the number of children in Foster Care with goals, number of FC children served, those missing placements (distributed and monitored on a regular basis), and their current placement. All these reports would include demographic data and location. Additional reports can be run on an ad hoc basis to review other child demographic information that may be unknown or missing – for example gender, race, and ethnicity. These reports can be drilled down to the specific child with the missing information. The assigned worker's name is available for the information to be provided to and corrected. Examples of data collected is found in the table below:

Demographics of children in foster care on August 5, 2024 (n=4,100)		
Demographic Field	# Children with Missing/Unknown Data	% of Children with Missing/Unknown Data
Gender	0	0.00%
Race	114	2.78%
Ethnicity	198	4.83%

*Extracted using WebFocus Developer Studio on 8/6/2024.

WebFOCUS reports can be pulled by any DCFS staff to determine the current placement status of children in Foster Care. All levels of staff have access to these reports and can click any blue hyperlink within the chart to get the spreadsheet of names and TIPS numbers of children with no placement authorization or upcoming placement authorization needed and the list can be sorted by parish and by worker. Another WebFOCUS report named Foster Care Descriptive Statistical Data for Foster Children in Care is also available to all staff at any time. This report can be used to readily identify the status, demographic characteristics, location, and goals for the placement of every child who is (or within the immediately preceding 12 months, has been) in foster care for any given date. The report can be filtered using one characteristic that is being sought (ex. Race) or for multiple characteristics (ex. Age and Placement). These reports are used by each regional manager for review and oversight.

The DCFS has three Area Performance Measurement Consultants (PMC) with each covering a specific region of the state as an additional support. The PMC's use ACESS and WebFocus reports to notify each region of upcoming due dates, placement changes, and errors found within the system. The PMC's distribute region specific reports weekly to ensure the status, demographic characteristics, location and goals for the placement of every child is accurate. Statewide reports on entry into Foster Care, placement authorizations, permanency goals, and runaway reports are also sent out weekly to supervisors, managers, and caseworkers for review regarding needed updates and/or corrections. The PMC's also complete region specific reports are requested by each regional Area Director to help monitor concerns that are specific to their region. This monitoring, through the DCFS information systems, also helps to prevent and/or correct AFCARS errors.

Evidence reviewed for data collection

- Annual Progress and Services Report
- Louisiana Data Profile
- TIPS
- WebFOCUS
- CFSR Round 4 Statewide Data Indicators Workbook

Summary of Performance and Rating

Louisiana assessed the Statewide Information System and determined that Louisiana's Tracking, Information and Payments system (TIPS) provides all DCFS staff the ability to readily identify the status, demographic characteristics (child's name, TIPS/individual client number, gender, date of birth/age, social security number, race, ethnicity, tribal affiliation, current and placement history, and the child's current case plan goal), location, and goals for the placement of every child in foster care or who was in foster care within the last 12 months. Along with this mature system of record, Louisiana DCFS has a strong CQI process to monitor data quality, supporting data as evidence, and is compliant with AFCARS and NCANDS data submissions indicating that Louisiana's information system has a high level of accuracy. Louisiana's assessment of the CFSR Round 4 for Item 19: Statewide Information System is a strength and the state's performance on this item is found to be in substantial conformity.

B. Case Review System

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

Louisiana received an overall rating of Area Needing Improvement for Item 20 based on information from the Round 3 statewide assessment. Louisiana agreed with this rating and felt that additional information collected during stakeholder interviews would not affect the rating. Louisiana reported that statewide data are not available to confirm that case plans are developed jointly with parents and noted that staff struggle to locate and engage parents, especially fathers.

Policy and Process Overview

[Policy 6-800 Case Planning For the Foster Child-Case Planning Process](#)

[Policy 6-820 Family Team Meeting-Case Planning Process](#)

[Policy 6-207 Working with the Child's Family-Teaming with Families](#)

[Policy 5-420 Assessment and Service Planning-The Case Plan](#)

The case planning process is used to structure and document the ongoing effort by DCFS staff, parents and others to work purposefully and in a timely manner to either achieve reunification when consistent with the child safety, or to locate and maintain a stable, permanent substitute placement for children who cannot safely return home.

Policy 6-820 outlines the case planning process, known as the Family Team Meeting (FTM). The FTM process is utilized to engage families, parents, children/youth, natural support systems, and other professional partners, including CASA volunteers and the attorneys for the parents and children/youth, in planning for case goals to reduce safety threats to the child/youth by enhancing caregiver protective capacities, while demonstrating genuine respect for the family.

Teaming with families occurs from the first day a child/youth is placed in DCFS custody to the day of case closure. For youth preparing for independence, caseworkers work with youth and the youth's support system to determine the most realistic method of achieving the youth's goals while strengthening their support system and establishing permanent life connections. Caseworkers remain strength-focused in all planning for goal achievement with parents and children/youth.

The core elements of the teaming process are:

- Engagement of the parents and children/youth
- Formation of the team
- Assessment
- Understanding the parents and the child's/youth's strengths and needs
- Planning for support and services
- Implementation of the plan
- Monitoring progress in plan achievement
- Adapting the plan when necessary

During the case planning process, the involved parties work toward the development of the case plan. The purpose of the case plan is to guide the caseworker, supervisor, parents, foster caregivers, and the court in working collaboratively towards the goals of safety, well-being and permanency.

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 when necessary to meet the needs of the child and family.

Analysis of Performance

In FFY 2023 (10/1/22 to 9/30/23), there were 6,509 children served in foster care who were in FC for at least 60 days. Of these 6,509 children, 88.2% had a case plan completed. In FFY 2024 (10/1/23 to 9/30/24), there were 6,686 children served in foster care who were in FC for at least 60 days. Of these 6,686 children, 82.5% had a case plan completed. The chart below provides a breakdown in performance by region. Although there are some regions that have performed below the state average (Baton Rouge, Thibodaux and Alexandria), the overall state rating remains high and removing those regions, the rest of the state performed close to 91.9% in FFY 2023 and 89.1% in FFY 2024 on ensuring case planning was completed. There is focus in the 3 regions performing below average to determine the cause for the lower performance.

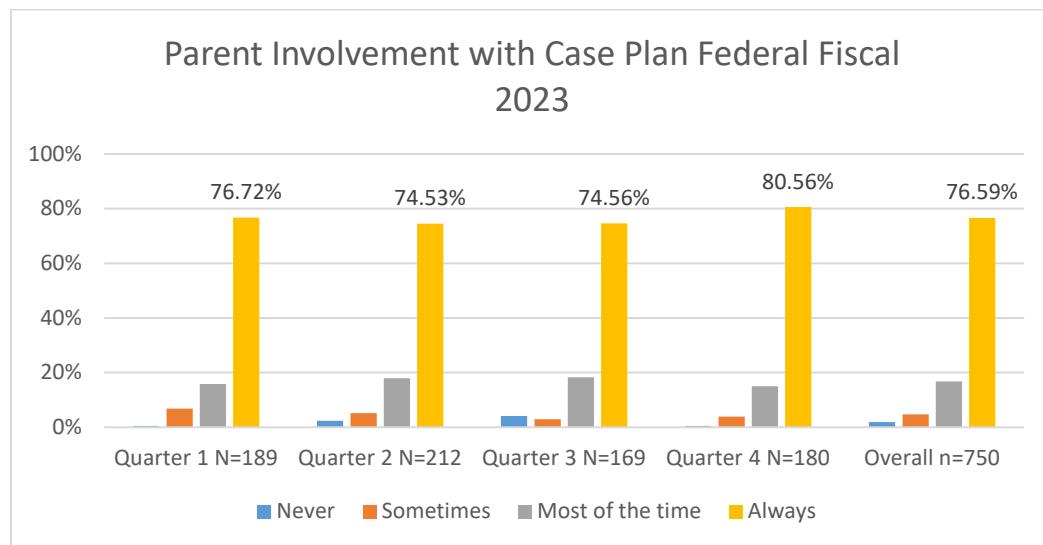
Region	FFY 2023		FFY 2024	
	# FC Served	% with Case Plan	# FC Served	% with Case Plan
Orleans	420	89.3%	462	91.1%
Baton Rouge	737	71.1%	765	61.2%
Covington	965	94.5%	971	90.7%
Thibodaux	701	83.9%	685	78.8%
Lafayette	1015	96.5%	995	91.8%
Lake Charles	438	96.6%	375	93.1%
Alexandria	821	79.4%	931	67.1%
Shreveport	736	86.5%	828	82.1%
Monroe	670	96.3%	669	95.1%
Other	6	83.3%	5	80.0%
Total	6509	88.2%	6686	82.5%

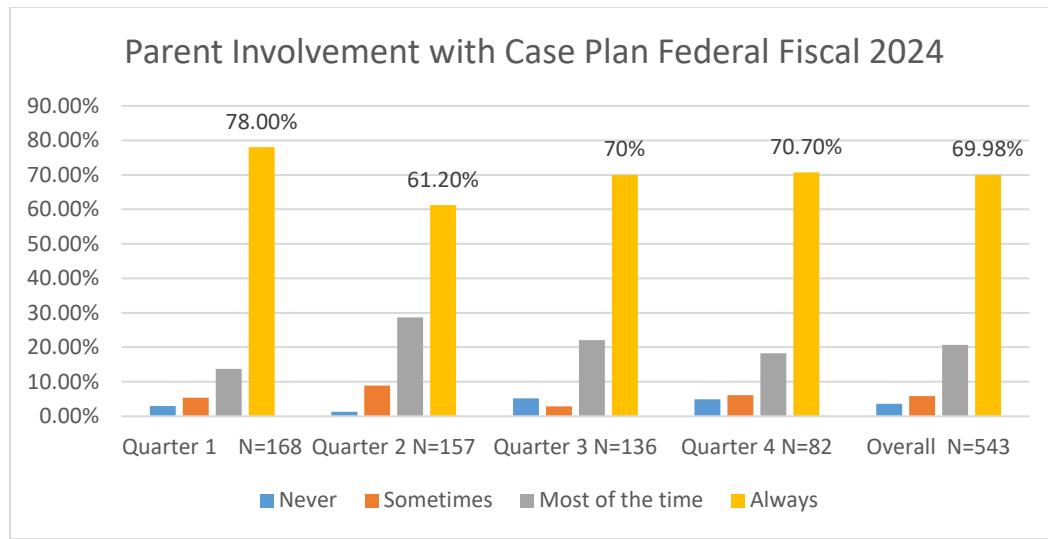
When assessing Louisiana's performance on the ongoing CQI reviews utilizing the On Site Review Instrument, Item 13 Performance indicates that the agency performs better in actively engaging mothers in the case plan versus fathers. Based on the Practice Performance report pulled from OMS, the reviews conducted during FFY 2023 which captured qualitative information from 4/1/22 through 9/30/23, the agency saw performance for efforts to actively involve mothers at a rate of 54.55% (12 of 22) and performance for efforts to actively involve fathers in the case planning process indicated 37.5% (6 of 16).

For reviews conducted in FFY 2024 which captured qualitative information from 10/1/22 through 9/30/2024, the agency saw performance efforts to actively involve mothers at a rate of 37.25% (19 of 51) and performance for efforts to actively involve father in the case planning process indicated 31.58% (12 of 38).

The CQI team conducts adjunct reviews on Case Planning. In these reviews, the agency assesses whether the target child's case plan was developed with input from the target child's parent. For FFY2022 on Foster Care cases, of the 8 cases that were applicable 25% (2 cases) had parent involvement on initial case plan development. For FFY2022 on Foster care cases, of the 26 cases applicable 42.3% (11 cases) had parent involvement in the development of the ongoing case plan. No adjunct reviews were completed in FFY 2023 due to CQI team reassigned to other duties. For FFY2024 on Foster Care cases, of the 18 cases that were applicable 44.4% (8 cases) had parent involvement on initial case plan development. For FFY2024 on Foster care cases, of the 22 cases applicable 36.5% (8 cases) had parent involvement in the development of the ongoing case plan.

Based on surveys conducted during FFY 2023 and part of FFY 2024, most parents surveyed felt they were always involved in case planning by their worker at an average rate of 76.59% for FFY 2023 and 69.98% for FFY 2024. There were a total of 750 surveys completed in FFY 2023 and 543 surveys completed in FFY 2024. These surveys were conducted through a random sample of cases assigned to a particular supervisory unit. The supervisor would contact the biological parent and ask the survey questions. This question asked on the survey was "We expect that parents will participate in the development of the child's case plan. How often did the caseworker include you in the development of your child's case plan?" The survey utilized a Likert scale response of Always, Most of the Time, Sometimes and Never. The data from these surveys is captured in the charts below. Although these surveys represent the largest population of feedback provided by persons with lived experience, identified possible weaknesses to this method of surveying includes the lack of anonymity to provide honest answers as it is conducted by the case supervisor by phone and the narrow options for responses although additional feedback can be captured in the comments box on the survey.





Evidence Reviewed for Data Collection

Louisiana continues to develop and incorporate different methods of tracking and monitoring within its systems. Within the current existing capabilities of the systems, the information provided is reliable and accurate.

- Annual Progress and Services Report
- TIPS
- WebFocus
- OSRI item 13 data
- Parent Surveys

Summary of Performance and Rating

Item 20 within the case review system has been assessed as a strength due to evidence of the majority of the state developing case plans timely and from evidence gathered from parent surveys indicating that from parent's perspective they were always or most of the time involved with case planning.

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

Louisiana received an overall rating of Strength for Item 21 in Round 3 based on information from the statewide assessment and stakeholder interviews. Data from the statewide assessment showed that in most cases a periodic review is held timely either by the courts or through the agency's administrative review process. Stakeholders confirmed that periodic reviews are occurring at least every 6 months, if not more often.

Policy and Process Overview

[Policy 6-825 Case Planning for the Foster Child-Ongoing Family Team Meeting Administrative Reviews](#)

[Policy 6-835 Case Planning For the Foster Child-Judicial Hearings for Foster Children](#)

It is the policy of Department of Children and Family Services and in compliance with federal legislation that a Judicial Review is conducted within six months of the date the child entered Department custody and every 6 months following as long as the child remains in custody.

Louisiana law requires that DCFS have policies and procedures in place to ensure each child receives a case review hearing by the court every six months. 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 each case review hearing.

Completion of case plan review meetings and case review hearings must be documented in the case events in TIPS. Upcoming and overdue case events generate alerts to the assigned caseworker, which can be monitored through TIPS by the caseworker's supervisor.

According to policy 6-825, Administrative Review (AR) is a federal legislation requiring Foster Care cases to be reviewed at least every 6 months, either by a court or through internal administrative review. An Internal AR occurs on each case as required when a Case Review Hearing does not occur timely or when it appears it will not occur before the deadline. The supervisor is responsible for scheduling an Internal AR (AR), within the six-month timeframe, as the mechanism for achieving Case Review as required by P.L. 96-272.

In the AR process, first line supervisors in the field are required to capture the following information through TIPS reviews/and or case record reviews:

- Review of and updates to the TIPS 3130 case event for all cases in which the judicial review is held every six months;
- The number of instances in which the TIPS 3130 case event was not updated for the month under review, by child;
- The number of internal ARs (by family) which are due for the month (because a judicial review was not held within the Period under Review; and,
- The number of internal ARs (by family) which were needed for the month but were not held by the conclusion of the month.

Cases for which judicial reviews were due but not held (for various reasons such as court continuances) are reviewed through the AR process. Field supervisors have the responsibility of ensuring a judicial review or an AR occurs on each case before the deadline. When the judicial review is held, information is updated in the TIPS case events. If a judicial review is not scheduled timely by the court, it is the responsibility of field staff to work with the court to get the review scheduled and completed before the end of the month in which it is due. When it is not possible to schedule or hold the judicial review timely, it is the responsibility of the field supervisor to get the case assigned for an internal AR.

Analysis of Performance

The chart below provides data for Children with an initial Periodic 6 month review hearing due during the selected timeframe (FFY) who were in foster care when the 6-month hearing was due. The numerator for this measure is the Number of children with initial periodic reviews completed on time. The denominator is the number of children/hearings with an initial 6-month review hearing due in the period. The data is pulled by court location. For FFY 2023, the number of initial periodic review hearings due for the state was 2231, the number of hearings held timely

was 1523 for a total completed on time of 68.3%. For FFY 2024, the number of initial periodic review hearings due for the state was 2124, the number of hearings held timely was 984 for a total completed on time of 46.3%. There has been a significant decline between FFY 2023 and FFY 2024 for timely completion of initial periodic review hearings. Based on feedback during CQI quarterly meetings, staff and stakeholders indicate that there have been an increase in continuances for multiple reasons that lead to delays in periodic review hearings.

Initial Periodic Review Performance						
Region	FFY 2023			FFY 2024		
	# of initial periodic reviews due	# of on time initial periodic reviews	% on Time initial periodic reviews	# of initial periodic reviews due	# of on time initial periodic reviews	% on Time initial periodic reviews
Orleans	132	62	47%	154	90	58.4%
Baton Rouge	240	135	56.3%	224	32	14.3%
Covington	353	298	84.4%	260	145	55.8%
Thibodaux	251	160	63.7%	209	76	36.4%
Lafayette	336	268	79.8%	310	195	62.9%
Lake Charles	174	143	82.2%	106	69	65.1%
Alexandria	290	182	62.8%	325	120	36.9%
Shreveport	241	154	63.9%	308	130	42.2%
Monroe	208	119	57.2%	226	126	55.8%
Other	6	2	33.3%	2	1	50%
Total	2231	1523	68.3%	2124	984	46.3%

The chart below provides data for Children with a subsequent Periodic 6 month review hearing due during the selected timeframe (FFY) who were in foster care when the 6-month hearing was due. The numerator for this measure is the Number of children with a subsequent periodic review completed on time. The denominator is the number of children/hearings with a subsequent 6-month review hearing due in the period. The data is pulled by court location. For FFY 2023, the number of subsequent periodic review hearings due for the state was 3196, the number of hearings held timely was 2844 for a total completed on time of 89%. For FFY 2024, the number of subsequent periodic review hearings due for the state was 2651, the number of hearings held timely was 2238 for a total completed on time of 84.4%. Subsequent periodic review hearings had a slight decline between FFY 2023 and FFY 2024; however it was not as significant of a decline as the initial periodic review hearings. Based on feedback during CQI quarterly meetings, staff and stakeholders indicate that there have been an increase in continuances for multiple reasons that lead to delays in periodic review hearings.

Subsequent Periodic Review Performance						
	FFY 2023			FFY 2024		
Region	# of subsequent periodic reviews due	# of on time subsequent periodic reviews	% on Time subsequent periodic reviews	# of subsequent periodic reviews due	# of on time subsequent periodic reviews	% on Time subsequent periodic reviews
Orleans	113	95	84.1%	160	124	77.5%
Baton Rouge	265	231	87.2%	158	124	78.5%
Covington	461	415	90.0%	382	337	88.2%
Thibodaux	404	345	85.4%	307	249	81.1%
Lafayette	656	583	88.9%	606	524	86.5%
Lake Charles	387	351	90.7%	309	279	90.3%
Alexandria	303	289	95.4%	205	166	81.0%
Shreveport	265	244	92.1%	216	174	80.6%
Monroe	338	288	85.2%	304	257	84.5%
Other	4	3	75.0%	4	4	100.0%
Total	3,196	2,844	89.0%	2,651	2,238	84.4%

The chart below show the number of Internal Administrative Reviews (AR) due during the FFY and the number and percent held on time. The numerator for this measure is the Number of children with an internal administrative review completed on time. The denominator is the number of children with an internal administrative review due in the period. The data is pulled by court location. For FFY 2023, the number of internal administrative review due for the state was 2593, the number of internal ARs held timely was 592 for a total completed on time of 22.8%. For FFY 2024, the number of internal administrative review due for the state was 2520, the number of internal ARs held timely was 458 for a total completed on time of 18.2%.

	FFY 2023			FFY 2024		
Region	# of internal AR due	# of on time internal AR held	% on Time internal AR	# of internal AR due	# on time internal AR held	% on Time internal AR
Orleans	137	17	12.4%	187	48	25.7%
Baton Rouge	262	40	15.3%	242	21	8.7%
Covington	369	33	8.9%	275	18	6.5%
Thibodaux	370	161	43.5%	338	124	36.7%
Lafayette	436	168	38.5%	401	98	24.4%
Lake Charles	178	15	8.4%	111	1	.9%
Alexandria	324	46	14.2%	358	39	10.9%
Shreveport	293	100	34.1%	373	100	26.8%
Monroe	216	9	4.2%	232	8	3.4%

Region	FFY 2023			FFY 2024		
	# of internal AR due	# of on time internal AR held	% on Time internal AR	# of internal AR due	# on time internal AR held	% on Time internal AR
Other	8	3	37.5%	3	1	33.3%
Total	2,593	592	22.8%	2,520	458	18.2%

Summary of Performance and Rating

Item 21 within the case review system has been assessed as an area needing improvement due to the significant decline between FFY 2023 and FFY 2024 for timely completion of periodic review hearings, specifically the initial periodic review, as well as, the low percentage of internal administrative reviews held timely.

Item 22: How well is the case review system functioning statewide to ensure that, for each child, a permanency hearing in a qualified court or administrative body occurs no later than 12 months thereafter?

Louisiana received an overall rating of Area Needing Improvement during Round 3 for item 22 based on information from the statewide assessment and stakeholder interviews. Stakeholders interviewed reported that permanency hearings typically occur between 9- and 12- month points in care. Data from the statewide assessment, however, show that timely permanency hearings do not occur throughout the state.

Policy and Process Overview

[Policy 6-835 Case Planning For the Foster Child-Judicial Hearings for Foster Children](#)
[6-808 Disposition](#)

Louisiana courts often use the periodic review hearing and permanency hearings interchangeably or a combination of both hearings. Louisiana Children's Code requires Permanency Hearings be conducted within 9 months after the disposition hearing if the child was removed prior to disposition or within 12 months if the child was removed at disposition but in no case more than 12 months after removal. The disposition may be held immediately after the adjudication, but shall be conducted within 30 days of the adjudication. A Permanency Hearing shall be conducted at least once every 12 months thereafter for the duration of the jurisdiction of the court over the child.

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 that are held at 6-month intervals. DCFS staff provides the court a report with the DCFS recommendations 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.

Analysis of Performance

The chart below provides data for Children with an initial Permanency hearing due during the selected timeframe who were in foster care when the initial Permanency hearing was due. The numerator for this measure is the Number of children with initial permanency hearings completed on time. The denominator is the number of children/hearings with initial Permanency hearing due in the period. The data is pulled by court location. For FFY 2023, the number of initial permanency hearings due for the state was 1510, the number of hearings held timely was 991 for a total completed on time of 65.6%. For FFY 2024, the number of initial permanency hearings due for the state was 1760, the number of hearings held timely was 782 for a total completed on time of 44.4%.

Initial Permanency Hearings						
	FFY 2023			FFY 2024		
Region	# of initial Permanency Hearings due	# of on time initial Permanency Hearings	% on Time initial Permanency Hearings	# of initial Permanency Hearings due	# of on time initial Permanency Hearings	% on Time initial Permanency Hearings
Orleans	68	39	57.4%	133	77	57.9%
Baton Rouge	175	81	46.3%	171	43	25.1%
Covington	256	184	71.9%	205	125	61.0%
Thibodaux	179	121	67.6%	189	67	35.4%
Lafayette	249	208	83.5%	257	156	60.7%
Lake Charles	124	78	62.9%	108	57	52.8%
Alexandria	142	99	69.7%	285	86	30.2%
Shreveport	151	99	65.6%	207	89	43.0%
Monroe	164	80	48.8%	200	81	40.5%
Other	2	2	100.0%	5	1	20.0%
Total	1,510	991	65.6%	1,760	782	44.4%

The chart below provides data for Children with a subsequent Permanency hearing due during the selected timeframe who were in foster care when the subsequent Permanency hearing was due. The numerator for this measure is the Number of children with subsequent permanency hearings completed on time. The denominator is the number of children with subsequent Permanency hearing due in the period. The data is pulled by court location. For FFY 2023, the number of subsequent permanency hearings due for the state was 822, the number of hearings held timely was 466 for a total completed on time of 56.7%. For FFY 2024, the number of subsequent permanency hearings due for the state was 723, the number of hearings held timely was 379 for a total completed on time of 52.4%.

Subsequent Permanency Hearings						
	FFY 2023			FFY 2024		
Region	# of subsequent Permanency Hearings due	# of on time subsequent Permanency Hearings	% on Time subsequent Permanency Hearings	# of subsequent Permanency Hearings due	# of on time subsequent Permanency Hearings	% on Time subsequent Permanency Hearings
Orleans	24	17	70.8%	27	13	48.1%
Baton Rouge	88	54	61.4%	69	40	58.0%
Covington	102	64	62.7%	97	61	62.9%
Thibodaux	149	74	49.7%	105	46	43.8%
Lafayette	157	93	59.2%	180	101	56.1%
Lake Charles	55	19	34.5%	44	23	52.3%
Alexandria	102	58	56.9%	58	18	31.0%
Shreveport	52	33	63.5%	51	22	43.1%
Monroe	92	53	57.6%	90	54	60.0%
Other	1	1	100.0%	2	1	50.0%
Total	822	466	56.7%	723	379	52.4%

Across the state, holding timely permanency hearings has been difficult to accomplish. Based on feedback during CQI quarterly meetings, staff indicate that there are often continuances for multiple reasons that lead to delays in permanency hearings. All measures of timeliness used for the purpose of this item are based on a 12 month interval.

Summary of Performance and Rating

Item 22 within the case review system has been assessed as an area needing improvement due to untimely holding of permanency hearings and lack of sufficient data regarding the reasons for multiple continuances that lead to delays in permanency hearings.

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

Louisiana received an overall rating of Area Needing Improvement for item 23 during Round 3 based on information from the statewide assessment and stakeholder interviews. Data in the statewide assessment showed that TPR petitions are not filed timely in accordance with the requirements. Information in the statewide assessment and reported in stakeholder interviews identified barriers to filing, including court continuances to allow parents more time to achieve their case plan goals; administrative process issues with the agency attorneys; staff turnover; and a lack of sufficient information to support termination.

Policy and Process Overview

[Policy 6-1500 Involuntary Termination of Parental Rights-Grounds for Termination of Parental Rights](#)

The DCFS has processes and safeguards in place to ensure the timely filing of termination of parental rights (TPR) proceedings in accordance with federal requirements. The DCFS policy requires a permanency staffing within 9- months of foster care entry. The purpose of the staffing is to ensure everything is in place to proceed with TPR if appropriate at the 12-month permanency hearing. When the decision to proceed with termination is made, staff are required to prepare and submit a TPR packet to the staff attorneys within 30 days. The staff attorney assigned to the case has 30 days from receipt of the TPR packet to file the petition for termination. After the petition is filed, TPR proceedings follow the court process, which is guided by the Louisiana Children's Code legal requirements.

According to Children's Code 1004.2, termination of parental rights must be filed when the following condition apply: The department shall file and pursue to judgment in the trial court a petition to terminate the parental rights of the parent or parents if the child has been in state custody for seventeen of the last twenty-two months, unless the department has documented in the case plan a compelling reason why filing is not in the best interest of the child. A judicial determination that the child was subjected to child abuse or neglect usually occurs more than 60 days after the child was removed from the home. The Louisiana Children's Code Article b 1004.2 and Department policy calculate the required date for filing a termination of parental rights as being when the child has been in foster care for "17 of the last 22 months", which is calculated from the date the child was removed from the home.

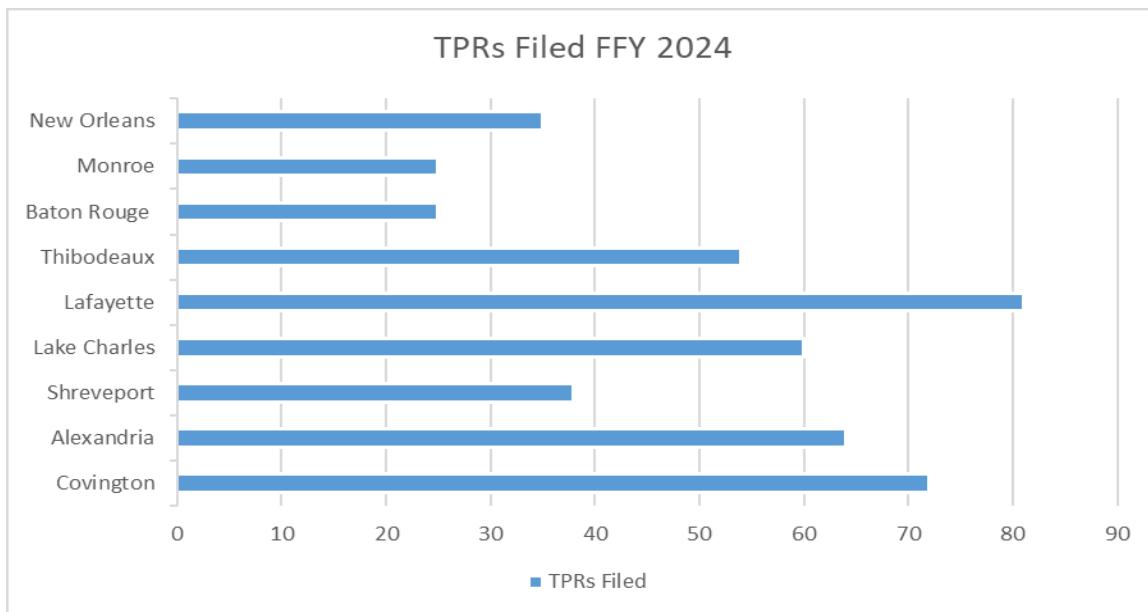
Policy 6-1500 Involuntary Termination of Parental Rights states, the termination of parental rights must be filed when the following conditions apply:

- Efforts to reunify were made for 12 months but the child cannot be safely returned home
- The child has been in care for 17 of the last 22 months. The calculation of 17 of the last 22 months begins with the date of the first judicial finding that the child was subjected to child abuse or neglect or 60 days from the date the child was removed from the home, whichever occurs first.
- When a child has been determined by a court of competent jurisdiction to be an abandoned infant.
- When the parent has been convicted of murder of another child of the parent, voluntary manslaughter of another child of the parent, aiding in or abetting, attempting, conspiring or soliciting, to commit such a murder or voluntary manslaughter, or felony assault that results in serious bodily injury to the child or another child of the parent.

The DCFS Bureau of General Counsel (BGC) provides data regarding the number of TPR petitions filed. This data is shared with the Executive Management Team and Regional Administrators to assist in decision-making regarding improving permanency outcomes. Currently, Louisiana does not have a mechanism in place for tracking the timely filing of Termination of Parental Rights cases.

The TPR data reports and 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. DCFS and CIP sharing data and collaborating between the organizations' CQI committees has strengthened the case review system monitoring the functionality of TPR filings.

CQI case reviews provide data on the number of cases that are rated as “strength”, or “area needing improvement” regarding filing TPR petitions and assuring proceedings occur in accordance with federal requirements. Specifically, item 5 of the case review instrument measures the following: “Achieving Reunification, Guardianship, Adoption, or Other Planned Permanent Living Arrangement”. The chart below depicts the number of petitions filed during FFY 2024.



Analysis of Performance

For FFY 2023, there were 1993 children in foster care for 15 of the last 22 months. Of those cases (1138) 57.1% had a TPR petition filed for the mother and (1108) 55.6% had a TPR petition filed for the father. Of the 1993 children in foster care for 15 of the 22 months in FFY2023, 1034 (51.9%) had a TPR petition filed for both parents. For FFY 2024, there were 2315 children in foster care for 15 of the last 22 months. Of those cases 43.8% (1013) had a TPR petition filed for the mother and 41.8% (967) had a TPR petition filed for the father. Of the 2315 children in foster care for 15 of the 22 months in FFY2024, 910 (39.3%) had a TPR petition filed for both parents.

Louisiana does not have a mechanism for tracking how many children of the total population met other ASFA criteria for TPR for the same timeframe or who may have a documented exception to filing or a compelling reason that TPR would not be in the child’s best interest.

When looking at the sample of cases that are pulled for CQI review Item 5 captures this information. For cases reviewed in FFY 2023 (PUR 4/1/22 through 9/30/23), 91.7% of cases (11 of 12) had the TPR petition filed timely during the PUR or it was filed before the PUR or an exception applied. Based on the data, there were 12 applicable cases for the question “Did the agency file or join a TPR petition before the PUR or in a timely manner during the PUR. Of the 12 cases, 5 were filed timely. Of the remaining 7 cases, 6 of those cases had a documented exception during the time frame leading to a 91.7% rating for timeliness of filing. In 6.25% of the cases (1 of 16), the child met other ASFA criteria for TPR.

For cases reviewed for FFY 2024 (PUR 10/1/22 through 9/30/24), 60.87% of cases (42 of 69) had the TPR petition filed timely during the PUR or it was filed before the PUR or an exception applied. Based on the data, there were 26 applicable cases for the question “Did the agency file or join a TPR petition before the PUR or in a timely manner during the PUR, 14 of those 26 cases were filed timely. Of the remaining 12 cases, 3 of those cases had a documented exception during the timeframe leading to a 60.87% rating for timeliness of filing (lower percentage of cases with a documented exception to filing). In 2.38% of these cases (1 of 42), the child met other ASFA criteria for TPR.

Although Louisiana performs well on timeliness of filing a TPR in item 5 of the CQI reviews, this is a small percentage of cases that are applicable for this question within item 5 and Louisiana has no other measure to provide sufficient data.

Summary of Performance and Rating

Item 23 within the case review system has been assessed as an area needing improvement due to the need for better tracking on filing for Termination of Parental Rights and the need for better measuring and monitoring of ASFA criteria and exceptions to filing.

Item 24: How well is the case review system functioning to ensure that foster parents, pre-adoptive parents, and relative caregivers of children in foster care are notified of and have a right to be heard in any review or hearing held with respect to the child?

During Round 3, Louisiana received an overall rating of Area Needing Improvement for item 24 based on information from the statewide assessment and stakeholder interviews. Information provided in the statewide assessment and stakeholder interviews showed that there are no data to demonstrate a consistent statewide process to notify caregivers of hearings regarding children in their care, and that a caregiver’s opportunity to be heard in court is dependent upon the jurisdiction and the judge.

Policy and Process Overview

Louisiana policy requires that DCFS staff provide foster parents notification of upcoming court hearings. On each case plan, in the federal compliance section, DCFS captures the date written notification was provided to all foster caregivers 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 staff shall document contacts are made with the family, child and caregiver each month, they are able to indicate whether the caregiver was notified of the hearing and their right to be heard. This documentation is provided in narrative format with no capacity for pulling data.

[DCFS policy 6-835](#) Judicial Hearings for Foster Children requires that notice of a hearing is provided at least 20 days prior to the hearing. The Department shall give a notice letter via mail or hand delivery, to any foster parent, pre-adoptive parent, or relative providing care for the child, of the right to be present and heard regarding the care and treatment of the child. The notice Letter should include:

- The date, time and location of the hearing regarding the child in the foster caregiver’s care; and

- The foster caregiver's right to attend and be heard at the hearing (attendance is not mandatory), including a brief explanation of how they can exercise their right to be heard by speaking at the hearing and/or by the Foster Caregiver Progress Form (but that the form is not required) to their FC caseworker who will then submit the form to the court.

When the foster caregiver submits the Foster Caregiver Form, it is either scanned, emailed, or provided (i.e., physically, given at a visit, etc.) to the Foster Care caseworker at least 15 days prior to the court hearing. The Foster Care caseworker must ensure that the Foster Caregiver Progress Form is attached to all court reports filed with the court. If a hearing does not require a court report or when the Foster Caregiver Progress Form is not received prior to filing the court report, the case worker shall provide to all parties with the Foster Caregiver Progress Form during the court hearing.

If the foster caregiver fails to appear at a hearing, the foster care worker shall report to the court whether notice was given, if not, what diligent efforts were made to notify them.

The DCFS is working to develop an alert in TIPS to allow the capacity to capture the date notification was provided to the foster caregivers advising of their right to be heard on each case due for initial or ongoing case review each month. 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 monitor on a regular basis. It will be possible to monitor from a state level to initiate higher level planning.

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 sign 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 staff is required to notify the child's foster caregiver of the case review hearings held by the court and the right of the foster caregiver to be heard. All other involved parties are notified of case review hearings by the court.

Louisiana law does not require the court to provide notice to the foster caregivers about their right to attend and be heard at the hearing. The court's responsibility is to solicit information from the foster caregiver if they appear for the hearing. Article 623 of the Children's Code, Notice; Right to be Heard outlines the law below:

A. The department shall give notice of any order regarding the child issued in accordance with Article 619(C) or 620 to the child's parents, the district defender or other entity designated for the jurisdiction by the Indigent Parents' Representation Program for representing parents, the entity designated for the jurisdiction by the Louisiana Supreme Court to provide qualified, independent counsel for the child, and other parties. The department shall also give notice regarding any child in foster care to any foster parent, pre-adoptive parent, and relative providing care. The department shall notify the court of each party's address and shall have a continuing duty to provide current information to the court about each party's whereabouts.

B. The notice shall state the date, time, and place of any scheduled hearing and inform the recipient of the right to attend and be heard. The notice to the district defender and the entity

designated for the jurisdiction by the Louisiana Supreme Court to provide qualified, independent counsel for the child shall also include a copy of the verified complaint, the affidavit required in Article 620(B), and any order issued by the court.

C. A child twelve years of age or older shall be present in court unless his presence is waived by the court upon motion of the child's counsel. A child below the age of twelve years shall be present in court upon the request of counsel for the child or the court. If the child is present in court, he may choose to testify as to his wishes, and the court shall consider his testimony in the matter. Any testimony given by a child may be taken by a videotaped interview or by closed-circuit television, as authorized by Chapter 8 of Title III of this Code, or by an in-chambers conference attended only by the judge and court reporter and by counsel for the child, for the petitioner, and for the parents.

D. If a foster parent, pre-adoptive parent, or relative providing care for the child fails to appear at a hearing, the department shall report to the court whether notice was given or, if not, what diligent efforts were made to locate and notify the absent person. The court may permit the hearing to be held in the person's absence.

E. The court shall solicit and consider information regarding the care and treatment of the child from any foster parent, pre-adoptive parent, or relative providing care for the child who appears for the hearing.

Analysis of Performance

The charts below depict the number of court cases held in the identified jurisdictions from April 1, 2024-June 30, 2024 and the number of hearings where foster caregivers were present. Prior to this timeframe, Louisiana did not have a method for tracking this data. This is currently being tracked in about 60% of the court jurisdictions. Louisiana will continue to work with the court systems to determine the best means for tracking of foster parent notification and attendance at periodic reviews and permanency hearings.

Court Hearing by Parish (April 1, 2024-June 30, 2024)									
	Foster Parent Attendance	17th JDC (2 courts merged)	23rd JDC (5 courts merged)	24th JD - JPJC	29th JDC	32nd JDC	34th JDC	40th JDC	Total
1	Non ASFA Case Review	66	83	163	16	100	18	14	460
2	Permanency Hearing	22	6	33	9	60	4	2	136
Total:		88	89	196	25	160	22	16	596

Foster Parent Attendance at Court (April 1, 2024-June 30, 2024)									
	Foster Parent Attendance	17th JDC (2 courts merged)	23rd JDC (5 courts merged)	24th JD - JPJC	29th JDC	32nd JDC	34th JDC	40th JDC	Total
6	Non ASFA Case Review	6	10	29	3	34	4	6	92
7	Permanency Hearing	10	0	9	3	22	2	0	46
Total:		16	10	38	6	56	6	6	138

Summary of Performance and Rating

Item 24 within the case review system has been assessed as an area needing improvement as Louisiana currently does not have a method of pulling data to give a comparison of the number of court hearings that were held for a child and a corresponding number of notifications to prove that the caregiver was informed for each hearing.

While Louisiana remains committed to enhancing outcomes for children and families, the current limitations of the case review system hinder the ability to track critical information effectively. The unavailability of comprehensive data impedes efforts to make informed decisions and develop targeted strategies for improvement, as a result, Louisiana's case review system has been found to not be in substantial conformity.

C. Quality Assurance System

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

Policy and Process Overview

Louisiana's Quality Assurance system functions statewide in each region of the state, as part of the DCFS structure, to promote the use of data to improve practice and guide collaborative efforts. The Quality Assurance system has standards in place to evaluate the quality of services provided to children and families, including standards to ensure that children in foster care are provided with quality services that protect their health and safety. These standards are used to evaluate the quality of the services provided and identify the areas of practice as a Strength or Area Needing Improvement per the Children's Bureau definitions. CQI management staff review data to

identify statewide trends based on this information. Individual performance on each case is provided to the worker, supervisor, and manager assigned to the case. Regional and Statewide Trend information and data from case reviews are provided to the state office management team, as well as each region, to identify strengths, needs, barriers, and possible solutions to improve practice and service delivery. Louisiana engages external stakeholders regularly and has processes in place to incorporate the voice of parents, children, resource parents, and providers in its ongoing activities. Feedback loops are utilized to assess what staff at all levels see as possible causes to the identified practice areas. Regional management then utilize that information to address the concerns on a regional basis.

Improvement efforts since Round 3 have focused on continuing work on a high level of interrater reliability amongst reviewers and Quality Assurance staff. 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.

CQI Foundational Structure

The DCFS continues to maintain a CQI foundational structure, including a case review process with secondary oversight by the Children's Bureau, quality data collection and dissemination of data, as well as active inclusion of internal and external stakeholders to inform feedback loops. 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 LA DCFS CQI consultants. 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 with two additional consultants who have shared CQI and Planning responsibilities. The DCFS continues to be fully committed to ensuring a full CQI process and continues to ensure quality reviews are produced through use of interrater reliability activities. Individual exit meetings are held with the worker, supervisor and Manager on each case review conducted. The data is then rolled up by region and by state to provide regional specific as well as statewide data to staff, stakeholders, and management during Quarterly CQI meetings. During these quarterly meetings feedback is also captured from staff and stakeholders to begin identification and exploration into root causes for noted areas of practice concern. Staff and stakeholders are also able to identify concerns through the CQI Referral process. CQI referrals can be submitted and based on the type of concern can either be addressed at the regional level or state level. The information is shared with State Office Programs and Training to determine how the data and staff feedback can be used to address practice concerns identified through training and consultation.

Additional review processes are conducted to ensure compliance with certain practices or to assess progress in areas of focus. The chart below outlines the review processes that are conducted internally.

Quality Assurance Projects Internal Case Reviews					
Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
Child Welfare Assessment and Decision Making Reviews	CQI Consultants and Program Consultants with CPS and FS	CWADM Implementation workgroup and Program Managers and Consultants in CPS, FS, and FC/AD	This is an internal review	Assess practice performance related to CWADM implementation components.	A case is pulled from a quarterly random sample of cases based on the supervisor. Those cases selected are under a supervisor who has completed the CWADM Coaching modules. Findings are reviewed with worker and supervisor in an individual case exit meeting and then on a quarterly basis the overall performance by region is reviewed to determine gaps in practice and need for additional training to improve practice.
Structured Decision Making Reviews	CQI Consultants	Program Managers	This is an internal review	Assess performance on timely and accurate completion of Structured Decision Making Assessments for In Home and Out of Home cases based on SDM requirements	A case is pulled from a quarterly random sample of cases (same sample is utilized as the ongoing CQI reviews that utilize the OSRI). Findings are reviewed with the worker and supervisor in an individual case exit meeting.
Trauma Behavioral Health	CQI Consultants	FC and FS Program Manager and Consultants	This is an internal review	Assess compliance with completion of the Trauma Behavioral Health screening form and the accuracy of the	A case is pulled from a quarterly random sample of cases (same sample is utilized as the ongoing CQI reviews that utilize the OSRI). Findings are reviewed with the worker and supervisor in an individual case exit meeting.

Quality Assurance Projects Internal Case Reviews					
Initiative/Project	Staff Responsible	Internal Partners	External Partners	Purpose	Process
				screening completed.	
Case Plan Review	CQI Consultants	FC Program Manager and Consultants	This is an internal review	Assess performance on Case Planning with family as well as data quality related to system information versus case record information.	A case is pulled from a quarterly random sample of cases (same sample is utilized as the ongoing CQI reviews that utilize the OSRI—conducted only on OOH cases). Findings are reviewed with the worker and supervisor in an individual case exit meeting.
Placement Stability	CQI Consultants	Program Managers	This is an internal review	To determine the reasons for placement changes within the first 30 days of a child's removal date to assist with exploration into Placement Stability.	Cases are pulled quarterly. A case is pulled from a random sample of foster children who experienced a placement setting change within the first 30 days of their removal date. Findings are debriefed with the worker during the interview process. This information will be provided to the regions by report.
Act 350 Reviews	CQI Consultants	FC Program Manager and Consultants	This is an internal review	To determine agency compliance with the requirements of the Legislation related to ACT 350.	Cases are pulled quarterly. A case is pulled from a stratified random sample of foster children who have been in foster care at least 9 months. Findings are debriefed with the worker during the interview process. This information will be provided to the regions by report.

Policy and Process Overview

The Continuous Quality Improvement team consistently uses the most current federal review instrument in the case review process for all Louisiana regions. The team received training on the federal Round 4 CFSR Onsite Review Instrument through the National Call Series and OMS online training and resource guides. Louisiana began using the instrument in 2023 and prior to

this, utilized the Round 3 OSRI instrument. Louisiana uses the federal Online Monitoring System (OMS) to enter the ongoing CQI case reviews. Case Reviews are selected for all jurisdictions where the services in the CFSP are provided. For the 2nd review period of FFY2024, 66 cases were reviewed for the 6 month review period with 40 foster care and 26 in home services cases. The ongoing reviews are inclusive of case related interviews with key participants including workers, supervisors, parents, foster parents, and children, when age appropriate. The staff review, analyze, and evaluate data pertaining to the seven outcomes for safety, permanency, and well-being.

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 established training protocol for CQI staff remains intact with the CQI Unit maintaining bi-weekly virtual meetings along with quarterly in-person or virtual face-to-face meetings. 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 quarterly CQI unit meetings are used to conduct full case interrater reliability exercises, application of interconnected items, and team building. For FFY 2024, a meeting was held each quarter including November 7, 2023 (Review of Round 4 QA Guide), January 23, 2024 (Mock Case Discussion), March 5, 2024 (CFSR Procedures Manual and CQI Manual review and Comparison), and June 26, 2024 (Red Flag Trend Case discussion and Team Building). The CQI Team biweekly meetings continue to provide an opportunity to conduct interrater reliability activities to ensure consistency in cases and to share information regarding case reviews (practice concerns, red flag concerns, trends noted) and consistent application of the instrument. Every case review goes through a quality assurance process of a first level and second level review to ensure consistent application of the instrument. A Manager level review is also conducted on most case reviews. The Children's Bureau regional staff provides routine and ongoing technical assistance and secondary oversight. Louisiana has received consistent positive feedback from the Children's Bureau regarding the high level of interrater reliability amongst reviewers and the quality of the reviews produced. At this time, Louisiana intends to conduct a State Led CFSR for Round 4. The plan is to utilize Agency review staff for the review and QA processes.

Louisiana utilizes data collected through its information system for comparison in performance to the qualitative reviews conducted. One example of this is the utilization of the Administrative Report for Response Priority and comparing it to the data gathered from the OSRI Item 1 data. Based on the available data the QA team was able to identify that the Response Priority percentages and identified decline was occurring in both the data available from our systems and the data available from item 1 performance. This information is being used for further exploration into the cause of the decline in response priority and any efforts that may in place currently or need to be put in place to address the issue.

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. The CQI Manual provides guidance for all CQI staff on procedures related to methodology, elimination, red flag cases, conflict of interest, and other integral parts ensuring

Round 4 procedures. The CQI Manual has been submitted to the Children's Bureau for approval for use in Round 4. The Children's Bureau has approved Louisiana's sampling frame for both in home and out of home cases for use in Round 4.

During FFY2024, to ensure alignment with addressing identified areas of concern from the data provided through the CQI reviews, the CQI unit was moved under the Deputy Undersecretary for Workforce Development who is also leadership for the Training Academy, On the Job Trainers and oversight of the Regional Program Specialist. This realignment is to allow for more fluid communication and planning of State Office efforts to assist frontline staff and management on implementation of needed support for both hands on and classroom training needs.

Analysis of Performance

Louisiana continues to ensure the analysis and dissemination of data through several avenues. All cases that receive a CFSR review have an individual exit interview conducted with the worker, supervisor, and manager, if the manager wishes to attend. The information that supports the ratings are provided to the worker, supervisor, and manager through discussion to assist in staff understanding of the review process and the practice that it measures in hopes that there will be a transfer of learning for future cases pulled for that worker or supervisor. At the end of each review period, the data is rolled up into a regional quantitative report and trends for the region are identified, and the information is then discussed at the Continuous Quality Exit meetings held in each region. Attendees at these meetings are given the findings of the reviews and then open discussions are held to explore staff and stakeholders impressions on strengths in certain areas and reasons for certain findings and any next steps that might be needed to address the concern. Stakeholders in attendance range from legal professionals, including judges and attorneys, providers, parents, foster parents, CASA, and tribal partners. The information is then provided to the State Level group including executive leadership and management staff responsible for programs like foster care, home development and training who use the data to inform areas to address concerns through consultation or training. An example of the use of this data to support training needs related to Quality Home visits, based on the identified recent decline in Strength rating for item 14 and item 15, related to the quality of home visits. An assessment of data from ongoing reviews across the prior few years was conducted to determine that there was a timeframe where practice performance was better in the area of quality of contacts (PUR 2019 and 2020). When reviewing some measures that were in place at that time, including measures from the PIP, it was identified that a Quality Contacts training was needed, it was developed, and implemented across the state in 2019. Training updates are being made to ensure alignment with policy and best practice, with plans for implementation by the end of the 2024 calendar year.

Data is distributed to staff quarterly through Quarterly Program Meetings. Over the past few years, data from CQI Case reviews is provided in April and October of each year (ex. data from the OSRI instrument and CWADM reviews) and data from other program reviews and surveys is provided in January and July (ex. PSRT reviews, Supervisory Surveys, etc). Based on stakeholder and staff feedback, multiple data and information sharing meetings were occurring between the DCFS and other agencies/stakeholders frequently and the preference was for this to be provided in an integrated data-sharing meeting. A proposal for a Child Welfare Summit was developed through a workgroup of varying program leads. The purpose is to maximize efficiency, improve outcomes, and promote greater stakeholder collaboration through the Child Welfare

Summit. The proposal includes incorporation of CQI data and program data into stakeholder meetings with members from regional CQI committees, Citizen Review Panel, CARA meetings, and Child Protection Oversight Committee meetings to encourage data sharing and feedback loops with a more comprehensive group of stakeholders. The proposed summits are being piloted in October 2024 in three regions (Lake Charles, Lafayette, and Monroe). The summits involve sessions covering Safety, Permanency and Well-being where data will be shared from ongoing CQI reviews and other adjunct reviews that provide data related to those topics. Feedback is elicited from the array of stakeholders to provide a broader perspective and assess the need for possible workgroups related to topics of concern. The proposal for the Child Welfare Summit was provided to staff at varying levels and stakeholders for feedback. Feedback received on the proposal was positive. Once the meetings in October are held, the expectation is that full roll out of the Child Welfare Summit would occur across the state by April 2025.

To ensure dissemination of data occurs expeditiously in instances where safety concerns or significant practice concerns are noted, Louisiana has built into the case review process a mechanism for a Red Flag staffing. Shortly after issues are identified on a case, the CQI Reviewer, QA, and Managers meet with the varying levels of regional staff to address the concerns and identify next steps to ensure the child(ren)'s safety and address the practice concerns. The CQI Manager follows up within a week to identify if the safety concerns have been addressed. In FFY 2024, there were 8 red flag staffings held. One trend noted from the red flag cases was that there were concerns related to visits with in-home children for foster care cases. This information was brought to the attention of executive leadership and information was passed down to the regions to reinforce policy and best practice related to ensuring in person contacts are made with all in home children in cases where there is a child in foster care or any open case.

Distribution of data and opportunities for input continued with external stakeholders on the state as well as regional levels. The DCFS data unit provided aggregated data to external stakeholders on a recurring basis as well as upon request. The chart below provides details of stakeholders who are provided with varying data reports.

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

Stakeholder	Report	Request
CASA	Programs Report (Foster Care, Family Services, Drug Exposed Newborn and Fatality Data)	Annually
Agenda for Children	“Kids Count Data” (Foster Care and CPS Investigations data)	Annually
Pelican Center	My Community Cares (CPS Intake, Investigation and Foster Care Entry data)	Monthly
Governor’s Office of Human Trafficking Prevention	Human Trafficking Data	Annually
Tulane University (Place Matters Healthy Neighborhoods Project)	CPS Allegation Data	Annually

Opportunities for Improvement

From Round 3 PIP development, Louisiana DCFS, with technical assistance from the Capacity Building Center for States, developed the Child Welfare Assessment and Decision Making Model (CWADM) to address concerns related to adequate safety assessment and adequate risk assessment to inform overall assessment of family functioning. In order to assess the implementation of this model, Louisiana conducted case reviews from November 2020 through September 2022 to assess practice. From those reviews, the agency determined that Phase 2 of CWADM Implementation was needed to support the staff in developing CWADM practice. This part of the implementation provided Coaching to Supervisors in Child Protection Services Investigations and in Family Services. The areas where the three coaching modules were developed were directly related to the three main areas of concern identified from the initial reviews. Those areas include identification of history and appropriate utilization of history information in the assessment process, gathering adequate information, and completing a thorough Assessment of Family Functioning. The agency developed the CWADM Phase 2 Case Review Instruments (CPS and FS) focused on these concepts of CWADM practice to measure improvement in the application in practice.

The CWADM Phase 2 Case Reviews were used to determine if implementation of CWADM Phase 2 positively impacted the practice in those areas. The instrument development was completed in June 2023 and consultants were trained on the use of the instrument in June 2023. The CWADM Phase 2 Instrument was used to assess practice in Child Protection Services and Family Services programs beginning in July 2023. Quarterly reviews were conducted to identify performance trends, areas the CWADM model is succeeding and areas that need improvement. Feedback regarding the findings of the case review are initially provided to the worker, supervisor, and manager assigned to the case through an individual exit meeting. The feedback is then distributed to State Office Management and Program Leads, State Level CQI and CIP, and to Regional Management. Regional exit meetings are held to provide data and feedback to the regional staff and stakeholders to provide each region with the areas of concern that are identified for their region and statewide. Regional management including Regional Program Specialist review the data and determine if there are areas of staff support that need to be provided through the region or if there is a more in depth need for training or consultation from State Office level staff to remediate the areas of practice concern. The case review process helps to communicate to staff through individual and regional exits the type of practice that is expected under the model and assess the extent to which it has been implemented.

For details about the results of CWADM reviews conducted for FFY 2024, reference the Quality Assessment Update FFY 2024 in Louisiana's APSR 2020-2024. For details about plans moving forward on tracking and monitoring of the implementation and roll out, reference the Quality Assessment section of Louisiana CFSP 2025-2029.

Summary and Performance Rating

In CFSR Round 3, Louisiana was in substantial conformity for the Quality Assurance System systemic factor. Since Round 3, Louisiana has maintained the same quality assurance practices and continues to strive to enhance and expand quality assurance practices through ongoing development of case review processes, improved interrater reliability of reviewers, and ongoing exploration with staff and stakeholders into areas of practice concern. Louisiana has assessed the state's performance for Item 25: Quality Assurance System for CFSR Round 4 to be a Strength. Louisiana has assessed the state's performance on the Quality Assurance systemic factor to be in Substantial Conformity.

D. Staff and Provider Training

Item 26 – How well is the staff and provider training system functioning statewide to ensure that initial training is provided to all staff who deliver services pursuant to the CFSP so that staff receive training in accordance with the established curriculum and timeframes for the provision of initial training; and the system demonstrates how well the initial training addresses the basic skills and knowledge needed by staff to carry out their duties?

"Staff" includes all contracted and non-contracted staff who have case management responsibilities in the areas of child protection services, family preservation and support services, foster care services, adoption services, and independent living services pursuant to the CFSP.

The Department of Children and Family Services (DCFS) supports staff development and provides training supporting the goals and objectives of the 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 training 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. In previous years, the initial training of child welfare staff was facilitated through a model titled New Child Welfare Worker Orientation (NCWWO). This model was replaced in 2023 with Foundations of Child Welfare Practice (FCWP) and supported by the On-the-Job Training (OTJT) program. While NCWWO is discussed here for context, the responses below largely pertain to the FCWP and OTJT programs.

The Louisiana staff and provider training system ensures initial training is provided to all staff who deliver services pursuant to the CFSP in accordance with established curriculum and timeframes and addresses the basic skills and knowledge needed by staff to carry out their duties. There are well-defined, competency-based learning pathways through statewide implementation

of Foundations of Child Welfare Practice and On the Job Training that equip and support new child welfare professionals with foundational skills and knowledge, including hands on practice experience, necessary to carry out their duties within their first year of employment. There are also multiple mechanisms for on-going feedback and continuous quality improvement in the system with more planned for the future.

Policy and Process Overview

Prior to October of 2023, initial training requirements were primarily completed through a training model titled *New Child Welfare Worker Orientation* (NCWWO). NCWWO was converted into a synchronous online training during the COVID-19 pandemic. NCWWO was separated into three specific training weeks, field experiences, and on the job training which would extend approximately over the first year of employment.

In the fall of 2023, DCFS adopted a new model for initial training for child welfare staff titled *Foundations of Child Welfare Practice* (FCWP). FCWP was designed and implemented as a competency-based approach to ensuring all new workers meet state and federal standards. FCWP was created by a team of child welfare professionals, trainers, educators, and instructional design experts. These revisions began by reviewing feedback received from participants, supervisors, and leadership of current training formats and experiences. A review of relevant literature demonstrated the effectiveness of a hybrid learning model that includes virtual self-paced asynchronous training modules, virtual interactive training sessions, and in person delivery of content (Eryilmaz, 2015; Han, 2023; Nguyen, 2015). The FCWP series is modular in design, allowing for shorter learning segments to reduce cognitive overload and improve engagement. Also, this modular format allows learning pathways to be developed that are specific to the needs of specific positions or programs. The time between learning modules is used for field experiences to observe or participate in case work activities with experienced workers, which aids in application of knowledge, transfer of knowledge, and retention. Through consultation with instructional design experts, a backwards design model was utilized in order to integrate competencies and measurable skill and knowledge acquisition into curriculum development.

On the Job Training (OTJT) is a hands-on approach designed to enhance foundational learning by providing new employees with support and guidance in case activities. This training aims to increase staff knowledge and understanding of agency policies and practices, in order to prepare them for their roles within DCFS. The relationship between the new worker, field supervisor, and the OTJT Consultant begins on the first day of employment and continues throughout the completion of the OTJT Program. Before commencing FCWP training, the OTJT consultant reviews the program with the new worker and field supervisor. OTJT trainers are expected to meet with their assigned staff at least once a week in person. If an in-person meeting is not feasible, follow-up communication occurs via phone or virtual sessions. A key feature of the FCWP and OTJT programs is the partnership and shared responsibility across the Foundations Leads, On the Job Training (OTJT), and field supervisors/managers in preparing new child welfare professionals for their roles.

CHILD WELFARE LEARNING & DEVELOPMENT

Year 1 Timeline for New Child Welfare Professionals

Training Program

1 2 3 4 5 6 7 8 9 10 11 12

OTJT Module 1

To prepare the employee for access to computer systems and policy; Shadowing experiences; Follow up with learning from Foundations Level 1 and 2 and to assist with concepts and understanding.

~2 Months



Foundations Level 1

DCFS mission, vision, values, and principles of practice, confidentiality, professionalism, right to intervene, full disclosure, worker safety, child welfare ethics, domestic violence, child welfare history and laws, substance use disorders, mental health disorders, objective documentation, interviewing skills, stress management, child development, employee assistance program resources for staff, protective authority as it relates to the child welfare field, and the Child Welfare Assessment and Decision Making Model. Workers get opportunities to apply knowledge through field experiences and a simulation experience.

2 Weeks



Foundations Level 2

Engagement, assessment, family search and engagement, family team meetings, home studies, structured decision making, trauma and the trauma behavioral health screen, physical indicators of child maltreatment, working with the court, child welfare ethics, and self-care. Workers get opportunities to apply knowledge through field experiences and a scenario based application.

4 Weeks



Foundations Level 3

The focus of this training is to understand and apply the concepts and principles of each program area combined with the principles of the Child Welfare Assessment and Decision Making model, risk assessment and safety planning. The ultimate goal is working with families to ensure the safety of their children while utilizing DCFS policy and best practice efforts that encompass an approach of child-centered family focused practice.

2 Weeks



OTJT Module 2

Ensure transfer of learning from Foundations Level 3, in conjunction with Courtesy or case Related activities assignment; followed by training on the job case related activities for the first case assignments with low complexity.

~2 Months



Foundations Level 4

Opportunities to gain deeper knowledge and skills in the areas of: Physical Indicators of Child Maltreatment, In Home Safety Plans, CWADM/FORECAST Trauma Informed Care, Legal/Courtroom Simulation, Substance Use in Child Welfare, Planful Transitions, Human Trafficking

Within the First Year of Employment

~8 Weeks



OTJT Module 3

OTJT role will shift from a trainer to a coach. The OTJT follows 2 cases with the new worker for about 8 weeks to ensure they are able to observe the new worker on how the worker manages and works a case to ensure that proper understanding the steps of the case.

~8 Weeks



OTJT Module 4

OTJT role will shift again to more of a Case Reviewer. Auditing the workers cases and providing feedback.

~4 Weeks



All new DCFS child welfare employees are required to complete 64 hours of training in the first year of employment. For the timeframe of July 1, 2022 through September 30, 2024, all new DCFS Child Welfare employees were assigned to a New Child Welfare Worker Orientation (NCWWO) or Foundations of Child Welfare Practice (FCWP) cohort and an On the Job Trainer (where available) upon notice of hire from the human resources section, prior to the assignment of cases. The OTJT program recently became fully staffed statewide so this may not have been available to all staff described in this report. The FCWP series includes multiple levels of learning and development over the first three years of a child welfare professional's employment. In the first year of employment, FCWP Levels 1 through 3 provides necessary learning and development opportunities to prepare new child welfare staff for the assumption of case responsibility. FCWP Level 4 is currently in development and will provide enriched learning and development activities to support the acquisition of knowledge and skills following case assignment during the first year of employment. Levels 1-3 are completed within the first 9-12 weeks of employment and training begins shortly after hire. Level 4 is designed to be completed within the first year of employment, following the successful completion of Levels 1-3. OTJT 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.

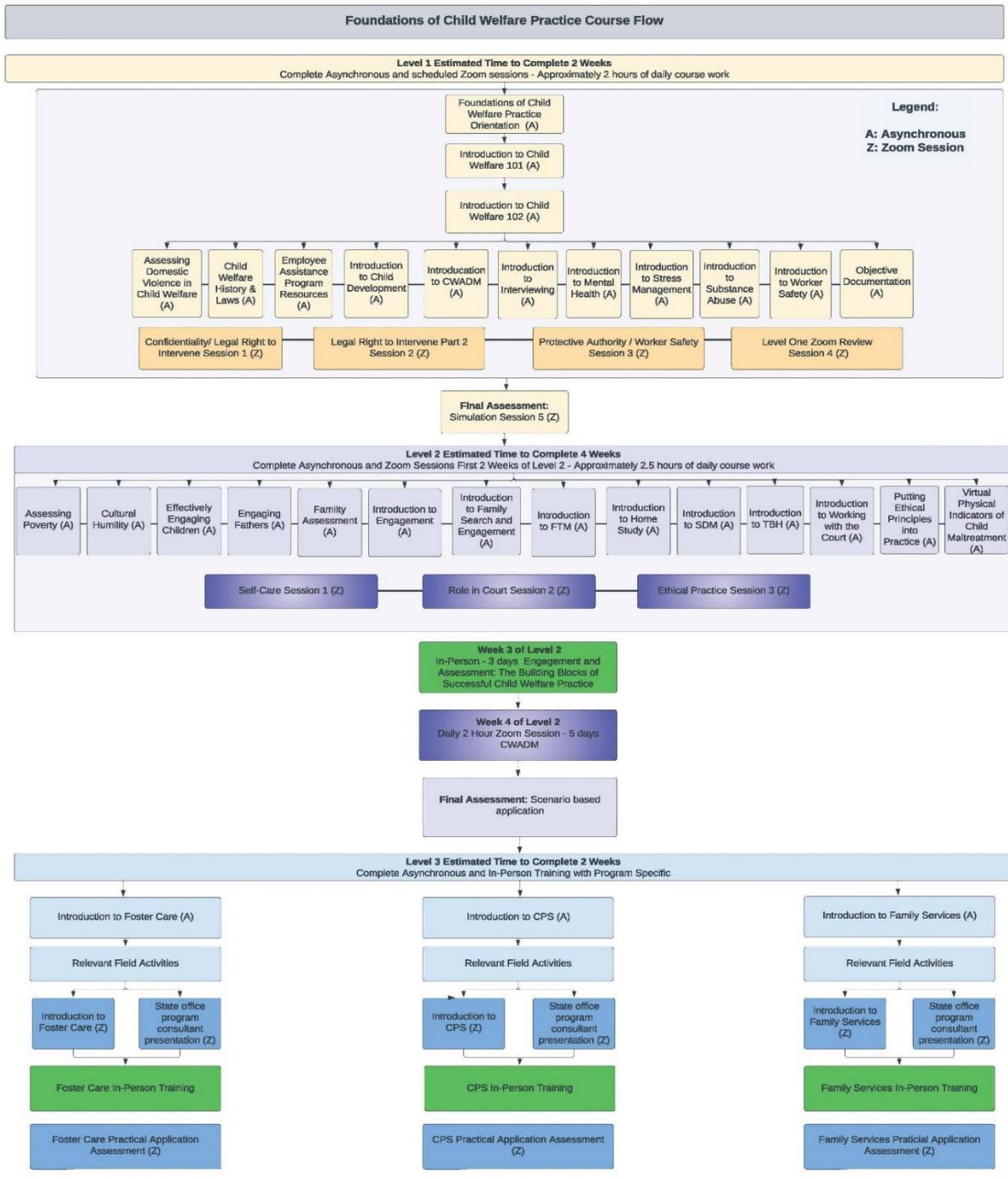
The OTJT Program is mandatory for new workers in Child Protective Services (CPS), Family Services (FS), and Foster Care (FC). The OTJT training process spans four modules over a

minimum of eight months of employment. It covers all aspects of the job, including, but not limited to:

- Observing and participating in court proceedings.
- Completing documentation in systems (ACESS, FATS, SDM, etc.).
- Referring cases to other sources (e.g., transitioning from CPS to FS or community resources).
- Participating in multidisciplinary staffing.

OTJT Consultants also assist seasoned workers transferring to new programs (CPS, FS, FC) with program-specific concepts for approximately 4-6 months after Level 3 of Specialized Foundations, as resources permit.

The OTJT program was piloted in Baton Rouge in November 2016, responding to a high turnover rate among new staff that negatively impacted office operations and morale. The program's initial goal focused on rapid hiring while providing on-the-job training to stabilize the workforce. In June 2020, OTJT was re-established with two trainers in only two regions and expanded in January 2021 in three additional regions. In April 2022, OTJT appointed a full-time manager and expanded its team to five consultants across various regions. The program was redesigned in August 2022 to span approximately eight months, with four modules and seven sessions, enhancing support for new field staff. In January 2023, the OTJT format was further refined, shifting from seven sessions to four modules to provide a more realistic progression for new staff. As of February 2024, nine of the twelve OTJT trainers and two Foundations trainers have been certified to facilitate Project Assist FORECAST training, enhancing the agency's trauma-informed approach.



Information from Human Resources is monitored to ensure that all staff are registered for the required trainings in order to accept direct responsibility for cases. Progression through required training, as well as timely completion, is monitored by trainers and staff of the DCFS Child Welfare Training Unit. An upgrade to the learning management system occurred on July 1, 2024, which provides enhanced capacity to track and manage data to ensure timely completion of training requirements. Communication features are improved with a dashboard available for the

learner and the supervisor to monitor training progress, as well as offering the use of automations to inform and remind participants of requirements and deadlines. Further, Human Resources data is integrated into the learning management system biweekly which allows for automated modification of learning pathways and expectations and improved data reporting.

Level 3 of Foundations of Child Welfare Practice (FCWP) is geared toward specific job descriptions and work duties according to the program in which the staff is employed, such as Child Protective Services, Foster Care, or Family Services. This content is trained by child welfare professionals that have extensive experience with the particular program area. This training approach ensures the practical application of knowledge to the specific job duties of each program area is provided. When a child welfare staff person changes to another program area, they are required to participate in the program specific portion of FCWP in order to successfully fulfill the duties in the new job description.

FCWP is designed to be modular and the learning management system upgrade allows specific learning pathways by specific job descriptions. For example, a specific series of courses are combined into a learning pathway (or “track”) to train the new staff roles of Teaming Specialists and Recruiters. These tracks were developed in conjunction with key DCFS leadership members that have knowledge of, or will manage, these staff positions. Adoption and Home Development tracks are currently in development, utilizing technical assistance from state office program staff and the National Center for Diligent Recruitment.

Within the DCFS Child Welfare Training Unit, lead trainers are assigned to specific courses. These lead trainers are responsible for training the course, as well as completing curriculum revision as needed for both content and format. An internal unit procedure is to review each curriculum on a quarterly basis to ensure that it is relevant to the needs of the child welfare staff to perform their daily job duties according to the job descriptions. Additionally, changes are made to curriculum based on policy or statute revision, as well as CQI review results, so that content reflects current practice guidelines and expectations. When curriculum is revised, it is circulated for feedback and further modification to other child welfare training staff, state office program staff, and relevant partners to include youth and adults with lived experience. This process is monitored for completion by the child welfare training managers.

Analysis of Performance

For the timeframe under review, all learning records and artifacts related to NCWWO and FCWP courses are contained within the Moodle Learning Management System (LMS) which is maintained by Southeastern Louisiana University/Louisiana Child Welfare Training Academy (LCWTA) as part of their contract with the DCFS. Most courses contain a pre-test to determine the level of knowledge prior to the course and a post-test to measure knowledge gained through the course. Individuals are also required to complete course evaluations utilizing a standard list of questions which were created by the same team of professionals who created the LMS system and FCWP model.

When DCFS Child Welfare Staff attend trainings that are not sponsored by the DCFS Child Welfare or On the Job Training Unit, they are able to submit the training completion information to DCFS Regional Training for inclusion on their Louisiana Employees Online/Success Factors

transcript. When questions arise about child welfare eligibility of trainings hours obtained outside of the DCFS sponsored program, DCFS Child Welfare Managers are consulted for additional information and approval.

All new DCFS Child Welfare employees are assigned to NCWWO or FCWP cohorts upon notice of hire from supervisory staff or the Human Resources section. 93% of staff enrolled completed all required training and staff that did not complete segments of NCWWO and FCWP did not remain with the agency.

New Child Welfare Worker Orientation Training:									
Cohort	Week 1			Week 2			Week 3		
	Enrolled	Complete	Incomplete	Enrolled	Complete	Incomplete	Enrolled	Complete	Incomplete
2022-04	24	24	0	23	22	1	26	23	3
2022-05	13	13	0	16	16	0	22	22	0
2022-06	10	10	0	19	19	0	34	33	1
2022-07	32	32	0	35	35	0	38	38	0
2022-08	10	10	0	11	11	0	14	14	0
2022-09	39	38	1	44	44	0	57	56	1
2022-09I*	5	5	0	-	-	-	-	-	-
2023-01	30	30	0	29	29	0	28	28	0
2023-02	57	57	0	56	55	1	61	61	0
2023-03	52	51	1	50	50	0	52	52	0
2023-03I*	28	28	0	-	-	-	-	-	-
2023-04	31	31	0	30	29	1	32	30	2
2023-05	19	19	0	21	21	0	24	24	0
2023-06	23	21	2	26	23	3	29	23	6
2023-07	21	20	1	32	30	2	42	34	8
2023-08	16	13	3	33	32	1	37	33	4
Totals	410	402	8	425	416	9	496	471	25

*Denotes Title IV-E Student Scholars (Interns) only. Interns who are hired are later coded in the system as employees and show up in later cohorts by date of hire.

-Denotes no enrollment in the time period specified, not missing data. No enrollment in week 1 with corresponding data in week 2 and week 3 denotes cohorts which began in a previous time period or learners who were transferred into a different cohort due to issues.

Foundations of Child Welfare Practice									
Cohort	Level 1			Level 2			Level 3		
	Enrolled	Complete	Incomplete	Enrolled	Complete	Incomplete	Enrolled	Complete	Incomplete
2023-10	7	7	0	10	10	0	11	11	0
2023-11	6	6	0	5	5	0	6	6	0
2023-Contractor	5	5	0	5	5	0	5	5	0
2023-12	10	9	1	8	8	0	9	9	0
2024-01	12	12	0	10	10	0	13	13	0

Foundations of Child Welfare Practice										
Cohort	Level 1			Level 2			Level 3			
	Enrolled	Complete	Incomplete	Enrolled	Complete	Incomplete	Enrolled	Complete	Incomplete	
2024-02	12	12	0	11	11	0	13	13	0	
2024-03	13	13	0	13	13	0	24	24	0	
2024-04	15	15	0	17	17	0	17	17	0	
2024-05	14	14	0	12	12	0	10	10	0	
2024-06 Contractor	6	6	0	6	6	0	6	6	0	
2024-07	17	17	0	16	16	0	16	16	0	
2024-08	14	14	0	15	15	0	16	16	0	
2024-09	15	15	0	14	14	0	17	17	0	
2024-10	12	12	0	12	12	0	13	13	0	
Totals	158	157	1	154	154	0	176	176	0	

When enrollments increase across weeks or levels of the series, it is due to former Title IV-E Scholars completing coursework upon hire with DCFS and current staff transferring from one program to another.

A child welfare training staff person monitored the bi-weekly Child Welfare New Hire Report and worked closely with supervisors to assure all new child welfare staff were enrolled and completed required training. For the time period of July 1, 2022 – September 30, 2024, 576 new child welfare staff were hired and completed training. During this time frame, 71 current staff transferred to new program areas of practice and completed program specific training for their new roles. This resulted in a total of 647 employees completing the required training to acquire the basic skills and knowledge for the position.

Time Frame	# of Staff Hired	# of Staff Trained
7/1/2022 – 9/30/2022	59	78
10/1/2022 – 9/30/2023	314	360
10/1/2023 – 9/30/2024	203	209
Total	576	647

Current policy and legislative statutes require that DCFS child welfare staff in positions with direct responsibility for cases dealing with families and children complete a minimum of 32 hours of instruction in specified subject areas. As a result, current DCFS child welfare staff hired in these positions must, at a minimum, complete Level 2 of FCWP to receive a case assignment. It is recommended that staff not receive case assignments until the completion of Level 3 so that the staff can focus on learning the necessary skills and knowledge required for their positions prior to the primary responsibility for case duties. A policy revision is in development to recommend the completion of Level 3 prior to the assignment of cases. It is also recommended that the first case assignment be of lower priority and complexity. This allows new staff to engage in case-related practices, such as courtesy assignments or serving as a case assistant to co-workers. Current DCFS data systems do not have an accurate way to capture when case assignment occurs at this time. OTJT is developing processes for capturing this information directly from new staff and their supervisors pending new systems being available to support more automated collection and reporting of such data in the future.

While staff are required to complete Foundations Levels 1-2 before receiving any cases, there was consensus across the state child welfare leadership team supporting case assignment following successful completion of Level 3 with exceptions possible in emergency situations when new staff demonstrate foundational competency to assume case responsibility. Proposed revisions to policy consistent with that consensus are expected to be circulated for review and finalization before the end of the calendar year. Based on current curriculum, the DCFS Child Welfare Training staff have identified specific tasks that employees can do upon completion of levels 1 and 2 to assist colleagues while gaining exposure to case related activities, prior to full responsibility for cases.

Through extensive exploration of current DCFS Data Systems, it was determined that there is not a mechanism that can be utilized to identify when the first case is assigned to new child welfare staff. While the DCFS works on trying to identify a mechanism to track this information in a more accurate manner, OTJT has begun to track when a new worker is assigned a case after they are informed by the worker/supervisor of the case assignment. Once this data is compiled, OTJT can then cross reference data with date of hire and completion of training in order to obtain information to determine if this requirement is being met.

It is immensely difficult for staff to focus on training for their assigned roles while beginning to work cases, and the stress that results may contribute to burnout and turnover rates. Through feedback provided, the DCFS Child Welfare Training and OTJT Staff are aware that staff are sometimes assigned cases early, occasionally even prior to the completion of Level 2.

Evidence Reviewed for Data Collection

This section evaluates the preparedness of staff who completed initial training during a specified period to deliver services in alignment with the Child and Family Services Plan (CFSP). To assess this readiness, we will utilize a combination of NCWWO pre and post test data, FCWP Level completion data, course evaluation data, focus group summaries, and survey results from On the Job Training (OTJT). The course evaluations provide valuable insights into the experiences and feelings of workers, highlighting their perceived competency and confidence in applying the skills learned during training. Furthermore, the focus group findings will reinforce these assessments by capturing qualitative feedback from participants regarding the effectiveness of the training programs. Additionally, OTJT survey results will offer quantitative data on staff preparedness, ensuring a comprehensive evaluation of how initial training correlates with service delivery capacity.

For NCWWO, pre and post test scores demonstrated an increase in knowledge and skills in the child welfare topics covered during each week of training.

Course	Pre-test Score Average	Post-Test Score Average
NCWWO Week 1	64.44	84.29
NCWWO Week 2	64.75	90.92
NCWWO Week 3 Foster Care	71.96	94.20
NCWWO Week 3 Child Protective Services	73.41	91.13
NCWWO Week 3 Family Services	65.70	90.55

The first three levels of the FCWP curriculum are aligned with child welfare competencies such as professionalism, engagement, communication, assessment utilizing the Child Welfare Assessment and Decision Making (CWADM) model, cultural awareness, law and policy, and documentation. Following all courses within a level, each participant engages in a final assessment to demonstrate basic acquisition of competencies in order to proceed to the next level of course content. For FCWP Level 1, the final assessment is the Knock on the Door simulation to demonstrate communication and engagement skills, as well as knowledge of confidentiality requirements, right to intervene, and appropriate use of protective authority. A rubric is utilized to score the simulation and staff are required to demonstrate a threshold level of skills and knowledge in order to move to the next level of training. All participants are provided with a debriefing session with verbal and written feedback for continued improvement. The Level 2 Final Assessment is a scenario-based application of assessment, engagement, and CWADM model skills and the average score for this level is 87.4. Level 3 content is divided into groups by program area and the Level 3 final assessment is a scenario-based application of the core concepts, principles and policies of each program area, CWADM, risk assessment and safety planning. The Level 3 Final Assessment scores reveal an average score of 82.3 for Child Protective Services, 87.73 for Family Services, and 86.4 for Foster Care program participants.

The FCWP curriculum links training content to competencies and provides multiple sources of data for a comprehensive process and outcome evaluation, which would provide feedback for additional revisions and training needs. An outcome evaluation of the FCWP series is still in development. However, a specific question on the course feedback surveys asks participants whether “The content of this course provided me with knowledge and skills I need for my role.” 57% of the participants strongly agreed with this statement and 30% agreed. Open ended survey questions provided information on areas of need that could be addressed further in training initiatives, such as the need for additional training on data systems and the application of specific skills to each program area through examples and interactive activities in Levels 1 and 2. Several comments provided feedback on training delivery preferences for components of the training, stating that some training segments may be more effective in person than virtual. Below are some of the comments received on the course evaluation surveys:

- “This course was very detailed, and I was able to gain a lot of insight and valid information. The instructor was very engaged and knowledgeable on the course material. There was never a dull moment in the class.”
- “Literally in every way, I feel this information will help me in all my cases and help me be prepared also.”
- “I enjoyed the training and it was the best training I have received. The training focused on everything the program is about and our duties. The training was very informational and I will utilize the skills and tips given.”

All courses in the LMS related to NCWWO and FCWP require various levels of both assessment and evaluation by learners. The evaluations of each course allow DCFS to determine how training content is being utilized by learners and to determine needed changes. Primarily, most training courses require a pre-test/post-test and a mixed method evaluation. The evaluation questions are particularly helpful in determining the extent that staff who completed initial training were prepared to deliver services. There are a range of responses to each question which provides some argument for reliability that the instruments are working to get a variety of perspectives. For

NCWWO, the evaluation survey response averages ranged from 4.00 to 5.00, with 5 being the highest score, and the average overall survey response of 4.68. For FCWP, the evaluation survey response averages also ranged from 4.00 to 5.00, with 5 being the highest score, and the average overall survey response of 4.49.

Feedback responses for open ended evaluation questions were generally positive, with participants particularly appreciating the interactive elements and video-based learning components. Strengths were identified in the comprehensive coverage of practical skills and the inclusion of real-world examples. Areas for improvement centered around the length and repetitive nature of some content, with some participants suggesting more visual learning elements. Many respondents specifically praised the course's approach to cultural competency and domestic violence training. A notable number of responses indicated no additional needs, suggesting the course adequately covered essential information, though some requested more hands-on practice opportunities and additional video demonstrations of data systems.

Summary of the Trainer Focus Group Context and Purpose: The focus group was conducted to gather qualitative data from trainers involved in the DCFS initial staff training as part of the federal Child and Family Services Review (CFSR). The primary aim was to understand their perceptions of the training process, its effectiveness, and the challenges faced with implementing the training.

Key Themes:

1. Importance of Foundations Training:

- Trainers highlighted that the foundations training serves as a crucial overview for new workers, allowing them to start learning about the DCFS's expectations quickly.
- The modular and flexible structure of the training enables trainers to tailor content to various worker needs, enhancing its effectiveness.

2. Challenges in the Field:

- There is a significant disconnect between training and actual practices in the field, with some offices deviating from established policies.
- New workers often feel overwhelmed due to being assigned cases too early and being used as support for existing workers rather than focusing on their training.

3. Impact of High Turnover Rates:

- High turnover rates among workers are attributed to inadequate support and overwhelming caseloads, leading to burnout and dissatisfaction.
- The trainers expressed concerns about the promotion of less competent workers due to the urgent need for staffing, which can negatively impact training quality and worker effectiveness.

4. Need for Accountability and Support:

- Trainers voiced the need for a stronger feedback loop where their observations and recommendations regarding training and practice are acknowledged and acted upon by management.
- The lack of effective communication between trainers, supervisors, and administration leads to ongoing issues in policy implementation.

5. Recommendations for Improvement:

- The trainers suggested the redesign of training programs to include more time for new workers to acclimate and practice before being assigned complex cases.
- Ongoing training for trainers themselves was also identified as necessary to ensure they are well-equipped to support new workers.

6. Concerns Regarding New Hiring Policies:

- The recent change in hiring policies allowing individuals without college degrees raised concern among trainers regarding the competence of new hires.
- The trainers indicated that this could lead to functional illiteracy among workers, impacting their ability to perform effectively.

Overall, the focus group highlighted the critical role of trainers in shaping the competency of new workers while also emphasizing the systemic challenges within the DCFS that present opportunities for enhancing training and support. The trainers expressed a strong desire for more robust support mechanisms, better communication, and a re-evaluation of policies to enhance the effectiveness of both training and field practice.

On-the-Job Training (OTJT) plays a crucial role in addressing the competencies required of new child welfare staff by employing a coaching model that ensures the application of learned skills in real-world settings. Through OTJT, new staff are paired with experienced coaches who provide hands-on guidance and support as they navigate their daily responsibilities. This coaching model is designed to help staff build and apply critical competencies such as assessment, case planning, and client engagement. By focusing on active, experiential learning, OTJT allows new staff to learn in the context of their work while receiving immediate feedback. The feedback loop is essential to the process: coaches provide real-time feedback to staff based on observed performance, and this information is then relayed to supervisors, creating a continuous cycle of evaluation and improvement. Supervisors play a key role in monitoring the progress of new staff, ensuring that the feedback provided aligns with both the competencies outlined in the training curriculum and the expectations of the job. This dynamic feedback loop ensures that new staff not only receive ongoing support but also have the opportunity to reflect on and refine their skills, promoting both professional development and competency in key child welfare practices. The synergy between the new staff, their coaches, and supervisors is vital in reinforcing the competencies necessary for success in child welfare roles and ensuring that staff are fully prepared to meet the demands of their positions.

The On the Job Training (OTJT) Program was initiated in the 2021-2022 fiscal year, however it was not implemented statewide until July 2024. The information contained herein was collected from staff actively engaged with the OTJT during its initial rollout phase, prior to its statewide expansion. The report includes results derived from three instruments developed by the OTJT Program, focusing on both quantitative and qualitative data analysis. 217 new employees were sent the 6 month stay survey. Of those, 47 are still actively in the program, 111 completed the program, 49 left the agency prior to completing the program, 6 are “not in the program”, and 3 were “removed from the program”. 228 (114 workers/114 supervisors) were sent the corresponding evaluations. 214 were to those who completed the program and 7 were to the supervisors whose workers left. Of the 116 that completed the program 30 staff subsequently left the agency after completion.

The purpose of this analysis is to provide a comprehensive evaluation of the surveys administered during this period to aid the program manager in making future decisions. All quantitative analyses were conducted using Microsoft Excel and IBM's Statistical Package for Social Sciences (SPSS) software. Qualitative data were analyzed through a systematic three-step process to ensure thorough interpretation of participant feedback.

One of the primary tools that the Training Unit is using to determine the extent to which initial training addresses basic skills and knowledge needed is by looking at the outcomes related to course assessment by comparing pre-test and post-test data. As with many states, Louisiana is concerned with the transfer of learning from the learning environment into practice. At the most basic level of each course, participants must pass a post-test with a score of 80% or higher in order to move onto the next phase. OJTT program staff have created several assessment tools to assess the individual needs of new workers, various tools are utilized throughout the training process, including:

- Case Readiness Tool
- Agency Knowledge Assessment
- Evaluations
- Enrichments
- Shadowing Logs
- Best Practice Guide (based on CFSR, CWADM, CCDM)

These assessments allow for real-time intervention to improve practice. The program includes:

- A 6-Month Stay Survey/Questionnaire to gauge workforce satisfaction and retention.
- Program evaluations conducted at the conclusion of the training program, completed by both the new worker and the field supervisor.
- Documentation of OJTT referrals, progress, and outcome measures in Monday.com.

OJTT continues to evolve and look at strategies to address the transfer of learning from training to skills staff need to complete their job duties. There are currently knowledge and readiness assessments to track the growth of staff. OJTT is also designing a rubric for Module 3 and case review assessment tool for Module 4 for implementation in fall of 2024. The Module 3 rubric will assess the transfer of learning on case related activities. The Module 4 Case Review tool for Module 4 is modeled on CFSR and CWADM case review tools. OJTT are also working on further developing the relationship with the supervisors by having the trainers participate in one supervisory staffing a month with each of the new child welfare staff with whom they are working.

OTJT Knowledge and Readiness Assessments

The Knowledge Assessment Tool is designed to be program specific that is completed by the new worker. The tool is completed by the worker prior to beginning training and assesses the growth of the workers knowledge from the time they begin the assigned program until completion of OJTT. It is not expected that the new worker will know any or all of the answers prior to starting the program but it is expected that the new worker will gradually learn and understand these programmatic concepts as they move through the program. Each program has its own program

specific content. If staff score below a 65% for their program assessment initially, they will be given a subsequent assessment to ensure growth around their midway point in the program. Otherwise, all staff will complete an assessment upon completion of the program. For the review period: CPS staff scored on average an increase of 59.8079% higher on the final assessment, FS staff scored 62.5% higher on the final assessment, and FC scored 59.599% higher on the final assessment.

The Readiness Assessment Tool is scored by the OTJT Consultant in conjunction with the Field Supervisor. This tool is to be utilized to assess the progress of the new worker as it relates to the competencies of Engagement, Assessment, Case Planning, Cultural Competence, Communication, Documentation, Time Management and Professionalism. Effective communication between the OTJT Consultant and the Supervisor is key for maximum growth of the new worker. The total assessment score is 64. The mean score for staff upon completion of OTJT is 58.726, which is 91.759375% understanding of the competencies.

The mechanisms and methods used to obtain employee and consumer feedback include three primary surveys designed to capture insights at key points during the training process. Specifically, a 6-month follow-up survey is distributed to assess ongoing training effectiveness and employee satisfaction at the 6-month mark post-training. Additionally, both the supervisor and employee surveys are sent upon the employee's graduation from the training program, ensuring a comprehensive evaluation of the training impact from multiple perspectives. As part of the ongoing efforts to enhance the feedback process, the DCFS also plans to conduct focus groups with new workers to gather qualitative insights into their training experiences. Furthermore, the DCFS aims to engage OTJT consultants (trainers) and previous, current, and future new employees in focus groups to assess the training methodologies and identify areas for improvement. This multifaceted approach ensures that feedback is gathered systematically and utilized to inform future training initiatives, ultimately enhancing the quality of services provided within the agency. The following survey results highlight how this data will be used to make programmatic and data driven decisions in the future.

Dr. Andrew Fultz at Northwestern State University completed a comprehensive analysis of the survey responses to date which are summarized below to aid in understanding the current child welfare context for new child welfare professionals as well as to inform future decisions relating to the program to enhance the preparation and support of new child welfare professionals.

The 6-month stay survey is a mixed-method instrument created by OJTJ staff to assess user feedback of new employees assigned to the program. The survey is sent directly to each employee at the 6-month employment mark. The survey requires both 5-point scaled and qualitative responses. The survey was sent to those staff that were currently working with the OTJT program. Therefore, during the survey period, only new staff in a limited number of regions received the survey. 217 new staff were sent the 6-month stay survey. Of those staff, 75 staff responded. The survey may be revised to attempt to eliminate ambiguity in the structure of some of the questions.

A sample of qualitative questions and the analysis of each question is listed below:
The work matched what I was told in the interview? The mean is 72.2% in agreement.

The responses indicate a mixture of positive, negative, and neutral sentiments regarding the alignment between job expectations set during interviews and the actual work experience. While many employees feel passionate about their roles and appreciate certain aspects of their jobs, a significant number express concerns about discrepancies in job expectations, overwhelming workloads, and inadequate communication. This complexity underscores the challenges faced by employees as they navigate their responsibilities within the organization.

I look forward to coming to work every day? The mean is 71.2% in agreement.

Overall, while many responses reflect positive feelings towards the work and a passion for helping families, there is a significant acknowledgment of the stress, overwhelming workloads, and a toxic work environment. This duality highlights a complex relationship with the job, where personal motivation coexists with external challenges.

I understand what I am being taught and I am able to put it in practice? The mean is 79% in agreement.

The responses indicate a complex interplay between understanding training and the challenges faced in its application. While many employees feel they are able to grasp what they are taught and implement it effectively, a significant number express concerns about inadequate support and the inconsistency in training versus practical application. The need for a supportive and well-organized training environment is underscored, highlighting the importance of clarity and sufficient guidance to enhance employees' confidence and performance in their roles.

I feel supported by my supervisor? The mean is 78.2% in agreement.

The responses indicate a complex dynamic regarding supervisory support. While many employees express satisfaction with the availability and guidance provided by their supervisors, a significant portion report challenges in communication and feelings of inconsistency in support. This inconsistency can lead to feelings of pressure and frustration, especially when expectations are perceived as unrealistic. Overall, the quality of supervisory support plays a crucial role in employee morale and effectiveness, highlighting the need for clear communication and consistent guidance in the workplace.

What makes you stay?

The analysis reveals a predominant passion for helping children and families as the primary reason employees choose to stay in their roles. Many employees express strong emotional ties to their work, often citing the fulfillment derived from making a difference in the lives of clients. Support from supervisors and coworkers also plays a crucial role in employee satisfaction, contributing to a positive work environment. While a minority mention practical considerations like financial obligations and benefits, these factors are secondary to the overarching commitment to the mission of the organization. Overall, the dedication to service and the desire to effect positive change are powerful motivators for employees in the child welfare field.

Disclaimer: It is important to note that the constructs of the following two questions "What I like most about working for DCFS" and "What I like least about working for DCFS" inherently introduce bias. The first question is designed to elicit positive feedback, which may skew responses toward favorable impressions, while the second question is structured to focus on

negative aspects, potentially amplifying dissatisfaction. Consequently, the insights derived from these questions should be interpreted with caution, as they may not fully represent the overall sentiment of the workforce.

What I like most about working for DCFS-CW.

The analysis highlights a strong passion for helping children and families as the most significant reason employees enjoy working for the DCFS Child Welfare. Many responses reflect a commitment to making a positive impact, with employees finding fulfillment in the relationships they build with clients. Additionally, a supportive work environment, characterized by helpful colleagues and supervisors, contributes to job satisfaction. Employees also appreciate the variety and flexibility of their work, which keeps them engaged. While a few neutral responses were noted, the overwhelming majority expressed positive sentiments about their roles and the meaningful work they do. Overall, the data illustrates a dedicated workforce motivated by the mission of serving vulnerable populations and making a difference in their lives.

What I like least about working for DCFS-CW.

The analysis reveals that the majority of employees at the DCFS Child Welfare express significant dissatisfaction related to their workload and the stress it entails. Many feel overwhelmed by the number of cases they handle, which is compounded by extensive paperwork and the demands of court appearances. Furthermore, a notable lack of support from supervisors and unclear communication contribute to a challenging work environment. Concerns about safety while working in the community are also prevalent, as employees navigate potentially dangerous situations without adequate protection. Additionally, compensation remains a contentious issue, with many feeling that their pay does not reflect the demanding nature of their roles. The data illustrates the need for improvements in workplace culture, communication, and resources to enhance employee satisfaction and effectiveness.

Have you ever thought about leaving the agency? The mean is 54.2% in agreement.

The analysis indicates that many employees at the DCFS Child Welfare have contemplated leaving the agency due to various factors, with a notable emphasis on the lack of support from supervisors and management. A significant proportion of respondents express feelings of being overwhelmed by their workload and the emotional toll it takes, prompting thoughts of departure. Safety concerns are also prevalent, as many employees feel unsafe in certain situations without adequate support. Despite these challenges, some respondents highlight their commitment to the job and the meaningful relationships they build with families as reasons for staying. Additionally, concerns about compensation further complicate their job satisfaction, leading some to explore other opportunities for career growth. Overall, the responses underscore the need for improvements in workplace support, communication, and resources to enhance employee retention and satisfaction.

What can be done to make your job better?

The analysis highlights significant concerns among employees at the DCFS Child Welfare regarding support, communication, and organizational structure. Many respondents emphasize the need for improved communication from management and clearer expectations, as well as better support systems to help staff navigate their challenging roles. Compensation remains a key issue, with employees expressing dissatisfaction with their pay relative to their workload and

responsibilities. Furthermore, the overwhelming nature of their caseloads is a common concern, prompting calls for better workload management and realistic expectations. There is also a strong desire for improved training and development opportunities, particularly for new hires, to foster confidence and competence in their roles. Overall, these insights indicate a pressing need for systemic changes to enhance employee satisfaction and retention within the agency.

Is there anything that might help a new worker feel more welcomed?

The analysis reveals a strong desire among employees at the DCFS Child Welfare for improvements in the onboarding process to enhance the welcoming experience for new hires. Key themes include the need for more robust training and orientation programs, fostering a supportive work environment, and enhancing communication from supervisors and management. Many respondents emphasize the importance of social integration, such as proper introductions and opportunities to build relationships with colleagues. Additionally, there is a call for more active engagement from supervisors in guiding and supporting new workers to help them navigate their roles effectively. Overall, these insights suggest that addressing these areas could significantly improve the onboarding experience and retention of new employees within the agency.

Additional Comments

The analysis indicates a mix of positive and negative sentiments among employees regarding their experiences at DCFS Child Welfare. While many respondents appreciate the support from supervisors and colleagues, concerns about workplace culture, compensation, and workload persist. Employees emphasize the importance of recognition and a supportive environment in fostering job satisfaction. Additionally, there are several constructive suggestions for improvement, including better training and communication practices. The commitment to helping families and children remains a strong motivator for many, even amidst the challenges faced in the agency. Overall, addressing the highlighted concerns and fostering a more positive work environment could enhance retention and job satisfaction among employees.

The OTJT Supervisor Evaluation Survey is a mixed-method instrument created by OJTJ staff to assess DCFS supervisor feedback of the OJTJ program and the interactions between the supervisor and OJTJ staff. The survey requires both 5-point scaled and qualitative responses. The survey was sent directly to those supervisors that had staff complete the OTJT program. During the evaluation period, only a limited number of regions participated in OTJT. In total, 114 supervisors were sent evaluations upon their worker completing OTJT. Of those supervisors, 23 responded to the evaluation. Information gathered consisted of: Name of Employee, Supervisor Name Completing Assessment, Consultant Assigned, and Date of Completion.

Quantitative Questions included:

How well did the initial orientation prepare you for the new worker training program?

The mean is 80.0% in agreement.

How well did the OTJT Consultant communicate with you regarding your employee's progress?
The mean is 86.6% in agreement.

How well were you advised of any issues or concerns related to your new employee?

The mean is 87.6% in agreement.

Was your new employee adequately trained to complete his/her overall job duties?

The mean is 92.34% in agreement.

Was the training program implemented as described?

The mean is 86.6% in agreement.

Was the training program pace appropriate and effective for the new employee to grasp basic job duties as it relates to policy and practice?

The mean is 90.0% in agreement.

Was the OTJT Consultant knowledgeable and resourceful?

The mean is 94.2% in agreement.

Were barriers appropriately identified and addressed during the training program?

The mean is 92.6% in agreement.

Was the new worker properly assessed for Caseload Readiness?

The mean is 93.4% in agreement.

The analysis indicates that the responses to the comments, concerns, and suggestions prompt reflect a predominantly positive sentiment towards the training and supervision provided to new workers in the DCFS Child Welfare system. Respondents highlighted the effectiveness of specific trainers and supervisors, noting their supportive roles and the positive impact on new workers' acclimation. However, concerns about communication and clarity regarding progress and expectations were prevalent. While overall satisfaction with the program was noted, there is an opportunity for improvement in communication and support mechanisms to enhance the onboarding experience for new workers. This feedback can be instrumental in refining training and supervision practices to ensure that new employees feel welcomed and adequately prepared for their roles.

The OTJT Worker Evaluation Survey is a mixed-method instrument created by OJTJ staff to assess employee feedback of the OJTJ program and the interactions between new employees and OJTJ staff. The survey is sent directly to each employee. The survey requires both 5-point scaled and qualitative responses. The survey was sent to those supervisors that had staff complete the OTJT program. During the evaluation period, only a limited number of regions participated in OTJT. A total of 114 workers were sent evaluations upon their completion of OTJT. Of those workers, 38 responded to the evaluation.

Quantitative Questions

How well did the initial orientation prepare you for the new worker training program?

The mean is 82.6% in agreement.

Was the training program implemented as described?

The mean is 89.0% in agreement.

How well did the training team communicate with you regarding your progress?
The mean is 92.6% in agreement.

Do you feel this training program prepared you to work independently to complete the duties of your job efficiently?
The mean is 89.4% in agreement.

Was the training program pace appropriate and effective to grasp basic job duties as it relates to policy and practice?
The mean is 88.4% in agreement.

Was the OTJT Consultant knowledgeable and resourceful?
The mean is 95.8% in agreement.

Did the OTJT Consultant incorporate your supervisor into your training?
The mean is 90.0% in agreement.

How would you rate the training program overall?
The mean is 88.4% in agreement.

What would you have liked more emphasis on?

The analysis of the prompt regarding what respondents would have liked more emphasis on reveals several key themes. There is a clear need for clarity on work expectations and specific training related to court processes and documentation, which are critical for new workers. Additionally, a desire for a better understanding of policies and procedures indicates an area for improvement in training programs. While positive feedback was received about certain trainers and the overall program, the need for additional emphasis on practical skills and the provision of clear expectations suggests that enhancing training in these areas could lead to better support for new workers. This feedback will be valuable for tailoring training initiatives to address the specific needs and concerns of employees in the agency.

The analysis of the comments reveals several key themes that reflect the experiences and sentiments of respondents. Positive feedback about trainers and support staff underscores the importance of effective guidance in the onboarding process. The call for enhanced training programs highlights the need for more structured and hands-on training to better prepare new workers for their roles. Concerns about the work environment and communication suggest that improvements in these areas could lead to a more supportive atmosphere for new hires. Additionally, the desire for greater consistency in training and proactive suggestions for improvement indicate a commitment to fostering a positive and effective training experience within the agency. These insights can help shape future training initiatives to better support new workers and enhance their integration into the organization.

Opportunities for Improvement

The On the Job Training (OTJT) Program's evaluation highlights critical insights from three distinct instruments that shed light on both employee experiences and supervisory feedback during the initial rollout phase.

1. 6-Month Stay Survey Results: The analysis of the 6-month stay survey indicates that out of 217 new employees, 111 completed the program, while 49 left the agency before completion. Employees expressed a complex relationship with their roles, citing passion for helping children and families as a primary motivator for staying. However, significant concerns emerged regarding overwhelming workloads, inadequate communication, and discrepancies between job expectations set during interviews and the realities of the work. Many respondents indicated a need for better support and clarity from supervisors to navigate their responsibilities effectively.
2. OTJT Supervisor Evaluation: Supervisor feedback reflected a generally positive sentiment toward the training and support provided to new workers, with high ratings for the knowledge and resourcefulness of OTJT consultants. However, concerns about communication and clarity regarding employee progress were prevalent. Supervisors emphasized the need for better channels of communication to stay informed about their new hires' readiness and development.
3. OTJT Worker Evaluation Survey: Employees who participated in the worker evaluation survey expressed a strong desire for clarity regarding work expectations and additional training focused on court processes and agency policies. While they reported satisfaction with the training overall, there were calls for more structured and consistent training programs, highlighting the importance of hands-on practice and clearer communication from supervisors.

Summary of Performance and Rating

The staff and provider training system ensures initial training is provided to all staff who deliver services pursuant to the CFSP in accordance with established curriculum and timeframes and addresses the basic skills and knowledge needed by staff to carry out their duties. With the implementation of Foundations of Child Welfare Practice and the statewide roll out of On The Job Training for all new child welfare professionals, the DCFS initial trainings continue to prepare and support new staff and is in compliance with state and federal requirements.

Further, the DCFS comprehensive approach to obtaining employee and consumer feedback is designed to foster continuous improvement in the training programs. By implementing structured surveys and planned focus groups, the DCFS training unit aims to gather valuable insights not only from new workers and CW Training/OTJT consultants but also from supervisors and past employees. Additionally, engaging consumers of the services provided will allow the DCFS to assess the real-world impact of training initiatives on service delivery. These multi-faceted feedback mechanisms have and will continue to enable the DCFS to refine the training processes, enhance support systems, and ultimately improve the quality of services provided by the agency. Through these efforts, the DCFS training unit is committed to an effective and responsive training environment that meets the needs of all staff and stakeholders involved. In summary, Louisiana's

assessment of the CFSR Round 4 for Item 26: Initial Training for New Child Welfare Professionals is a strength.

References

- Eryilmaz, M. (2015). The effectiveness of blended learning environments. *Contemporary Issues in Education Research*, 8(4), 251-256.
- Han, X. (2023). Evaluating blended learning effectiveness: an empirical study from undergraduates' perspectives using structural equation modeling. *Frontiers in Psychology*, 14, 1059282.
- Nguyen, T. (2015). The effectiveness of online learning: Beyond no significant difference and future horizons. *MERLOT Journal of online learning and teaching*, 11(2), 309-319.

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

Louisiana DCFS staff and provider training system focuses on preparing child welfare workers to carry out their jobs effectively and responsibly. Improvements made by the Louisiana Department of Child and Family Services (DCFS) training academy have been made to ensure that the agency can better meet the needs of the family, community, and court-related system. In the 2018 Child and Family Services Review (CFSR), one of the deficiencies noted was the need for improvements in training and support of the workforce. Specifically, a key problem identified was the area of safety and risk assessment, and the agency's responsibility to engage families in the assessment process and develop appropriate safety plans. Stronger supervision of the workers was also identified as an area of focus. In general, improvement in the overall training of employees and tracking of training participation was recommended.

The DCFS has made great strides in developing and implementing major changes in its training approach since the last CFSR report. Although there is still much to do, the path was set to revitalize the training system and much progress has been made to reach the goals set in the Program Improvement Plan. Specific changes have been made and others are in progress and can be described through the recommendations made in the CFSR Final Report and the State's Program Improvement Plan. Specifically, this includes:

- The DCFS developed and implemented a unified assessment and decision-making model, the Child Welfare Assessment and Decision-Making (CWADM) in 2020. The new approach emphasizes family engagement, and improves worker's ability to develop quality safety assessments;
- An enhanced focus on worker understanding of safety versus risk planning and decision-making, with new workers being trained in the CWADM model and ongoing training targeting family engagement in the process, assessment of risk, and the development of effective safety plans;
- The development and implementation of a new approach to child welfare supervisor training and support that emphasizes how to develop their personal learning and development plan (PLDP). The PLDP is designed specifically for the supervisor and will recommend competency development for continuous learning, growth, and development.

The multi-module course is designed to provide support and capacity building through live, interactive sessions, a coach/mentor program, CWADM coaching, support groups, and completion of their PLDP.

- Improved communication, management, and organization throughout the training partnership using [monday.com](#).
- The decision to replace the Moodle learning management system with Moodle Workplace is a significant development and it is one that required a two-three year effort, with the actual implementation having taken place on July 1, 2024. It allows complete accountability of training efforts and participation as well as career track planning, documentation, and evidence of progression of individual careers across various occupational positions in the DCFS workforce;
- The development of a comprehensive approach to preparing new workers for their roles – Foundations of Child Welfare Practice paired with On the Job Training, with the current development of Foundations Levels IV-VI to include ongoing training requirements.

Policy and Process Overview

Training is primarily rolled out through the DCFS Training Unit and its partnership with the LA Child Welfare Training Academy (LCWTA), which is administered through a contract with Southeastern Louisiana University (SLU). The LCWTA partnership supports the development of training that is required, as well as requested by the DCFS and various statewide partners across the field of child welfare. SLU/LCWTA maintains subcontracts with Northwestern State University (NSU) to administer the Title IV E Child Welfare Scholar Program, a partnership with seven other universities across the state. The statewide system has improved over recent years but the high turnover rate (27.7%) and caseload/workload pressures are seriously impacting the DCFS's ability to maintain the ongoing high quality of training that is needed by employees, particularly in the urban areas of the state.

Additionally, SLU maintains a subcontract with the Pelican Center for Children and Families, a non-profit organization dedicated to improving outcomes for Louisiana children and families through legal system accountability and improvements. The Pelican Center provides intensive, coordinated interdisciplinary training and education for child welfare practitioners, children and indigent parents' attorneys, judges, child protection staff, CASAs, foster parents, district and child welfare agency attorneys, and others. From October 2023 - September 2024, the Pelican Center offered 25 training events. A total of 910 of the attendees for all of these events were DCFS staff.

The LCWTA implemented the [Monday.com](#) organizational tool in 2021, leading to better organization and communication across systems. In addition to a listing of all courses and their developmental progress, LCWTA maintains all contracts, finances, and subcontractor invoices on the [Monday.com](#) tool. This ensures transparency among all of the partners.

The course feedback survey results available through Moodle as well as feedback from many of the trainers suggests that workers are prepared through the training courses for their jobs, but there is not strong support for applying what they have learned in the field. Workload/caseload pressures also appear to impede child welfare staff participation in learning opportunities, including those that are identified as high priority.

The DCFS Training and Development team produces a quarterly report, “Regional Training Hours Report on Child Welfare Staff (per LA RS 46:285)”, that shows the status of the DCFS Child Welfare Staff’s training completion rates. From July 1, 2023 - June 30, 2024, 1178 staff were required to complete ongoing training. From July 1, 2022 - June 30, 2023, 1,207 staff were required to complete ongoing training.

This matrix (below) reflects the status of Child Welfare Staff’s training completion rates for July 1, 2023 - June 30, 2024. The number of staff needing training, in each region and statewide, fluctuates due to transfers, retirements, and other reasons for separation from CW-related positions. The charts below reflect point in time data (June 30) that does not take into account when a new child welfare staff person came aboard nor staff who may retire or otherwise leave shortly after the report is run. The in-service training required in the statute may be self-selected by staff or assigned by management; adhering to a curriculum is not a requirement. There is a wide array of courses and programs available to current child welfare employees that are available on Moodle Workplace. Currently, there are 169 courses available to the DCFS staff on Moodle Workplace totaling 357 available training hours.

Statewide Child Welfare Staff’s Completion Rates of Required Training June 2022 Data (colored graphics attached)										
Region Name	Reg #	Total # Staff Needing Training	All Training Complete	Over 1/2 Training Complete	Over 1/4 Training Complete	Less Than 1/4 Training Complete	No Training Complete			
New Orleans	1	91	80	88%	6	7%	2	2%	1	1%
Baton Rouge	2	71	54	76%	13	18%	1	1%	3	4%
Covington	3	142	117	82%	13	9%	4	3%	3	2%
Thibodaux	4	85	83	98%	1	1%		0%	0%	1
Lafayette	5	135	114	84%	16	12%	3	2%	1	1%
Lake Charles	6	57	45	79%	11	19%		0%	0%	1
Alexandria	7	84	65	77%	15	18%	1	1%	0%	3
Shreveport	8	109	102	94%	4	4%	2	2%	1	1%
Monroe	9	96	85	89%	9	9%	1	1%	0%	1
State Office	10	125	111	89%	9	7%	2	2%	2	1%
Centralized Intake		57	46	81%	10	18%		0%	1	2%
CQI		25	23	92%	1	4%	1	4%	0%	0%
TOTAL		1077	925	86%	108	11%	17	2%	12	1%
									15	1%

Statewide Child Welfare Staff’s Completion Rates of Required Training June 2023 Data (colored graphics attached)										
Region Name	Reg #	Total # Staff Needing Training	All Training Complete	Over 1/2 Training Complete	Over 1/4 Training Complete	Less Than 1/4 Training Complete	No Training Complete			
New Orleans	1	110	83	75%	18	16%	1	1%	2	2%
Baton Rouge	2	108	59	55%	18	17%	2	2%	12	11%
Covington	3	153	137	90%	14	9%	1	1%	1	1%
Thibodaux	4	83	72	87%	6	7%	2	2%	0%	3
Lafayette	5	141	120	85%	15	11%		0%	2	1%
Lake Charles	6	70	56	80%	10	14%		0%	4	6%
Alexandria	7	92	68	74%	15	16%	3	3%	5	5%
Shreveport	8	123	105	85%	8	7%	2	2%	2	2%
Monroe	9	96	91	95%	3	3%		0%	2	2%
State Office	10	157	106	68%	37	24%	3	2%	8	5%
Centralized Intake		64	38	59%	19	30%	3	5%	3	5%
CQI		10	8	80%	1	10%	1	10%	0%	0%
TOTAL		1207	943	78%	164	14%	18	2%	41	3%
									41	3%

Statewide Child Welfare Staff's Completion Rates of Required Training June 2024 Data (colored graphics attached)													
Region Name	Reg #	Total # Staff Needing Training	All Training Complete		Over 1/2 Training Complete		Over 1/4 Training Complete		Less Than 1/4 Training Complete		No Training Complete		
New Orleans	1	105	85	81%	14	13%	3	3%	2	2%	1	1%	
Baton Rouge	2	112	63	56%	28	25%	9	8%	10	9%	2	2%	
Covington	3	150	141	94%	3	2%	3	2%	1	1%	2	1%	
Thibodaux	4	95	83	87%	6	6%	2	2%	2	2%	2	2%	
Lafayette	5	135	112	83%	18	13%	3	2%	2	1%	0	0%	
Lake Charles	6	61	55	90%	3	5%	1	2%	2	3%	0	0%	
Alexandria	7	86	59	69%	17	20%	5	6%	1	1%	4	5%	
Shreveport	8	110	101	92%	6	5%	0	0%	1	1%	2	2%	
Monroe	9	92	86	93%	3	3%	0	0%	1	1%	2	2%	
State Office	10	154	132	86%	15	10%	3	2%	3	2%	1	1%	
Centralized Intake		66	56	85%	5	8%	4	6%	1	2%	0	0%	
CQI		12	11	92%	0%	1	8%	0	0%	0	0%	0	0%
TOTAL		1178	984	84%	118	9%	34	3%	26	2%	16	1%	

LA R.S. 46:285 mandates 32 hours of continuing in-service training annually for agency staff relevant to providing child welfare services within the second and third full year of employment. The statute requires 20 hours of in-service training annually after an individual's third full year of child welfare casework experience.

The agency interpretation of R.S. 46:285 includes the following staff in these training requirements:

- Child Protective Services
- Family Services Workers
- Foster Care Workers
- Adoption Workers
- Home Development Workers
- Adoption Petition Workers
- Direct supervisors for any of the above programs

All other DCFS child welfare professional staff shall attend at least 20 hours of in-service training annually in order to maintain professional standards and compliance with relevant licensing requirements.

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. Once finalized, this will become the ongoing staff training curriculum for staff in the first three years of employment.

Analysis of Performance

Child welfare course completion is tracked, monitored, and evaluated using LCWTA's Learning Management System, Moodle Workplace. The DCFS staff may also complete ongoing training activities that are hosted outside of the Learning Management System. Each month, reports are pulled from Moodle and imported into the DCFS's Success Factors to track completion of training and CW Training Hours. Success Factors is an extension of the worker's personnel file. It is located in the LA Employee Online System and is used for team management. The site houses and tracks all mandatory training required of the employees. It is also accessible to the

Supervisor to ensure employee compliance. Alternatively, individual DCFS staff members may attend training sessions offered outside of DCFS and submit a TR-7 form and completion certificate/letter of attendance to receive training credit for that course and have their training credit reflected in Success Factors.

Courses in Moodle contain a pre-test and a post-test to gauge the transfer of learning. Courses also contain a feedback survey to collect data on the quality of learning. Beginning on July 1, 2024, the survey was enhanced and required for all users to receive course completion credit and a certificate.

Before the transition to Moodle Workplace, several system and process inefficiencies resulted in missing or inconsistent data. A great effort was made to address these issues during the design and implementation of Moodle Workplace, the new learning management system that was launched on July 1, 2024. All ongoing staff training courses are shown in this table: https://drive.google.com/file/d/16xswrddxNzSJSkw3GHZt87e4Yiz_YSi/view?usp=sharing.

Evidence Reviewed for Data Collection

For each course in Moodle, a survey is conducted to gather participant feedback on the quality and effectiveness of the training. One of the survey questions asks participants to rate the statement on a scale of Strongly Disagree to Strongly Agree: "In my opinion the content of this training provided me with knowledge and skills I need for my role." After July 1, 2024, when the new learning management system was introduced, the survey question was revised slightly to "The content of this course provided me with knowledge and skills I need for my role." The course feedback survey also became mandatory for participants to receive credit for completing the course. Despite this change, the percentage of total respondents for each survey question response remains consistent for the survey question related to the training providing the knowledge and skills needed for child welfare staff. A high percentage of staff across the survey time periods agreed/strongly agreed that on-going courses provided them with knowledge and skills they need for their roles.

Summary of Responses to Survey Question "In my opinion, the content of this training provided me with the knowledge and skills I need for my role" For all DCFS CW Ongoing Staff Training October 1, 2022 - September 30, 2023		
Survey Question Response	Number of Respondents	Percent of Total Respondents
Strongly Agree	4,473	64%
Agree	1,890	27%
Neutral	433	6%
Disagree	49	1%
Strongly Disagree	189	3%

Summary of Responses to Survey Question

“In my opinion, the content of this training provided me with the knowledge and skills I need for my role”

For all DCFS CW Ongoing Staff Training

October 1, 2023 - June 30, 2024

Survey Question Response	Number of Respondents	Percent of Total Respondents
Strongly Agree	4,121	59%
Agree	2,009	29%
Neutral	597	9%
Disagree	25	0.4%
Strongly Disagree	200	3%

Summary of Responses to Survey Question

“The content of this course provided me with knowledge and skills I need for my role”

For all DCFS CW Ongoing Staff Training

July 1, 2024 - September 30, 2024*

Survey Question Response	Number of Respondents	Percent of Total Respondents
Strongly Agree	68,284	60%
Agree	34,943	31%
Neutral	7,518	7%
Disagree	355	0.3%
Strongly Disagree	3,430	3%

In response to the Program Improvement Plan and to further examine the training implementation, we have identified the following courses for an in-depth analysis of training processes and outcomes:

- Safety Plan Training
- Courtroom Simulation
- Planful Transitions
- Supervisor Training

The courses being offered on Safety Training have been expanded and improved since the last CFSR report. The training is a “work in progress” with continual efforts being made to improve outcomes with the evaluative feedback that becomes available after each course. Three former DCFS employees, along with DCFS Training Unit trainers developed and provides the majority of Safety Plan training for ongoing staff training. Each trainer has over 30 years of experience working with the DCFS and they constantly work to improve, not only the course but the regional differences and problems that affect training outcomes.

Much of the Safety Training is provided under the umbrella of the Child Welfare Assessment and Decision Making (CWADM). These changes are largely warranted by the implementation of the Families First legislation. Additionally, the model was developed in response to changes recommended in the PIP and the CFSR. CWADM training provides a roadmap of how cases in Child Protective Services, Family Services, and Foster Care will be assessed and how key decisions are made throughout the life of a case. Much of the course content included in the CWADM series is provided in Foundations of Child Welfare training levels I-III, primarily aimed at new and early career workers. This includes:

1. Assessing Safety in Child Welfare includes Assessing Safety (Threats of Danger, Child Vulnerability, and Caretaker Protective Capacity), Safety Analysis and Safety Planning, and learning to utilize Form 5 SP. This form enables the worker to document the assessment process and develop a plan when conditions in the home warrant safety concerns. The Assessing Safety in Child Welfare course was implemented to prepare all child welfare staff for the system and policy changes that have taken place as the CWADM Model has been integrated into the overall training plan. From July 2023 – June 2024, 181 DCFS employees completed this training with a pre-test average of 78% and a post-test average of 95. It is a mandatory course.

Assessing Safety Training Results July 2023 - June 2024			
Pre-Test Average	Post-Test Average	Total Enrolled	Total Completed
78	95	266	181

2. Form 5 Safety Assessment overview was designed to help the DCFS staff become more familiar with completing the Form 5 Safety Assessment accurately. Form 5 is a shared Worker-Supervisor comprehensive assessment completed in all child welfare programs to guide decisions that will keep children safe. The training is taught by the DCFS staff and former DCFS employee contractors.

3. Safety Plan Training Part 1 is an online training specific to In-Home Safety Plans and does not include Court Ordered Safety Plans, Provisional Custody or Removal through verbal or instanter order. Anywhere “Safety Plan” is used in this training, it strictly refers to In-Home Safety Planning. It is taught by the DCFS training unit and LCWTA contractors. Because of the critical nature of this topic, further discussion of Safety Planning Part 1 is described below through interview data from the trainers, as well as the results of a survey administered to over 600 DCFS workers who completed the course.

4. Safety Plan Training Part II is an asynchronous course that was designed as a “transfer of knowledge” course so that DCFS workers could demonstrate what they had learned in Part 1 and how well they were able to apply their knowledge at 3 and 6-month intervals post-initial training. As shown in the table below (Safety Plan Training Results 2022-2024), of the 758 workers who signed up for the course, only 24 completed Safety Plan Training Part II. Because of the personnel turnover and supervision challenges, course completion became non-mandatory and is no longer available.

Instead of attempting to implement Safety Plan Training Part II, we have developed a plan for post-training support and coaching, as well as reviewing a random sample of Safety Plans that have been developed by the DCFS workers. The Safety Training evaluative plan is described at the end of this section.

5. In-Home Safety Planning Part 1, in-person. In speaking with the In-Home Safety Plan trainers, it was determined that the Safety Planning course is better received and more effective when conducted in person. Of the 1,212 workers enrolled in the in-person In-Home Safety Planning course from June 2021 through Jun 2024, 693 workers completed the course, with a pre-test score of 59% and a post-test score of 97%. This is a much higher ratio of improvement than there was for any of the other safety courses.

During interviews with some of the trainers of in-person In-Home Safety Planning, it was reported that some the workers had difficulty understanding how to write a safety plan. The in-person training enables them to discuss scenarios and ask questions. The trainers found that oftentimes, workers couldn't identify threats to a child's safety or analyze the parental "capacity to protect" the children from harm. The in-person version of the In-Home Safety Planning course enables the trainers to spend time reviewing a family history and learning how to discern critical elements.

All of the trainers interviewed noted the high rate of failure with virtual training when it was provided in the Lafayette region. They have seen some improvement with recent training. One of the improvements the trainers have undertaken to improve worker performance is follow-up coaching sessions with supervisors. The supervisory structure for Safety Training is unstable in several regions. Workers consistently report that the processes they learn in In-Home Safety training are not supported when they try to carry out what they learned in the Safety Planning course. At least one trainer explained that when examining outcomes from New Worker Safety Planning, it is evident from post scores that they are learning the material. It is just not supported in the field.

It should be noted that in the trainers' experience, a higher level of education in hiring staff is required than what is currently in place. Additionally, trainers believe some follow-up on performance should be undertaken, such as CQI and Safety Plan reviews. The trainers believe Safety Planning Part 2 should be mandatory and a randomized evaluative review of Safety Plans should be implemented. Additionally, the trainers expressed their view that the On-the-job training model that is being implemented across the state is going to support significant improvements.

The table below, Safety Plan Training Results 2022-2024, supports the trainer's beliefs that the workers are learning how to conduct Safety Planning. However, there is no evidence that it is being carried out in the field.

Safety Plan Training Results 2022-2024 June 2021 - June 2024				
	Pre-Test Average	Post-Test Average	Total Enrolled	Total Completed
Safety Plan Part I	80	92	271	117
In-Person Safety Plan Training Part I	59	94	1,212*	693
Safety Plan Part II	**	97	758	24

*This total enrollment number was not adjusted for cancellations

**Pre-test not required for Safety Plan Training Part II

Two Safety Courses that are provided outside of the CWADM series include:

Introduction to Worker Safety (Level 1 of Foundations) is a self-paced, online training that is designed to provide participants with information to increase knowledge of safety-related issues in child welfare practice and offers practical skills for managing personal safety during interactions with families. It is mandatory training for New Workers. It is not a part of the CWADM series, serving primarily as an introduction for new workers.

Engagement and Safety Decision-making in Substance Abuse Disorder Cases is an online course developed by the National Center on Substance Abuse and Child Welfare. It is not a part of the CWADM series but serves as additional safety training for workers involved in substance abuse cases, which are plentiful in south Louisiana.

Safety Plan Training Part I Additional Feedback Survey

The survey summarized below was aimed at gathering further feedback on the effectiveness of Safety Plan Training Part I (in-person and online) and participants' confidence in applying the learned concepts. Of the thirty-two workers who responded to a Safety Plan Training Survey, thirty-one had completed Safety Plan Training Part 1. Eighteen (58%) of the respondents reported that they had participated in In-person Safety Plan Training and thirteen (42%) respondents participated in the training virtually.

When asked, "**After completing the course, are you confident you could complete a Safety Plan (Form 5SP) when a threat of danger and diminished capacity are identified?**" 84% of respondents answered Yes, 13% were partially confident, and 3% were not.

Regarding the question, "**Are you able to confidently apply the correct verbiage for each section of the Safety Plan (Form 5SP) when a need to complete a Safety Plan is identified?**" 73% were confident, 23% somewhat confident, and 3% not confident.

All respondents (100%) agreed that they understood when a Safety Plan should be implemented.

When asked, "**Do you feel the training had adequately prepared you to complete a Safety Plan?**" 33% found the training extremely adequate, 63% somewhat adequate, and 3% extremely inadequate.

For the question, "**Have you been able to apply the concepts you learned when developing a Safety Plan?**" 73% had done so, 20% applied some concepts, and 7% had not.

Finally, regarding difficulties encountered, 60% reported no challenges in completing a Safety Plan, while 17% cited time constraints as a factor. The results are shown below.

Q8- What impacts your ability the most to complete a Safety Plan in which you have confidence?		
Response	Number of Respondents	Percent of Total Respondents
A lack of knowledge	1	3%
A lack of experience	3	10%
A lack of time	5	17%
A lack of supervisory support	3	10%
None- I have no trouble developing Safety Plans	18	60%

The last question on the Survey, asked "**Do you have any suggestions that would increase the effectiveness of Safety Plan training?**" Respondents provided various suggestions to enhance the effectiveness of Safety Plan training. These include offering more specific case examples and scenarios, especially for different programs like foster care. Some participants suggested making training materials more accessible, such as providing PDFs of key information. There were also recommendations for role-playing exercises, program-specific training, and ensuring that supervisors across all programs receive comprehensive training. Overall, while many found the training effective, there is a desire for more practical, hands-on learning experiences and better resources for ongoing reference.

Safety Training Evaluation Plan

The trainers for Safety Plan training have made a focused effort on improving the training and making changes to the curriculum based on worker and management feedback. Data have shown that in-person training is effective in terms of learning as reflected in pre and posttests. However, it has been difficult for the workers to implement what they have learned when they return to their home region. Thus, the trainers have developed an excellent follow-up support and evaluation plan. The follow-up post-training plan includes a ninety day mentoring and assessment phase by region, assistance with supervisor mentoring through the use of a training rubric tool, participation in Manager meetings monthly and follow-up with the training teams who have completed the rubrics. Each region will be provided three months of follow-up activities after personnel have completed the in-person training. Off-site case reviews will be implemented on days 31-60 post in-person training and on days 61-90 post training will consist of case reviews from a random sample of cases. Bi-weekly Team meetings with Managers will be conducted to report on findings and develop strategies to resolve problem areas.

An annual evaluation can be conducted by pulling cases that are flagged on the CWADM Review Question #8, indicating that a Safety Plan was developed in the case. A random number will be

pulled each year and scored on the training rubric that was introduced during the training.

The Courtroom Simulation course is a revised ongoing staff training program that was recently launched. This course was first introduced to DCFS staff in 2017 and was relaunched in 2023 after being suspended due to the COVID-19 pandemic. A team led by Karen Hallstrom, JD, reviewed and updated the curriculum with input from cross-functional teams, including LCWTA, DCFS Training Unit, and the Pelican Center. The revised curriculum was piloted from November 2023 to January 2024, leading to the final version launched in July 2024.

The course will be offered monthly at courthouses across the state during the 2024-2025 fiscal year, accommodating up to twenty-four DCFS staff per session. It combines virtual and in-person components, including a half-day virtual session on court testimony preparation and a simulation day where participants testify before a judge and attorneys. The training provides practical insights into the court process and effective testimony.

Various tools are utilized to collect information about the effectiveness of the program to address the skills and knowledge needed by staff to carry out their duties. A summary of the tools and findings are detailed below.

Initial Questionnaire: Before beginning the course, participants are asked, "**What intimidates you the most about testifying in court?**" Common intimidations identified in the results of this survey include attorney questioning, public speaking, lack of preparation or confidence, judgment and pressure, inexperience, and making mistakes. Of the 142 staff enrolled since November 2023, 70 staff have attended the sessions. Post-test scores increased from an average of 82 to 96.

Course Feedback Questionnaire: A survey was administered to the participants after completing the course, with a total of nineteen participants responding.

The responses to the survey question, "**Identify at least one way you will apply the information you learned in this course,**" demonstrated significant improvements in understanding the court process, preparing for testimony, and overall court performance.

Participants were asked to "**please provide any additional feedback, including strengths and areas for improvement in the course. Also, please share if there is anything additional that you need in order to apply what you have learned in day to day practice**".

Responses to these questions indicate that participants largely praised the training for its intensity, realism, and effectiveness, finding it well-planned and valuable, especially for those new to testifying in court. Many appreciated the practical feedback on their testimony and suggested the training be offered more frequently to continually refine courtroom skills. While most feedback was positive, one detailed response highlighted the training's challenging nature, suggesting it could be exhausting for some workers and recommended a more supportive, collaborative environment to reduce stress and improve communication between attorneys and child welfare workers.

Feedback from Judges: At the Louisiana City Juvenile and Family Court Judges Annual Seminar in August 2024, Mark Harris, Director of the Pelican Center for Children and Families, solicited feedback from judges on the Courtroom Simulation Program. Additionally, Dr. Cecile Guin conducted interviews with two judges who participated in the Courtroom Simulation. Judges provided favorable feedback, noting that the program helps bridge the gap between the DCFS staff and legal partners. They emphasized the importance of continued support for new workers and suggested more frequent and localized training sessions. At the Louisiana City Juvenile and Family Court Judges Annual Seminar, a total of seven judges showed interest in hosting training in their courtrooms. A total of six judges have committed to or have already participated in Courtroom Simulation. This is more interest than the program has ever received and demonstrates significant potential for the program in the future.

Future Focus Groups and Implementation Plans: There are plans to conduct focus groups with participants who completed the course. Focus groups will be conducted sometime in 2025, after participants have had some time to apply what they have learned in real-life court hearings.

Planful Transitions training supports the DCFS's commitment to quality practice, developed by Dr. Charles Zeanah and Dr. Julie Larrieu from Tulane University. It provides intensive guidance on creating thoughtful, needs-based transition plans for children, equipping staff with skills to support successful transitions and permanency. The training covers the importance of engaging families and children, assessing the move's appropriateness, preparing all parties, and securing buy-in. It also addresses placement and removal policies, types of transitions, and includes group scenario analysis. Conducted by clinical faculty from Tulane and LSU and a DCFS trainer, the in-person course ensures that the content is academically tied to the psychological welfare of children, while maintaining strong participation across staff.

During an interview with the clinical faculty from Tulane, faculty said the course was empirically linked to the science behind the harm that disruption can cause. The trainers spend a great deal of time working on developing a Transition Plan, should removal become necessary. Planning also includes reunification and relative placement situations. The Tulane clinician advised that if time and effort are put into the early development of a plan, including a thorough assessment of the situation, especially from a safety perspective, it pays off greatly during removal and reunification. Poor planning has a disastrous effect. In communication with various parishes, the faculty indicated that many of them are writing Transition Plans. The Transition Plan should be tailored but flexible and if developed carefully, it saves a lot of trouble later on in the process. Because Attachment Theory is included in the training, faculty has been receiving requests recently for assistance with developing transitions plans that are mindful of attachment needs. Additionally, Reunification planning is stressed during the training. The Tulane faculty believes the training is particularly effective and the outcome data LCWTA collects supports this belief. It is believed, time is the problem- if the work is not put into a quality assessment and evaluation, there will be problems throughout the process. The faculty supports the development of quality relationships between the caregivers and the bio parents and believes this would greatly impact positive outcomes for the child. This is a QPI initiative and is hopeful the DCFS will continue with their QPI efforts.

The feedback survey responses from participants are shown below:

Planful Transitions Results November 2022 - August 2024			
Pre-Test Average	Post-Test Average	Total Enrolled	Total Completed
66	94	396	185

*Participants who did not complete the pre-test but did complete the post-test are excluded from the average scores. A total of 26 individuals did not complete the pre-test, so 26 post-test scores were excluded from the post-test averages.

The DCFS utilizes the Supervisor Support and Capacity Building Model (SSCBP) developed by the Child Welfare Capacity Building Center for States to train and prepare agency supervisors. Supervisor training was also noted as an area needing improvement in the 2018 CFSR. Thus, in 2020 the training provided to supervisors underwent major revisions. A team of experienced staff with supervising experience took the existing training and made revisions based on training gaps or needs, including additional or new material on cultural humility, emotional intelligence, parallel processes and using strengths based supervision. Subject matter experts from Texas were also consulted and helped the DCFS develop a training module that clearly defined the five Louisiana DCFS Practice Principles, tied each principle to a child welfare competency and outlined a measurable behavioral indicator for each. The original curriculum has been monitored and revised as needed since those original revisions. Original revisions included adding activities for participants to apply what they learned in their offices. Another revision included a section in the curriculum on how to supervise safety at the time CWADM was introduced in the agency as a whole, demonstrating the flexibility of the training model and its ability to stay current and relevant as changes happen within the system. Originally, the training program was designed to be in-person, but the COVID Pandemic forced its modification to virtual mode. The current Supervisor Support and Capacity Building Program includes six modules, which are offered over a six month period. The training is designed as in-person sessions unless a circumstance alters the ability to be in-person. Once the modules are complete, the supervisor participates in six months of topic specific support group meetings. It takes a supervisor approximately one year to graduate from the program. In addition, supervisors in the program receive a coach and attend scheduled coaching sessions while they are participating in the training program.

All supervisors are now required to participate in the Supervisor Support and Capacity Building Program. A policy making it a mandatory training was issued on January 21, 2020. At inception it was offered one time a year, each regional office had two slots, and those identified as needing the training the most were selected. The response from the field was positive, so it was increased to being offered twice a year. It was originally a revolving group in which supervisors could enter, withdraw if needed, and return, but now supervisors stay with the cohort they start with to maintain group cohesion. Supervisors can join a new cohort if they must withdraw. A new cohort starts every three to six months. The Child Welfare Supervisor Support and Capacity Building Program is a twelve month training and professional development program designed to assist and support Child Welfare Supervisors as they transition into their new positions. Supervisors are enrolled into the program upon being hired or promoted within the agency. The traditional enrollment process begins once Human Resources notifies the training unit of all new hires and promotions through the Child Welfare Hire and Separation Report. The training unit receives current Hire and Separation Reports on a bi-weekly basis. The training consultant reviews the report for any newly hired or promoted supervisors, and then reaches out to the manager to begin

the referral process. Supervisors are enrolled within six (6) months of promoting. There are occasions when a new supervisor's enrollment may be delayed or postponed due to the need for the supervisor to first participate in the Foundation of Child Welfare Practice in its entirety or the specialized week for professional development. Currently, supervisors' participation and completion of courses are monitored in our Learning Management System, Moodle. In addition to Moodle, the Training Unit is in the process of creating a Monday Board to support monitoring, and a timely and more seamless enrollment process. During the time period of January 2024 and July 2024, forty-nine (49) supervisors were hired/promoted. Of that number, twenty-three (23) of the supervisors were enrolled in SSCBP. The enrolled supervisors will continue the program through the end of the 2024 calendar year. The twenty-six (26) supervisors that were not able to start during this time period will be enrolled in the next session. In addition to the Supervisor Support Capacity Building Program, supervisors are required to take the minimum Supervisory Training courses listed in the Supervisory group to which the employee's job is listed. The courses are instructor-led through the Louisiana Civil Service Comprehensive Public Training Program (CPTP).

Completion of the Supervisor Capacity Building Program is tracked in the LCWTA Moodle system. Attendance has been captured from the first cohort in August 2021 to the present in 2024. During this period, there were a total of 90 newly hired or promoted supervisors to complete the SSCBP. The acquisition of knowledge and skills needed for a supervisor to carry out his or her duties is measured on several different levels. It is first measured with a pre and post-test for each module. The table below describes the average pre and post-test scores for each module one through six for the period the course has been offered in its entirety from 2021 to 2024. A comparison of the averaged pre and post-test scores showed there was approximately a 25% increase in post-test scores, demonstrating a significant gain in knowledge. It is notable that the total completing the entire course (90), is less than the total that completed module 1(121). Consultation with the trainers of the Capacity Building program found that some supervisors start the modules but then have to withdraw due to high numbers of cases in their office and the need to focus on the field. Those who withdraw are invited to come back anytime to complete the course.

Pre and Post-Test Grades for Child Welfare Supervisor Support and Capacity Building Program May 2021 - June 2024			
	Pre-Test Average Grade	Post-Test Average Grade	Number of Participants That Completed the Course
Module 1	61	90	121
Module 2	65	90	121
Module 3	68	92	115
Module 4	73	91	119
Module 5	58	93	98
Module 6	66	91	90

*Participants who did not complete the pre-test but did complete the post-test are excluded from the average scores. A total of 44 individuals did not complete the pre-test, so 44 test scores were excluded from the pre and post-test averages.

Another measure of the supervisor capacity building program's ability to address the skills and knowledge needed by supervisors to carry out their duties is provided through analysis of the

Supervisor Capacity Program Self-Evaluation. Data was available from thirty-six supervisors who completed the Supervisor Capacity Program Self-Evaluation, quantitative and qualitative data analysis from the nine questions posed to participants is presented below. Each question on the evaluation is linked to one of the Louisiana Child Welfare Practice Principles:

Question 1 addresses Principle of Practice #1, which focuses on the physical safety and emotional well-being of children. Based on what you learned during the supervisor training program, do you believe you grew in your understanding of this principle? Of the 36 respondents, 15 (42%) Strongly agreed and 21 (58%) Agreed.

Question 2- Based on what you learned during the supervisor training program, explain how you have changed your supervision to further show evidence of a focus on the physical safety and emotional well-being of children. The following themes emerged describing the changes supervisors were implementing following the training: (1) Enhanced Case Review and Staffing Processes; (2) Improved Child and Family Engagement; (3) Strengthened Assessment and Documentation Practices; (4) Increased Field Presence and Hands-on Supervision and (5) Emphasis on Critical Thinking and Holistic Assessments.

In summarizing the responses regarding feedback on Principle of Practice #1 on physical safety and emotional well-being of children, supervisors reported significant changes in their approach to ensuring child safety and well-being. They have implemented more structured and frequent case reviews, emphasizing thorough assessments and timely documentation. There has been a notable shift towards more meaningful engagement with children and families, coupled with increased field presence to model and support proper assessment techniques. Supervisors are promoting critical thinking among workers, encouraging a holistic view that considers both physical safety and emotional well-being. Overall, the responses indicate a more comprehensive and proactive approach to supervision, directly focused on improving practices that impact child safety and well-being.

Question 3 addresses Principle of Practice #2, Families are strengthened to care for their children, in their homes whenever possible. Based on what you learned during the supervisor training program, do you believe you increased your understanding of family strengthening as something that occurs when parents are enabled to care for their children in their home? Of the 36 respondents, 14 (39%) Strongly agreed, 19 (53%) Agreed and 3 (8%) respondents were neutral.

Question 4- Based on what you learned during the supervisor training program, explain how you have changed your supervision to further support strengthening families so that, when possible, children can be cared for in their homes. Thirty-six (36) of the participants responded, with the following themes emerging that describe the changes that were made following training: (1) Enhanced Family Engagement and Support; (2) Increased Focus on In-Home Services and Resources; (3) Improved Assessment of Family Strengths and Needs; (4) Emphasis on Relative/Kinship Care Options and (5) Promotion of Collaborative Decision-Making.

In summarizing the responses regarding feedback on Principle of Practice #2 on family strengthening, supervisors reported significant shifts in their approach to strengthening families and maintaining children in their homes when possible. There was an increased emphasis on

enhanced family engagement, with supervisors encouraging workers to involve families more deeply in case planning and decision-making processes. Many supervisors highlighted an increased focus on providing in-home services and connecting families with community resources. Improved assessment practices were noted, with a particular emphasis on identifying and building upon family strengths. Supervisors were also promoting the exploration of relative and kinship care options as alternatives to out-of-home placements. Overall, the responses indicate a more family-centered approach to supervision, aimed at empowering families and preserving family units when safe and appropriate to do so.

Question 5 addresses Principle of Practice #3, promoting the belief that a permanent family is vital to a child's well-being. Based on what you learned during the supervisor training program, do you believe you increased your understanding of family permanency as being vital to a child's well-being? Of the 36 respondents, 14 (39%) Strongly agreed, 19 (53%) Agreed and 3 (8%) respondents were neutral.

Question 6- Based on what you learned during the supervisor training program, explain how you have promoted the belief that a permanent family is vital to a child's success. Thirty-six (36) of the participants responded, with the following themes emerging that describe the changes that were made following training: (1) Enhanced Family Finding and Engagement Efforts; (2) Improved Documentation and Use of Permanency Tools; (3) Increased Focus on Timely Permanency Planning; (4) Emphasis on Relative and Kinship Placements; and (4) Strengthened Collaboration with Stakeholders.

In summarizing the responses regarding feedback on Principle of Practice #3 on promoting the belief that a permanent family is vital to a child's well-being, the supervisors reported significant shifts in their approach to obtaining permanency for children. There was a strong emphasis on enhanced family-finding efforts, with many supervisors encouraging using tools like genograms, social media searches, and relative notification processes. Additionally, improvements in documentation practices were made, particularly in the use of permanency-focused tools and assessments. Supervisors increased emphasis on timely permanency planning, starting from the initial stages of a case. Many highlighted a renewed focus on exploring and supporting relative and kinship placements. Strengthened collaboration with stakeholders, including courts, CASA, and community partners, was also a recurring theme. Overall, the responses indicate a more proactive and comprehensive approach to permanency, with supervisors actively guiding their staff to consider permanency options throughout the life of a case.

Question 7 addresses Principle of Practice #4, which states that Decision-making is guided by the voice of children, young adults, and their families. Based on what you learned during the supervisor training program, do you believe your understanding of the role of decision-making with the family has increased? Of the 36 respondents, 15 (42%) Strongly agreed and 21 (58%) agreed.

Question 8- Based on what you learned during the supervisor training program, explain how you have changed your supervision to further make decisions that are guided by the voice of children, young adults, and their families. Participants responded, with the following themes emerging that describe the changes that were made following training: (1) Increased Emphasis on Child and

Family Voice in Decision-Making; (2) Enhanced Family Team Meeting Practices; (3) Improved Engagement Techniques with Children and Youth, (4) Focus on Strengths-Based and Culturally Responsive Approaches, and (5) Promotion of Open Communication and Active Listening.

In summarizing the responses regarding feedback on Principle of Practice #4 regarding the importance of including the family in planning and decision-making, the supervisors reported significant shifts in their approach to incorporating the voices of children, young adults, and families in decision-making processes. Many highlighted an increased emphasis on actively seeking and valuing input from children and families throughout the case. Enhanced Family Team Meeting practices were frequently mentioned, with supervisors encouraging more inclusive meetings. Improved engagement techniques with children and youth were noted, including age-appropriate communication. There was a notable focus on strengths-based and culturally responsive approaches, with supervisors guiding workers to recognize and build upon family strengths. The promotion of open communication and active listening skills was a recurring theme, with many supervisors modeling these skills and encouraging their staff to develop them. Overall, the responses indicated a more collaborative and family-centered approach to supervision, aimed at ensuring that the perspectives of children, young adults, and families are central to case planning and decision-making.

Question 9 addresses Principle of Practice #5 promoting the belief that everyone who supports children and families is treated as an important partner, including the community. Based on what you learned during the supervisor training program, do you believe you increased your understanding of the importance of community partners and the role they play in the support of children and families? Of the 36 respondents, 18 (50%) Strongly agreed, 16 (44%) Agreed and 2 (6%) respondents were neutral.

Question 10- Based on what you learned during the supervisor training program, explain how you have changed your supervision to promote the belief that everyone who supports children and families must be treated as an important partner in family stability. The following themes emerged that describe the changes that were made following training: (1) Enhanced Collaboration with Community Partners; (2) Improved Communication with Stakeholders; (3) Increased Emphasis on Respecting Foster Parents; (4) Focus on Building and Maintaining Relationships, and (5) Promotion of a Team-Based Approach.

In summarizing the responses to the feedback on Principle of Practice #5 regarding the importance of the role community partners may play in a family's life, supervisors reported significant changes in their approach to treating supporters of children and families as important partners. Many highlighted enhanced collaboration with community partners, including more frequent and meaningful interactions with service providers, schools, and other agencies. Improved communication with stakeholders was a recurring theme, with supervisors emphasizing the importance of timely and transparent information sharing. There was a notable increase in emphasis on respecting and valuing foster parents as key team members. Many supervisors mentioned focusing on building and maintaining positive relationships with all partners involved in a case. The promotion of a team-based approach was evident, with supervisors encouraging workers to view all supporters as essential contributors to achieving positive outcomes for children and families. Overall, the responses indicate a shift towards a more

inclusive and collaborative supervision style that recognizes and leverages the expertise and support of all partners involved in child welfare cases.

Question 11 addresses Principle of Practice #6 emphasizing that the knowledge and well-being of DCFS staff and partners is valued. This principle supports staff development through relevant training, tools, and supervision. Additionally, the impact of primary and secondary trauma on staff is addressed. Based on what you learned during the supervisor training program, do you believe you increased your understanding of staff development and support? Of the 36 respondents, 17 (47%) Strongly agreed, and 19 (53%) Agreed.

Question 12 was the final question, it asked: "Based on what you learned during the supervisor training program, explain how you have changed your supervision to further demonstrate your value for the knowledge and well-being of staff and partners." The following themes emerged from the responses: (1) Increased Focus on Staff Well-being and Self-care; (2) Enhanced Support for Professional Development; (3) Improved Recognition and Appreciation of Staff; (4) Emphasis on Open Communication and Emotional Support; (5) Promotion of Work-Life Balance.

In summary of the responses to the final question, supervisors reported significant changes in their supervision practices as a result of the training program. They voiced a strong emphasis on increasing focus on staff well-being and self-care, with many supervisors actively encouraging and modeling self-care practices. Enhanced support for professional development is a recurring theme, with supervisors promoting relevant training and learning opportunities. Improved recognition and appreciation of staff efforts are noted, with supervisors implementing various strategies to acknowledge good work. Many highlight an emphasis on open communication and emotional support, creating safe spaces for staff to express concerns and seek guidance. The promotion of work-life balance is evident, with supervisors being more mindful of workload distribution and encouraging the use of leave time. Overall, the responses indicate a shift towards a more supportive and nurturing supervision style that prioritizes staff well-being alongside professional growth, recognizing that a healthy and knowledgeable workforce is crucial for effective child welfare practice.

In summary, the analysis of the qualitative data derived from the self-reports of supervisors who completed the Supervisor Capacity Building program indicate a change in supervisors understanding and administration of approaches designed to improve child and family well-being, as well as worker well-being. The data indicate a transfer of learning from the training to the field in areas of building family strengths, family-centered approaches, focusing on safety, improving assessment, greater focus on kin and permanency, increasing child and family voice, and self-care for workers. An additional assessment is built into the Supervisor Capacity Building training, data was collected from four coaches who were assigned to supervisors in the training program. The coaches were asked to provide open feedback on how the trainers were using the knowledge and skills in the field while in the program. The coaches provided feedback on the supervisor's application of the six Practice Principles. An analysis of this qualitative data closely mirrored the responses of the trainees in their self-evaluations, therefore it will not be reviewed in detail. There is an additional need to follow up with supervisors post-training completion to assess the ongoing application of the knowledge and skills learned in the Supervisor Capacity

Building training and if booster or follow-up support sessions are needed. Additional long-term assessment measures will be built in for the next reporting cycle.

Emerging Leaders Program

Based upon feedback from the field and trainers, regarding the high turnover rate and lack of transfer of knowledge from training to practice, the DCFS consulted with one of our university partners (Grambling State University [GSU]) to determine the best approach for dealing with our obvious problem with retaining employees. GSU has been successful in teaching an advanced supervision course that was well-received by new supervisors. The GSU trainers suggested that the current generation of employees, particularly early-career employees, did not seem to understand the relationship between leadership and good, effective supervision. Thus, they recommended the development of a comprehensive leadership preparation and development course that could prepare early-career employees (who had been with the agency for a few years) to become future leaders. The Emerging Leaders training program was created and was implemented in August 2024. It is an exceptionally well-developed curriculum. A learning designer worked with the trainers throughout the development of the course to ensure that state-of-the-art training and learning principles were utilized throughout each module. Emerging Leaders modules include Module 1- Laying the Foundation; Module 2- Shaping the Foundation; Module 3 - Building the Foundation; Module 4 - Stabilizing the Foundation; Module 5 - Sustaining the Foundation and Module 6 - Strengthening the Foundation. Twenty-five employees were selected and are currently participating in the inaugural implementation of the Emerging Leaders Program.

Opportunities for Improvement

Quantitative data has typically been available regarding training participation, with some feedback from participants provided regularly. However, post-participation feedback was not mandatory until Moodle Workplace was fully implemented on July 1, 2024. Thus feedback was not collected systematically for all courses. That limitation has been corrected and feedback will be provided through Moodle Workplace for each course that is taken by the workers. The limitation of the data collection process is the standardized collection of qualitative data from workers, trainers, the community, and the recipients of the DCFS services.

Currently, qualitative data are collected from participants through open-ended questions that are included in the post-test feedback survey. However, a system has not been developed to consistently obtain qualitative feedback through the more traditional means of focus groups and interviews from the participants in training (workers, foster parents, community members). Field staff employed by the DCFS are more aware of training difficulties than almost anyone and there is little information collected from them through confidential focus groups and surveys. There seems to be a disconnect between what is trained and what workers are able to actually apply in the field. Further evidence needs to be collected to reach a conclusion about the frequency of this phenomenon, as well as the cause. The DCFS will develop a concise plan for obtaining qualitative feedback from each group of participants- DCFS workers, trainers, field staff and community partners before the next APSR submission.

Additional qualitative data also needs to be collected regarding employee turnover and caseloads/workloads. From the information gathered for the current report, turnover is directly

related to the impact that training has on outcomes. It is difficult to maintain enough workers who can implement good practices when their caseloads are abnormally high or when the cases are assigned too early. The training system supports continuous learning, practice improvements and professional development of all staff with the goal of improving outcomes and retaining a highly skilled workforce. However, without qualitative feedback, there is little evidence to show a correlation between the turnover rates and the success of training.

There is no access to administrative data from courts and other service providers (other than FRCs, child-care facilities and any other service providers who have a contract with the DCFS). With implementation of the new Moodle system July 1, 2024, the DCFS has been able to incorporate the DCFS Child Welfare Human Resource data on a regular basis which will allow for much more robust tracking, analysis, reporting, and support for building staff, team and organizational capacities over time.

There are four areas in particular in training that need to be addressed: (1) Outcome analysis of training effectiveness that is provided by several different trainers, through various modes of learning (asynchronous, synchronous). The DCFS training unit is working on a solution that will monitor and analyze the consistency of training across various trainers and venues; (2) Comparative oversight or data collection on material that is presented virtually versus in-person. Several of the trainers have expressed concerns over the complexity of the material they present and the inability of workers to proceed without having questions answered or difficult concepts explained more thoroughly; (3) Implementation of a system for gathering qualitative data from across the child welfare workforce and community of partners through focus groups, surveys and interviews; and (4) Improve data quality by focusing efforts on the value-added training; such as mandatory training and training that deals with the problems our families face and the difficulties the workers have identified, which can be accomplished by providing fewer training opportunities and promoting higher quality training that will engage the workforce.

Summary of Performance and Rating

The staff and provider training system ensures ongoing training is provided to all staff who deliver services pursuant to the CFSP in accordance with established curriculum and timeframes and addresses the ongoing skills and knowledge needed by staff to carry out their duties. Through the implementation of the Child Welfare Assessment and Decision-Making (CWADM) approach with an enhanced focus on training child welfare staff to better understanding safety versus risk and how this affects decision-making; the development of the PLDP designed specifically for supervisors with a focus on continuous learning, growth, and development; improved communication, management, and organization throughout the training partnership using monday.com; moving to Moodle Workplace; and a new comprehensive approach to obtaining employee and consumer feedback designed to foster continuous improvement in the training programs, the DCFS and its partners are committed to an effective and responsive training environment that meets the needs of all staff and stakeholders involved. In summary, Louisiana's assessment of the CFSR Round 4 for Item 27: Ongoing Training for Child Welfare Professionals is a strength.

Item 28: What are the state's requirements and process for initial training of all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities? For ongoing training?

Prospective foster and adoptive parents obtain their pre-certification training by attending the Journey Home Foster Caregiver Pre-Service Training through Cross Roads, a private agency based in New Orleans that contracts with the Louisiana Child Welfare Training Academy and DCFS for that purpose. The DCFS moved away from using the standard MAPP pre-service training in 2017 after working with Texas Christian University, the Karyn Pervis Institute of Child Development, and the Annie E. Casey Foundation to develop an eight-week pre-service model which incorporated components of Trust Based Relational Intervention training and the Quality Parenting Initiative. The Journey Home training was created through collaboration with these partners and developed specifically for Louisiana prospective foster parents. Pre-Service applicants are invited to the Journey Home Pre-Service classes by the DCFS Home Development Supervisors and are provided a link to register for the online classes. Once the applicant registers and attends an orientation and session one, Crossroads sends a list of registered/attending applicants to LCWTA, and a Moodle account is created for each applicant.

Policy and Process Overview

Since its inception, there have been different formats for offering the Journey Home precertification course. It was originally an in-person course taught through the DCFS Home Development department in each region. The COVID-19 pandemic forced a move to virtual training. Currently, in 2024, it is an eight-week course that prospective foster parents attend virtually, plus one session that they attend in person in their region. The extra in-person session was added in 2023 after reviewing feedback from participants who identified missing the in-person connections with regional staff that were not happening with virtual sessions. The extra session, known as the “regional connection” session, is held between sessions three and four; prospective foster parents complete paperwork and fingerprinting at this session and can meet foster parent recruiters and home development staff on one. This new format has shown promise in allowing new foster parents to make connections with DCFS staff and other new foster parents.

In addition to the eight-week Journey Home training, prospective foster and adoptive parents are required to complete six mandatory courses available on the LCWTA LMS including CPR and Choking Emergency Refresher, Medication Management, Mandatory Reporter Training, Safe Sleep, Reducing the Risk of SIDS and SUID, Car Seat Safety, and Foster Parent Roles and Responsibilities. The number of mandatory courses required of foster parents during the pre-certification period has increased in recent years. Originally, they were required to complete eight Journey Home sessions and the CPR/first aid refresher course before becoming eligible for certification. However, over the last four years, the additional courses were made mandatory before certification. The courses were added after events occurred that highlighted the need for foster parents to have additional knowledge before accepting a child into their home, particularly around the areas of safety and best practices in foster care.

Kinship caregivers are certified through a shorter six-hour version of the Journey Home training. The kinship training has also been virtual and in-person. The DCFS has used a model in which kinship caregivers receive a shortened version of pre-certification training for many years.

Kinship caregivers have also been required to complete the six additional mandatory courses online. Recent changes have been made for kinship caregivers, as the agency recognizes and supports the benefits of kinship care in improving child and family well-being and helping to maintain cultural connections. The Home Development staff noted that kinship caregivers consistently faced trouble accessing the online training courses (reasons varied from knowledge of and access to technology to difficulties managing kinship caregivers as a separate group within the Moodle learning management system). The Moodle support team also noted that a large number of phone calls to the support line were made by kinship caregivers. The DCFS decided to change the policy, [9-551 Relative/Kin Certification - Louisiana Department of Children & Family Services - PowerDMS](#), for kinship precertification training, recognizing the challenges faced by kinship providers who are traditionally older, in poorer health, and with fewer resources than non-kinship caregivers. The policy was modified and the format of the training for kinship caregivers is now a six-hour in-person Journey Home training that incorporates the additional mandatory course information. This modification has not been in effect long enough to gather data on its outcomes, but it will be included in the next assessment.

Staff at state-licensed and approved facilities, including residential home facilities, are required to complete initial and ongoing training as well. All staff hired effective April 1, 2019 or after, are required to complete the DCFS Mandated Reporter Training on the LCWTA Moodle, within the individuals first five working days from the date of hire and prior to exercising job duties. The training certificate provided at completion documents completion. Staff also complete orientation training within the first fifteen working days from the date of hire. If a residential facility employee, this training must be completed within one week of the staff's date of hire and prior to having sole responsibility for residents.

The orientation provides staff with the knowledge and skills needed to care for the health and well-being of youth in care. Training includes a broad range of topics such as the child placing agency's philosophy to behavior management, LGBTQ awareness, recognizing mental health concerns, cultural sensitivity, child-placing agency rules for transitional placing programs if licensed to provide transitional placing services, and emergency and safety procedures for transitional placing programs if licensed to provide transitional placing services. Documentation of the orientation training shall consist of a statement/checklist in the staff record signed and dated by the staff person and program director or designee. Staff do not exercise job duties until orientation is completed.

In addition, staff working with specific populations are required to complete additional training to include:

- Staff in facilities licensed to care for children under the age of two years, and foster/adoptive parents shall complete the Reducing the Risk of SIDS in Early Education and Child Care training available at www.pedialink.org or the Safe Sleep, Reducing the Risk of SIDS training available through the DCFS at <https://moodle.lcwta.org/login/index.php> within the individual's first fifteen working days after hire.
- All direct care staff obtain certification in adult cardiopulmonary resuscitation (CPR) and first aid within 45 days of employment. If working in a facility with children under the age of 10 staff also obtain a certificate in infant/child CPR. No staff member shall

- be left unsupervised with residents until he/she has completed all required training. Online-only training is not acceptable.
- New direct care staff working in the transitional placing program shall receive certification in adult cardiopulmonary resuscitation (CPR) and first aid within 60 days of employment.
 - All staff whose job duties include working with foster/adoptive parents, birth parents, children and youth and their adoptive or kinship families or conducting/approving home studies complete the NTI Training for Child Welfare Professionals (20 hours) offered by the National Adoption Competency Mental Health Training Initiative available at <https://adoptionsupport.org/nti/> prior to working unsupervised with foster/adoptive parents, birth parents, children and youth and their adoptive or kinship families or conducting/approving home studies.
 - Residential staff also complete additional training on: the rights and responsibilities of residents who have children residing in the facility; responsibility of staff with regard to children of residents residing in the facility; transportation regulations; proper use of child safety restraints; detecting signs of illness or dysfunction that warrant medical or nursing intervention; basic skills required to meet the dental and health needs and problems of the residents and children of residents; behavior management techniques, including acceptable and prohibited practices; use of time-out, personal restraints, and seclusion; safe self-administration and handling of all medications including psychotropic drugs, dosages, and side effects; and working with people with disabilities and their family members.

Certified foster/adoptive parents are required to complete fifteen hours of training per year to maintain certification. The state licensing requirement is that foster parents have fifteen hours of training before July 31 of each year, or their certification becomes inactive. Part of their fifteen hours included the six mandatory online courses (CPR and Choking Emergency Refresher, Medication Management, Mandatory Reporter Training, Safe Sleep, Reducing the Risk of SIDS and SUID, Car Seat Safety, and Foster Parent Roles and Responsibilities). However, feedback from foster/adoptive parents about the difficulty of completing all the mandatory courses within the timeframe led DCFS to modify this policy in 2022. The training academy and home development staff also recognized that the mandatory courses added up to more than half of their required hours, leaving little room for courses that could meet their specific needs such as a course on a period of child development or managing grief. Therefore, an alternative mandatory foster/adoptive caregiver training schedule was put into policy and took effect on July 1, 2022. The new policy alternates years that specific mandatory training courses are required, to include even state fiscal years (beginning July 1, 2022) all certified foster/adoptive caregivers complete CPR/First Aid Refresher, Car Seat Safety, and Foster/Adoptive Caregiver Rights and Responsibilities. On odd state fiscal years (beginning July 1, 2023) all certified foster/adoptive caregivers complete Safe Sleep, Mandated Reporter, and Medication Management.

After completing the mandatory training courses based on the split-year schedule, foster/adoptive parents may obtain their remaining training hours in several ways; they can access and complete online training (asynchronous) courses through the LCWTA LMS twenty-four hours a day. Courses are organized on the LMS into the following categories: 1) Mandatory Training (required every year or every 2 years); 2) How to Help a Foster Child Adjust in My Home; 3) How to Work

with the Child's Team (DCFS, birth parents, legal and CASA); 4) How Fostering Affects Me and My Family (includes foster parent wellness) and 5) Meeting Your Child's Specific Needs. All asynchronous courses are placed in one of these categories, which were derived from a needs assessment of foster parent training needs conducted in 2018. Courses are listed under the categories, which primarily helps them in choosing courses they feel they need. Foster parents are required to complete fifteen hours of training a year but have open access to take as many courses as they would like through the LMS. As of July 2024, thirty-seven asynchronous online courses for foster caregivers were held in the LMS. In addition, the LCWTA organizes and hosts virtual live training on Zoom and in-person live (synchronous) training for foster/adoptive parents. Foster parents receive emails and constant contact notifications when live training sessions are offered. The trainings are also posted on the training academy website. Foster parents register for courses on the LMS and receive a link to take the course pre-test and join the training session at the designated time.

In 2023-2024 the LCWTA offered seventeen different virtual live training sessions. Many of the basic courses such as the series on child development and helping a grieving child are offered numerous times throughout the year. The LCWTA also offers foster/adoptive parents the opportunity to obtain training credit by reading a sponsored book and completing a pre and post-test on the book's content. The LCWTA has offered "The Connected Child" by Karyn Purvis and Dan Cross as a training option for over four years and has noted that it is increasingly utilized by our foster caregivers. In the 2023-24 fiscal year, the LCWTA mailed 275 copies of the Connected Child book to foster families. In fact, the training unit was not able to keep them in stock at the training academy and had to place forty-two foster parents on a waiting list until more books could be acquired. This response from foster parents prompted the LCWTA to research more books that would be appropriate for training and to also elicit feedback from Home Development staff. As an outcome, the LCWTA has ordered additional books such as "The Whole Brained Child" and "The Connected Parent", which will be offered to foster caregivers with the same process and ability to use for training credit. An area identified for improvement is tracking how many foster parents utilize the books mailed for training credit. In 2023, 729 foster caregivers enrolled in the Connected Child course by taking the pretest and ordering the book from the LCWTA, however only 498 completed the course and received credit by taking the post-test. The LCWTA plans to continue to build its library of books to make available to foster families as a way to obtain training credit. There are also plans to explore creating a foster parent book club in which foster parents read the selected monthly book and then attend a book club through Zoom to discuss it. This new approach will be piloted in a few regions after which the LCWTA will evaluate the outcomes.

A final option for foster/adoptive parents to obtain training credit is through activities the Home Development department has approved for that purpose. Activities that have prior approval include family visitation, worker-led training home visits, providing care for children, and attending a child's therapy session. Once a foster parent completes a training course through the LCWTA LMS, they can print a downloadable certificate to present to their HD worker for verification of hours, those hours are also recorded in the LMS. Home Development supervisors verify hours completed by foster parents through the Moodle system for their assigned region. Should a foster parent participate and complete a training that is outside of the Moodle system the foster parent submits their certificate of completion to their Home Development worker, who

then enters the outside training credit for the foster parent in Moodle so that it is reflected on the foster parent's training transcript.

The DCFS Home Development supervisors review foster parents' training transcripts in Moodle every quarter to ensure foster parents are working towards their goal of fifteen hours annually throughout the fiscal year. The Foster parents are also send reminder letters of training hours obtained every quarter. Foster parents are encouraged to track their progress with training credit. Training videos are available on the LCWTA site, which teaches foster parents how to review their transcripts and print their certificates.

Evidence Reviewed for Data Collection

The completion of training by prospective foster parents going through the Journey Home precertification courses is tracked by Crossroads, which provides the training and reports completions to the DCFS. Prospective foster parents have a temporary Moodle account for taking the mandatory online courses. When a prospective foster parent completes the Journey Home courses and mandatory online courses, the DCFS and the LCWTA are notified and a regular Moodle LMS account is created for them. There is no deadline for completion of the Journey Home and mandatory courses but foster parents do not progress with the certification process until all are completed.

An area needing improvement, as noted in a past CFSR report, was the tracking of the number of individuals who started and completed the Journey Home Preservice training with reasons for not completing it. A representative from Crossroads reported that for the July 2023-2024 fiscal year 1,268 prospective foster parents registered for a Journey Home and 831 attended and completed all sessions. Historically, the number of prospective foster parents completing precertification training has fallen in this range, with 756 being certified in 2020 and 612 in 2021. The DCFS training unit does not currently have formal data on the reasons some prospective families did not complete the training. Anecdotal data from interviews with Home Development staff note that there are various reasons foster parents stop attending the preservice sessions. Two examples of reasons someone may not complete training include the prospective foster parent realizing that they are not able or ready to meet the demands of fostering and parents learning they were having a child of their own that they previously thought not possible after they had already started training. Plans are to work with Crossroads to develop a mechanism for gathering feedback from parents in preservice classes if they withdraw.

The data obtained from the LMS for the 2023 Kinship Journey Home Precertification courses indicated that 576 of the 2,074 kinship caregivers who enrolled in the virtual training completed it. The completion numbers are up compared to previous years, 356 kinship homes were certified in 2020 and 377 were certified in 2021. The significant difference in the number who enrolled and completed the training course this past year was one of the reasons the format of this training for kinship caregivers was changed. The DCFS training unit plans to monitor the outcomes of the new format and assess for better completion rates.

Another area needing improvement is the tracking of the number of employees in the state-licensed or approved facilities that complete initial training and ongoing training within the time

frames specified in policy. It is noted that staff are not eligible to continue employment if they fail to meet the training requirements, however, quantitative data is not available for this report.

A noted strength in previous CFSR reports has been the completion of training by certified foster parents. There have been exceptions to this compliance, particularly during natural disasters such as hurricanes that frequent Louisiana, at which times the timeline may be extended for those in affected areas. Foster parents who do not complete their fifteen hours of training before June 30th are placed on a corrective action plan for a specified time frame to complete their training. Should the foster parents not comply with the corrective action plan and not obtain the required number of training hours in the time specified, the home will be closed.

The completion of training credit for courses hosted by the LCWTA LMS is tracked through the Moodle learning management system. This ability to track course activity has been possible within the LMS since 2019-20. However, there have been challenges in collecting data that accurately reflects course outcomes due to how the original Moodle was set up in relation to coding. Data must be pulled from Moodle and entered into Zoho analytics to analyze outcomes, the process can be tedious and time-consuming. The Moodle Workplace LMS, which the DCFS transitioned to in July of 2024, is expected to provide a better pathway to outcome data.

The current and previous learning management system allows for an analysis of who registered, pretest and post-test scores, and evaluation responses. Feedback received from this process is utilized to make revisions in the core curriculum and other training courses to better address specific or additional training needs. Foster and adoptive parents have more options to obtain training credit than what is offered through the learning management system, but the data available on the credit obtained through the LMS is valuable in informing future directions for training. For instance, in 2019-2020, 4,476 foster and adoptive parents obtained training credit through the LCWTA by completing 19,122 courses, and in 2020-2021 a total of 8,147 foster parents completed 21,829 training courses through the LMS. The increase in courses taken was a direct result of the COVID-19 pandemic. At that time the training academy shifted focus and energy towards producing quality online training opportunities. The latest data from the LMS indicated that there were 2,290 foster parents who took 1,178 courses for training credit in the 2023-2024 reporting period to meet their ongoing training needs. Moving forward, the LCWTA and the DCFS are focusing efforts on returning to in-person or hybrid training models, as repeated feedback from evaluations indicates a desire for more in-person training.

Ongoing training for state licensed facility staff are required on an annual basis and include training courses very similar to their orientation training modules, to include the following topics: administrative procedures and programmatic goals; emergency and safety procedures; resident rights; detecting and reporting suspected abuse and neglect; infection control to include blood borne pathogens; confidentiality; reporting and documenting incidents; implementation of service plans to include a behavior plan when clinically indicated; grievance procedure; prohibited practices; recognizing mental health concerns; detecting signs of illness that warrant medical or nursing intervention; basic skills required to meet the dental and health needs and problems of the residents; behavior management techniques; use of time-out, personal restraints, and seclusion; safe self-administration and handling of all medication including psychotropic drugs, dosages, and side effects; working with people with disabilities, LGBTQ issues;

transportation regulations; and the proper use of child safety restraints required by regulations and state law. The completion of ongoing annual training by state licensed facility staff is documented on a statement/checklist in the staff record and signed and dated by the staff person and program director, however, data was not available for the number of staff who completed the ongoing training. Data is available on the deficiencies in training cited by providers between 7/1/2021-6/30/2024. Child placing agencies cited 11 deficiencies in annual training requirements and residential homes reported 19 deficiencies in annual training by staff.

All foster, adoptive, and kinship training courses provided through the LCWTA LMS (synchronous and asynchronous), require pre-registration and the completion of a pre and post-test before the award of credit. They are also asked to complete an evaluation when completing a course. Evaluations were not mandatory during this reporting period but were highly encouraged. The DCFS has recognized that the information derived from the evaluations is valuable for ongoing improvements, therefore evaluations have been made mandatory on all courses in the LMS. Knowledge gained is currently measured through improvements in pre and post-test grades and responses to the last two questions on the course evaluations. A review of the pre and post-test scores, available in the LMS, indicate that post test scores are significantly better than pre-test scores, indicating an increase in knowledge. The majority of the evaluations of foster parent training courses use a five question format as such:

- 1) In my opinion, the content of this training provided me with the knowledge and skills I need for my role.
- 2) In my opinion, children and families will benefit from the knowledge and skills participants gained during this training.
- 3) Overall, I am satisfied with my online training experience.
- 4) How confident are you that you will be able to apply the information you learned in this training? (0= cannot do at all, 5=moderately certain I can do, 10= highly certain I can do)
- 5) Please provide any additional feedback (training activities, training video, training topics, content, etc.)

The LCWTA periodically reviews the evaluation data stored in the LMS. For instance, with the recent changes made to the kinship training model, the DCFS reviewed questions #4 and #5 to assess the need for curriculum changes; the data indicated that kinship providers gained the knowledge and skills needed to provide care for children in their homes, as the majority rated question #4 as 9 or 10. Qualitative data from question #5 indicated learning through comments such as “The training cleared up a misunderstanding of my role”, “It taught me my rights and what is expected of me”, “I didn’t know some of this information, so it was helpful”, and “The training was informational. I feel confident providing a safe environment for the child”. We also found that the number participating in the Kinship Journey Home training has increased, for instance, 308 family/kin participated in the training in 2019-2020 for a total of 3,048 hours, while 576 Kinship caregivers enrolled and completed training in 2023. A review of the 2023 Evaluation scores were all above four on the five-point scale and the average confidence rating in their ability to carry out their role after the training averaged above an eight on a ten-point scale. Average post-test scores were near 100, indicating Kinship caregivers gained the knowledge and skills needed to complete their role. Despite the increase in kinship caregivers completing the training, there is still a considerable number who do not complete the training; on average less than half of the kinship caregivers complete the pre-certification training.

Opportunities for Improvement

The tracking of foster parent training hours obtained outside of the LMS is one area designated for improvement. Data has not been recorded in Moodle consistently from all regions across the state. It is another process we hope to improve with the use of a new Moodle Workplace LMS, which replaced the old Moodle in July 2024.

At present, certified foster/adoptive parents do not receive any directives on training courses after completing the mandatory courses. This is an area designated for improvement. The LCWTA and DCFS Home Development Department have been working on a Foster Parent Training plan, which would be more directive in terms of the courses foster parents take within their first three years of fostering. The goal of a training plan is to develop learning pathways for foster caregivers designed to meet their specific training needs as determined by family makeup and children in their homes. This was not possible in the old learning management system but is feasible with Moodle Workplace. This is a future goal for the LCWTA and DCFS. The LCWTA plans to conduct a new needs assessment with foster/adoptive parents to gather more feedback on their needs that would inform a feasibility plan. Prior feedback from foster/adoptive parents has been positive towards the implementation of learning pathways.

The number of Kinship Caregivers that complete Kinship Journey Home training is low. The goal is to increase the number of kinship caregivers who complete the precertification course in the immediate future. There is also a need for qualitative feedback from foster/adoptive and kinship caregivers. Focus groups are planned over the next reporting period with both groups to gather greater detail on training needs, training effectiveness and measures of transfer of learning.

There is less data available to evaluate the acquisition of knowledge and skills for staff at licensed or approved facilities. During this reporting period, mandatory reporter training was the only training accessed through the LCWTA LMS. Records are maintained at individual facilities in the form of training certificates. Facility providers include verbal acknowledgement that staff are trained for all additional training courses. This is a process that could use improvements. The training division will explore options to measure knowledge and skill acquisition at licensed or approved facilities for the next reporting period.

Summary of Performance and Rating

The state is able to meet the requirement to provide initial and ongoing training for all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities. The DCFS has made great strides in updating training, developed new ways to offer the Journey Home precertification course due to COVID-19 and natural disasters, to ensure all mandatory trainings are completed timely, shortened the training requirements for Kinship caregivers, and how to better collect data and feedback to ensure training is effective and able to measure the transfer of learning. Additional trainings have also been added for foster and adoptive parents, Kinship caregivers, and licensed facility staff in an effort to provide more options to help foster parents, adoptive parents, Kinship caregivers, and staff of facilities to better meet the specific needs of the child(ren) placed in their care.

The DCFS training unit is committed to an effective and responsive training environment that meets the needs of all current or prospective foster parents, adoptive parents, and staff of state-licensed or approved facilities. In summary, Louisiana's assessment of the CFSR Round 4 for Item 28: Initial and Ongoing Training for Current or Prospective Foster Parents, Adoptive Parents, and Staff of State-Licensed or Approved Facilities is a Strength. Based on items 26-28 ratings of Strength, the overall finding for Staff and Provider Training has been found to be in substantial conformity.

E. Service Array and Resource Development

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

In round 3, Louisiana received an overall rating of Area Needing Improvement for Item 29 based on information from the statewide assessment and stakeholder interviews.

Information provided in the statewide assessment and stakeholder interviews indicated that there are services available from Family Resources across the state for which there are generally no delays to receive. Stakeholders identified other service gaps, especially within the regions that are underdeveloped, low populated. Stakeholders reported lengthy waiting lists for services, transportation service issues, a lack of substance abuse treatment services, and a lack of psychological evaluation providers in these areas.

Louisiana addressed Service Array in the Round 3 Program Improvement Plan through development of several resources like the My Community Cares Model and through workforce development efforts resulting in the development and implementation of a Team Specialist Role to assist with the non-clinical aspects of the work.

The department's strategy focuses on addressing existing gaps in services statewide by fostering networks and building partnerships within the communities where children and families live, work, and play. This approach prioritizes the inclusion of both informal and formal supports, with children and families at the center of the development process. Ongoing interagency collaboration will enhance referral processes and facilitate improved data sharing among departments and child-serving agencies.

Through continued development of the My Community Cares network and ongoing expansion of Child First and Intercept Services, DCFS will continue to broaden the array of services. The agency continues to pursue a more comprehensive means of tracking services by outside providers to continue developing the ability to assess the services being provided and the availability and accessibility of those services. DCFS will continue to identify current utilization of the various services through the Family Resource Centers in each region and promote use of

these services and ensure awareness by staff/community partners of availability in any areas where the service is underutilized. Louisiana continues to prepare to provide data related to the services being provided through the FFPSA in FFY26.

Policy and Process Overview

[4-100 Goal, Definition and Objectives of CPS Services](#)

[5-100 Definition and Purpose](#)

Policy 16-100 Family First and Eligibility

Policy 16-200 Child First Services

[3-220 Behavioral Health Screening and Assessment of Children](#)

The Louisiana Department of Children and Family Services (DCFS) Child Welfare (CW) program offers a comprehensive array of services that assess the strengths and needs of children and families. The program evaluates additional service requirements to address the needs of both children and families. This approach is aimed at creating a safe home environment, enabling children to remain with their parents when appropriate, and facilitating permanency for children in foster and adoptive placements.

The State's Child Welfare service continuum encompasses various services, including: Centralized Intake (CI) for initial screening and referrals; Child Protective Services (CPS) for assessing reports of abuse or neglect; Family Services (FS) and Prevention for offering in-home services to families deemed safe for children; Foster Care (FC), Kinship Care (KC), Guardianship, Youth Independent Living, and Adoption (AD) for out-of-home services; Home Development (HD) for recruiting, certifying, and retaining foster and adoptive parents; and the Interstate Placement of Children (ICPC) for cross-jurisdictional resources.

The service array is enhanced by a variety of specialized services, key initiatives, and best practices. Notable examples include the implementation of Child Welfare Assessment and Decision Making (CWADM) model, utilization of Trauma and Behavioral Health (TBH) screenings and Mobile Crisis Response for behavioral needs, and Independent Living Services (ILS).

Centralized Intake (CI)

DCFS developed the CI system in 2011. 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 Child Protection Services (CPS) teleworkers who work from home and are domiciled throughout the state. The Centralized Child Abuse Hotline is operated by approximately 46 Intake Teleworkers, 10 supervisors, three Child Welfare Managers, a Child Welfare Consultant, a Program Manager 2, and two support staff.

Centralized intake monitors quality assurance through assessing response to callers for courtesy, responsiveness during call and provision of information on resources, as needed. Call Response Metrics include analyzing and improving response time to calls, specifically: maintaining an average speed to answer four minutes or under and meeting 85% goal or higher of calls answered directly by intake workers.

This program involves skilled, prompt and sensitive intake services in response to reports of abuse and neglect in families, foster homes, day care centers, registered family day care homes, and restrictive childcare facilities. Each intake is dispositioned as determined by law and Departmental policy.

Child Protective Services (CPS)

It is the policy of the Department of Children and Family Services to protect children from abuse, neglect, exploitation or abandonment. Additional goals of Child Protective Services (CPS) include:

- Ensure the safety of the child (children) through assessment of safety and risk.
- Provide immediate short term social services as needed either directly or through referral; and,
- Initiate legal intervention to remove the child (children) from their environment when they are unsafe or when an in-home or court-ordered safety plan is not feasible.

CPS services are legally mandated, specialized social services for children who are neglected, abused or exploited. The services include:

- Intake screening by Centralized Intake staff of reports of child abuse and/or neglect;
- Investigations in families and out of home settings to determine if the child(ren) has been abused or neglected;
- Determination, if possible, of the person(s) responsible for the injury or harm;
- Assessment of the severity of the harm;
- Assessment of the safety of the child(ren) in the home or facility;
- Determination of whether a safety plan/intervention is needed to protect the child from threats of danger;
- Assessment of the future risk of possible harm from abuse/neglect to the child(ren);
- Provision of emergency, short term and concrete services as needed;
- Participation in court hearings, when required;
- Timely referral to Family Services and/or community service providers, as appropriate, in order to monitor safety and reduce the risk of future abuse/neglect to the child(ren);
- Timely referral to court if child cannot be safely maintained in their current setting;
- Communication with Licensing and Certification agencies as needed for investigations in out of home settings; and
- The right to an administrative appeal of valid investigation findings.

CPS requires the efforts of a whole system of community agencies for children to be effectively protected. This community team includes, but is not limited to, the DCFS, law enforcement agencies, district attorneys, courts, coroners, community social services providers, physicians, hospitals and schools.

Family Services (FS)

Preventative services are delivered through the DCFS Family Services program, grounded in the philosophy that children should remain in their homes if families can adequately meet their safety and other basic needs. This program aims to prevent unnecessary familial separation by identifying and addressing family issues while promoting safety for children within the home.

Comprehensive assessments are conducted within the Family Service program to identify the unique needs, strengths, and protective capacities of families. These workers are stationed in each of the 42 parish offices, providing services across all 64 parishes in the state.

Prevention

Louisiana's Family First Prevention Services Act (FFPSA) plan effective date was October 1, 2022. The DCFS developed a referral process, policies and procedures for FFPSA services being provided through Child First and Intercept. The DCFS is continuously 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 served and supported 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.

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 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. 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, 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 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;
- Children who have exited foster care through reunification, guardianship, or adoption and may be at risk of re-entry.

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.

Foster Care (FC)

Foster Care 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 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.

Extended Foster Care (EFC)

EFC is a voluntary program and youth must sign a voluntary agreement to participate. Youth in EFC are no longer in the custody of DCFS. Youth in EFC 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. This case management program uses highly trained case workers with small caseloads to provide high-intensity services, including at least one face-to-face session with the youth per week. Case workers help youth achieve their education, employment, housing, permanency and independent living skills during a 9-12 month period depending on the need of the youth. All current Foster Care, care-setting types are available to EFC youth. Each care setting will make a decision as to accepting/keeping EFC youth. The DCFS developed additional placement types available only to EFC youth to include additional transitional living facilities and housing options, host family homes, and supervised independent living situations.

Independent Living (IL)

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 state-office staff members meet onsite with Chafee providers and the contract distributor of the ETVs at least quarterly. They complete a contract monitoring form to assure compliance with contractual obligations and federal regulations regarding Chafee and ETV funds during each quarterly visit. Staff attend Chafee independent living skills training classes offered by the providers to monitor youth participation and course content, as well as reviewing youth CFCIP service records to ensure individual assessment and service planning.

Staff review youth ETV eligibility determination immediately prior to dissemination of each voucher, insure appropriate compliance with voucher dissemination prior to invoice processing monthly and require corrective action plans with Chafee and ETV providers as necessary.

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. DCFS has enhanced service array by providing in depth instruction within the home setting and classroom training to improve life skills for children ages 14-21. These services were shifted from classroom ILS preparation to in-home skill assessment and learning/planning for 16-17 year olds. Youth Engagement Programs are available in each Region in addition to social skill building for ages 14-21. Case management services for those not 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 youth towards permanency prior to exiting foster care. In addition, assistance is provided with community outreach to inform stakeholders of program improvements. DCFS expanded work with the Youth Advisory Board to help them restructure and plan initiatives throughout the year.

The programs are designed according to Positive Youth Development principles to achieve the purposes of the CFCIP and ETV programs. Consideration of adolescent brain development has been utilized in stratifying the curricula provided to youth through the CFCIP providers as well as in experiential learning opportunities provided to the youth. The CFCIP providers are moving toward a model of working with youth, which will be even more conducive to serving the developmental stages, and learning styles of youth as all learning activities are going to be individually targeted and tailored to each youth with the youth's input in designing the services the youth will receive. There will continue to be social activities hosted by the CFCIP providers to bring together the youth for peer-to-peer relationship development. Additionally, all youth will be provided a mentor to support relationship building and development of connections.

Service delivery for youth is provided by the youth's caregivers, 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 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 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 Louisiana Office of Student Financial Assistance (LOSFA) for ETV

applications and approvals. Youth are 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. 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.dcf.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 make referrals.) The caseworker refers youth to the CFCIP provider for life skills training beginning at age 14 or entry into foster care, if entering state/tribal 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 LOSFA for ETV consideration. The Department monitors compliance with ETV guidelines through verification of eligibility, consultation with LOSFA and periodic disbursement of funds.

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) and outcomes of youth involved in the Foster Care and EFC programs.

Services to Parents (SP)

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 collaborating 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.

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

Human Trafficking (HT)

The Department of Children and Family Services which serves on the Louisiana Human Trafficking Prevention Commission, is committed to identifying and supporting children and caregivers who are victims or at risk of human trafficking, in accordance with the Preventing Sex

Trafficking and Strengthening Families Act and Act 564 of 2014. DCFS has strategies to recognize potential victims during intake and initial assessments.

There are two specialized residential facilities in Louisiana—Metanoia and Free Indeed—are available for trafficking victims. When a victim is identified, a Human Trafficking Victim Notification Form is emailed to the Louisiana DCFS State office at DCFS.HumanTrafficking@LA.GOV with staffing occurring within five business days. DCFS will also initiate Multi-Disciplinary Team (MDT) staffings across the state's nine regions to provide comprehensive support for victims and their families.

Services provided fall into two main categories which include Care Coordination and Advocacy. Care Coordination provides a collaborative, multi-disciplinary team meeting to assess and respond to the needs of specific trafficking victims. Care Coordination provides the following 3 services:

- Emergency Response: A multidisciplinary review for a specific case that occurs within 72 hours of referral to address immediate needs of the victim and provide urgent interventions.
- Ongoing Case Review: A multidisciplinary meeting that occurs regularly to assess one or more cases for service needs, investigative updates, and referral opportunities.
- Advisory Team: A collaborative, multidisciplinary team of field experts that meet regularly to address systemic issues and opportunities in their community's anti-trafficking response.

Advocacy services provides victims of child sex trafficking individualized, 24/7, crisis response and ongoing long-term trust-based relational support:

- Receive calls 24/7 and responds to victim during established period
- Focus is on needs of child, establishing trust and healthy relationships through in-person emotional support at designated locations
- Stays with victim during awake hours for first 24 to 72 hours as identified by guardian and team
- Develop/Update safety plan with victim and team
- Participate in team meetings
- Communicate with Care Coordinator and team
- Support pursuit of objectives and assist in referral and implementation of services
- Continue relationship with victim and be responsive to urgent needs 24/7
- Assist with transportation and other forms of concrete support to victim
- Support work with survivor's family, as indicated by Care Coordination Team
- Provide updates to Care Coordinator, Investigative or Custodial Partners

Adoption (AD)

The goal of the AD program is to provide permanency for children through adoption. Foster care 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. 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.

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

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.

Child Welfare Assessment and Decision Making Model (CWADM)

As a part of the CFSR Round 3 Program Improvement Plan, DCFS developed and implemented the Child Welfare Assessment and Decision Making Model. CWADM is a comprehensive assessment model developed to identify abuse and neglect, along with the needs and strengths of children and families, so that the best decisions are made with and for families. The model streamlined safety assessment processes into one Form 5 Safety Assessment used by all primary programs, which assess all three-core components of safety, including threats of danger, child vulnerability and caretaker protective capacities. The implementation of the model included retraining staff on assessing safety and risk, all geared to enhance CPS worker's competency level to assess and identify safety and risk, implement an appropriate safety plan when needed, and ensure the services offered to children and families address their needs to enhance protective capacities. Louisiana is currently in Phase 2 of training and review of the implementation.

Infant Teams

Infant Team services are provided through the Tulane Comprehensive Assessment and Treatment Team (T-CATT). There are two infant teams in the Louisiana that provide infant mental health services. The team in New Orleans is designated to receive referrals from the 0-3 court team for children placed in foster care, as well as for children aged 0-5 from additional courts in Orleans Parish during similar placements. The Permanency Infant and Preschool Program (PIPP), commonly referred to as the "LSU Infant Team" in Orleans Parish, has successfully expanded its services to the Covington region by assigning two clinicians to visit this office once a week to support families in that area. These clinicians will focus on assisting as many families as possible, with an expected capacity to serve 8 to 12 families at any given time.

Additionally, the Tulane Infant Team receives referrals for children aged 0-5 entering foster care in Jefferson Parish and extends its services to children from St. Bernard, Orleans, and Plaquemines parishes. A key objective of these teams is to collaborate with the department in

developing a treatment plan that facilitates the swift achievement of permanency for the children they serve. 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.

- Decision-making process for Infant Team Services – 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.
- Population served –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. Regarding ethnicity, the population served is 6% Hispanic/Latinx and 94% non-Hispanic/Latino. Regarding race, the patient base is 52% Caucasian, 42% African American, and 6% Hispanic/Latinx. Approximately 6% speak Spanish primarily. Fifty-five percent are female. The majority of families are low-income and most parents have low levels of education.

The DCFS contracted with Tulane University Medical School, Child and Adolescent Psychiatry Services to provide clinical consultations to CW staff, children and caregivers. These services are available to the DCFS staff for consultation and children, youth and families in the Foster Care and Adoption programs that are involved in complex cases. Complex cases are those that include children:

- Under age six (6) with significant mental health symptoms
- Available for adoptions with red flags that may prevent successful placement
- At risk for medical and non-medical residential placement
- With serious trauma for whom adequate services are not available

- With serious trauma who speak Spanish preferentially
- Deemed complex by the DCFS due to trauma and/or mental health disorders

Trauma and Behavioral Health Screening

It is the policy of the Department of Children and Family Services for children and adolescences, receiving Family Services and Foster Care from birth to age 18 years receive a Trauma and Behavioral Health screening (TBH) and when indicated referral for treatment.

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. The screening will provide results indicating that the child has an elevated score in any of four areas: PTSD, ADHD internalizing symptoms and externalizing symptoms. The indicators help workers to better understand the child's behavior, decide what kind of treatment a child needs, advocate specifically for appropriate services for a child, and promote and develop needed resources for clients with data from the screens.

The screening includes the administration of two paper instruments. One instrument is completed by the caregiver and the second is completed by children and adolescence, who are ages 7 to 17 years.

Within the first 30 days of the family service or foster care open date, the worker shall provide the TBH caregiver version to the caregiver to complete, submit screen information into the online database and the TBH results are used to inform the case planning process.

Crisis Response System

The Louisiana Department of Health developed a Crisis Response System (CRS) that provides community-based behavioral health crisis services to Medicaid eligible adults and children. The CRS includes Mobile Crisis Response (MCR) and Community Brief Crisis Support (CBCS) services designed to manage crises and assist in stabilizing placement in the home, including foster/adoptive and residential facilities. These services also have the potential to prevent unnecessary entry into foster care or hospitalization. The MCR is an initial 72-hour intervention for individuals in a self-identified crisis and is available twenty-four (24) hours a day, seven (7) days a week. The team is deployed to the individual's location with a typical response time of 1 to 2 hours. Services include:

- Screening: A brief screening of risk, mental status, medical stability and the need for further evaluation or other mental health services;
- Assessment: If further evaluation is needed an assessment is conducted by a licensed mental health professional (LMHP) or psychiatrist to coordinate care with alternative behavioral health services.
- Intervention: Options include, resolution focused treatment, peer support, safety planning, service planning and care coordination designed to de-escalate the crisis.

Strategies are developed to mitigate the risk of future incidents until alternative services are in place. Interventions must be provided under the supervision of a Licensed Mental Health

Professional (LMHP) or psychiatrist. When services delivered to children, crisis service staff provide support to caregivers for their children.

CBCS is a continuation of the MCR services when additional support is needed. This ongoing crisis intervention response is intended to be rendered for up to fifteen (15) days and is designed to provide relief, resolution and intervention through maintaining the member at home/community, de-escalating behavioral health episodes, referral for additional treatment needs, and coordinating with local providers.

Substance Abuse Counselors

The Department partnered with the Louisiana Department of Health (LDH) to place Substance Abuse Counselors in DCFS offices located in East Baton Rouge, Livingston, Caddo, and Rapides parishes. This initiative allows for in-office substance abuse assessments and referral services to be conducted, facilitating timely access to essential support.

The collaboration between DCFS and LDH concerning Substance Abuse Counselors has significantly expedited the timeframe for clients facing substance abuse challenges to receive treatment and ongoing support. This proactive approach not only improves client outcomes but also reduces the likelihood of repeat maltreatment among children in families affected by substance abuse.

Additionally, the partnership includes support from peer specialists for parents and caretakers dealing with substance abuse issues. The overarching goal is to promote and sustain sobriety, ultimately fostering healthier family environments.

The Office of Behavioral Health provides statewide authority and accountability for all behavioral healthcare, including mental health treatment services, for Louisiana citizens. This includes coordinating between other agencies and partnering entities that deliver and manage components of care for the behavioral health population, both insured and uninsured (e.g., Medicaid, human services districts/authorities, etc.). Louisiana has ten behavioral health agencies that serve the state's residents. The Louisiana Department of Health (LDH) is committed to protecting and promoting health while ensuring access to medical, preventive, and rehabilitative services for all citizens of Louisiana. LDH is dedicated to achieving its mission through the direct provision of high-quality services, the development and enhancement of services offered by others, and the effective utilization of available resources.

The Louisiana Department of Health aims to:

- Provide quality services
- Protect and promote health
- Develop and stimulate services by other providers
- Utilize available resources in the most effective manner.

Family Resource Center (FRC)

Family Resources Centers (FRC) 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.

Each FRC provides services to parishes in their geographic area allowing service provision throughout the state. The FRCs receive referrals from 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.

IHBS Services: Homebuilders is an Intensive Home Based Service (IHBS) provided to some clients, which offers child safety, placement and prevention services. This includes intensive, short term, crisis intervention and teaching/educational services delivered primarily in the home of the families. These services are provided to the highest risk families where children are at risk of out of home placement; or, families where reunification efforts are underway and the services are needed to support the safe transition home of the children. IHBS services are provided through the Medicaid health plans in collaboration with LDH. Referrals must be made by mental health providers, OJJ or DCFS indicating the services are needed to facilitate reunification of the child with the parent or to prevent out of home care of a child through hospitalization, detention or foster care.

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.

Visit Coaching: Primarily targeting children in foster care, but this service benefits in-home families as well. Visit coaching helps the parent take charge of their visits (contacts/interactions with their children) and demonstrate more responsiveness to the needs of their children. For families in the Nurturing Parenting Program (NPP) program, the “family time” component can be expanded to accommodate visit coaching and often serves as the parent’s visit.

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 safely 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 was a product of the CFSR Round 3 PIP and 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 team-based, power sharing structure, comprehensive continuum of services and coordination across sectors and organizations.

- **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.
- **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.

Program staff and regional liaisons monitor the services being provided and provide guidance as needed to enhance compliance with the service guidelines. Tulane Parenting Education Program continues to provide consultation resources to FRC's across the state as needed. Consultation services included on-going training and supportive guidance for challenging cases.

Nurturing Parent Program (NPP): NPP is a family based parenting program with a proven record of preventing and treating child abuse and neglect. The state's Family Resource Centers (FRC) located in every region offers Nurturing Parent groups. Technical assistance on implementation of the model is provided to the Family Resource Centers.

- **Population Served:** This statewide program serves parents with children age birth to five that have parenting determined as a need in their service/case plan. A family can consist of single parents, parent couples, stepparents or parent paramours. The families referred should be at risk of child abuse/neglect or have experienced child abuse/neglect. The families could be intact or families with the goal of reunification of families. Families should not be actively using substances or in recovery.

- Services Provided: Parents and children attend different groups for two hours with 30 minutes of family nurturing time between the first and second hour. Each group is followed by a weekly home visit to work one-on-one with the parent to assure the parent is able to demonstrate what they have learned. Parent groups consist of discussion, role-play, lecture, skill building, nurturing activities, and the assignment of home practice exercises. Children's group activities consist of age-appropriate activities including role-play, music, arts, puppets, reading, infant massage and modeling for parents. The Nurturing Parent Program is 16 weeks long.

It is the policy of DCFS and in accordance with Public Law 96-272 to place foster children in the least restrictive, most appropriate setting available and in close proximity to the parent's home, consistent with the best interest and special needs of the child. If the child is a member of or eligible for membership in a federally recognized tribe, the tribe must be consulted regarding placement and given primary authority in placement decision making.

When placement with a relative/kin caregiver is not possible, DCFS provides children the least restrictive, most family-like setting within which to live and thrive during foster care placement.

Louisiana home types are:

A regular foster family home is a private home in which the foster parents agree to take children into their homes for full-time care. Both DCFS Home Development (HD) and private agencies certify regular family foster homes. Any regular family foster home approved by an agency cannot have more than six children including foster children and their own children residing in the home at any one time.

Specialized family foster homes may be appropriate for foster children who have special needs which cannot be met in a regular foster home or who would do best in a home with other children their age or with similar needs. Use of this type of home may avoid placing children in more restrictive facilities. *** * Specialized family foster homes shall care for no more than the maximum capacities outlined more specifically in policy 9-617, Specialized Family Foster Homes.

Therapeutic foster care (TFC) homes are recruited, trained and supported by Child Placing Agencies who are contracted to provide this service by Child Welfare. Child Welfare staff collaborate with the Child Placing Agency to identify a foster home for a child/youth based on the individual needs of the child and measures required to support the safety and wellbeing of the child.

Diagnostic and Assessment (D&A) homes are family foster homes used to provide intensive, short term, initial assessment services for children entering DCFS custody to determine the most appropriate placement and make a planned move. Generally the D&A Home should only be used in those situations in which we do not have enough information about a child entering care to make a decision about an appropriate placement or when further assessment is needed to make good decisions in the replacement of a child following disruption. D&A Homes provide an opportunity to learn more about the child and his family in order to select a family placement

resource that can best meet the child's needs. D&A homes are expected to be available on very short notice.

Transportation

Expenses for the transportation of clients are payable when it is directly related to the family's case plan, when no other means of transportation is available (i.e. state vehicles), the purpose is not for routine transportation (shopping or work), and out of state transportation is only to a border parish and only when it's the closest service available. Transportation by public bus or reimbursement for mileage can be paid to the worker for transporting the client in their personal vehicle.

Transportation services can be provided for specific medical or behavioral health needs of a foster child based on both of the following: inability of DCFS staff to safely provide for the child's care needs during transportation and current functioning of the child and not based on the child's history.

Analysis of Performance

An analysis of the available services indicates that formal programs are established in all political jurisdictions throughout the state, which consists of 64 parishes divided into 9 regions. DCFS CW offices are operational in 42 of the parishes providing statewide coverage. Residents in parishes without a CW office receive services through DCFS staff based in neighboring parishes that do have offices. DCFS has the ability to provide transportation for individuals requiring services beyond their local areas.

Of the 26,179 investigations that occurred in FFY 2023, the Department of Children and Family Services (DCFS) served 3,320 of those families with in home services (7,213 children) leading to a provision of ongoing in home services for 12.7% of families who come to the attention of the agency. Of those 26,179 investigation, 3,662 children were served in foster care. Of the 21,899 investigations that occurred in FFY 2024, DCFS served 3,355 of those families with in home services (7,372 children) leading to a provision of ongoing in home services for 15.3% of families. Of those 21,899 investigations, 3,153 children were served in foster care.

In FFY 2023, the DCFS had 349 adoptions with 179 sibling adoptions by 100 families. Additionally, 25 teenagers and 4 young adults achieved permanency from committed families. In FFY 2024, DCFS finalized 582 adoptions with 270 (46.4%) being completed within 24 months of the child entering care which is an 8.9% increase from the previous year. Efforts to increase adoption completion includes monthly calls with the regions and providing support to the staff within the regions.

Prevention Services

When considering CFSR items that correlate to service provision, Louisiana has seen improvement in those items from Round 3 numbers; however, the numbers still indicate a large percentage of clients are either seeing delays in service provisions or a lack of service provisions to meet the identified need. In CFSR Round 3, Louisiana received an overall rating of Area Needing Improvement for Item 2 because only 8% of the 37 applicable cases were rated as a Strength. Item 2 was rated as a Strength in 20% of the 15 applicable foster care cases and 0% of

the 22 applicable in-home services cases. From assessment of Louisiana's performance in ongoing CQI reviews utilizing the On Site Review Instrument, evidence supports that for Services to Protect Children in the Home and Prevent Removal and Re-entry into Foster Care over the past five years Louisiana averaged 51.1% Strength rating on cases reviewed (RP1 2021-RP2 2024 covers dates 10/1/2019-9/30/2024). The primary concerns for the remaining 48.9% of cases (area needing improvement rating) were a lack of concerted efforts to provide timely services related to the reason for the agency's involvement. In the most recent two review periods, Louisiana has seen a decline from the average of ratings during the past five years that ranged between the upper 40th to upper 60th percentile. The ratings dropped to 38.5% for RP1 2024 with a slight decrease to 36.2% for RP2 2024. Trends leading to Area Needing Improvement included: lack of provision of services that were connected to reason for agency involvement (most often Substance Abuse Treatment, Mental Health Treatment, and Domestic Violence Treatment), an increased need for services in home to assist families with behavior of adolescents (i.e. behavioral services for the adolescent, therapeutic family services to address relationships, services to assist parent in managing behavior/de-escalation), lack of services put in place to support trial placements, delays in providing the safety related services (seeing delays sometimes between 2-5 months in services to assist management of safety concerns like substance abuse services, protective daycare services, or delay in reunification services), not assessing father or paramour for a need for safety related services, and a lack of providing concrete services (no PAF/RAF used to prevent removal).

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

Child First

Child First has been implemented in pilot areas of the State with the most out of home placements of children ages 0-5 to assist in the provision of Prevention services. 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 225 families between July 1, 2023 and September 30, 2024.

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. From October 1, 2022 through September 30, 2023, 229 youth

were served through Intercept Services. From October 1, 2023 through September 30, 2024, 252 youth were served through Intercept Services.

In house substance abuse providers housed within parish offices who have a high demand for substance abuse services have seen high utilization rates by clients; however, when comparing the number of assessments completed to referrals the percentage averages to 42% percent of clients referred actually attend and complete an assessment. Barriers to attending assessments based on polling of substance abuse counselors included transportation or resistance to services.

Number of substance abuse referrals / assessments each month for FFY 2024 October 1, 2023 – September 30, 2024		
Month	Referrals	Assessments
October 2023	75	30
November 2023	73	24
December 2023	117	32
January 2024	62	22
February 2024	69	27
March 2024	82	27
April 2024	59	22
May 2024	63	28
June 2024	68	29
July 2024	70	20
August 2024	53	21
September 2024	36	12
FFY2024 Total	827	347

Family Services and Foster Care Performance on Needs and Services of Child, Parents, and Foster Parents

For Round 3 CFSR, Louisiana received an overall rating of Area Needing Improvement for needs and services to child, parents, and foster parents with 14% of the 65 applicable cases rated as a Strength. Item 12 was rated as a Strength in 20% of the 40 foster care cases and 4% of the 25 in home services cases.

When looking at Round 3 performance on the sub-items within item 12, Louisiana's performance in needs assessment and services to children (12a) with a 51% rating of the 65 cases. The agency performed at 55% strength rating for foster care cases and 44% of the 25 in home services case.

Louisiana had the lowest strength rating for needs assessment and services to parents (12b) with a Strength rating of 10% of 60 cases. Item 12b had a Strength rating in 14% of the 35 applicable foster care cases and 4% of the 25 in home services cases. In 16% of the 57 applicable cases, the

agency made concerted efforts to assess and address the needs of the mothers. In 13 % of the 53 applicable cases, the agency made concerted efforts to assess and address the needs of the fathers.

Louisiana was most successful in the needs assessment and services to foster parents (12c) where 72% of the 39 applicable foster care cases were rated as a Strength.

Current data trends, although higher than round 3 performance in all areas, except services to foster parents, indicate that Louisiana continues to have delays and some challenges in ensuring provision of services for families involved through in home and out of home services. When looking at performance related to Item 12 for reviews conducted over FFY2023 and FFY2024, the agency has seen a decline in performance from previous review periods. For cases reviewed in FFY 2023 (RP2 2023 only), Louisiana saw Strength ratings of 26.7% (12 of 45 cases). In a comparison of foster care cases to in home services cases, foster care cases saw a 36.7% strength rating (11 of 30) while in home cases saw a strength rating of 6.7% (1 of 15 cases). For cases reviewed in FFY 2024 (RP1 2024 and RP2 2024 combined), Louisiana saw Strength ratings of 25.22% (29 of 115 cases). In comparison of foster care cases to in home services cases, foster care cases saw a 24.6% strength rating (17 of 69 cases) while in home cases saw a strength rating of 26.09% (12 of 46 cases).

When looking at recent performance on the sub-items within item 12, Louisiana's performance in needs assessment and services to children (12a) for FFY 2023 (RP2 2023 only) was 68.9% rating (31 of 45 cases). The agency performed at 86.7% strength rating for foster care cases (26 of 30) and 33.3% of the in home services cases (5 of 15). For FFY 2024 (RP1 2024 and RP2 2024), performance showed a decline with a 53% Strength rating for all cases (61 of 115). The agency performed at 58% Strength rating for foster care cases (40 of 69) and a 45.7% strength rating for in home cases (21 of 46). Area Needing Improvement ratings related to provision of identified service needs stemmed from adolescents not receiving services needed to assist in repairing or improving maladaptive communication patterns that impact the family dynamics and independent living skills services. For younger children there was a lack of follow up on needed services through Early Steps to address development lags (i.e. speech therapy).

Out of the 3 sub items, Louisiana continued to yield the lowest strength ratings in needs assessment and services to parents (12b). For FFY 2023 (RP2 2023 only), performance in needs assessment and services to parents was 24.3% (9 of 37 cases) for all cases. The agency performed at 31.8% strength rating for foster care cases (7 of 22) and 13.33% of the in home services cases (2 of 15) for FFY 2023. For FFY 2024 (RP1 2024 and RP2 2024), performance indicated a 26.7% Strength rating for all cases (28 of 105). The agency performed at 25.4% Strength rating for foster care cases (15 of 59) and a 28.3% strength rating for in home cases (13 of 46). In FFY 2023, the agency made concerted efforts to assess and address the needs of the mothers in 40.5% of the cases (15 of 37) with a rating of 34% in FFY 2024 (35 of 103 cases). In FFY 2023, the agency made concerted efforts to assess and address the needs of the fathers in 28.1% of the cases (9 of 32) with a rating of 24.1% in FFY 2024 (21 of 87 cases). Reasons for Area Needing Improvement ratings often stemmed from a lack of concerted efforts to locate an absent parent or a lack of effort to maintain contact with a difficult to engage client. In cases where there was ongoing contact, the lack of assessment often times stemmed from a lack of ensuring the parent had a thorough assessment to adequately capture the parent's needs. The agency continues to

struggle in the area of assessing and providing fathers with services. This includes both in home and out of home involved fathers. There is a lack of ongoing assessment of mothers to determine if services are enhancing protective capacities. This is often stemming from a lack of asking in depth questions or questions that may get to the underlying needs of the parent.

Out of the 3 sub items, Louisiana continued to yield the highest strength ratings in needs assessment and services to foster parents (12c). For FFY 2023 (RP2 2023 only), performance in needs assessment and services to foster parents was 77.8% (21 of 27 cases). For FFY 2024 (RP1 2024 and RP2 2024), performance indicated a 60.6% Strength rating (40 of 66 cases). When looking at both time frames, the provision of appropriate services received a slightly lower strength rating than the assessment of the foster parent. The reasons for Area Needing Improvement ratings often stemmed from a lack of assessment or provision of services for the foster parent's needs related to meeting the child's specific needs (i.e. management of behaviors or medical needs of the child), lack of meeting financial needs (i.e. reimbursements or assistance), and a lack of education for relatives on things like benefits of becoming certified, agency processes and what to expect.

Family Resource Centers

The Family Resource Centers have continued to provide an evidence based parenting program to their identified family in community when no other parenting classes are available. Parenting services were provided to 1,415 parents and children from October 1, 2022 through September 30, 2023. Of those parenting classes, 361 individuals participated in the NPP program, with 167 graduating and 36 pending at the end of FFY 2023. Parenting services were provided to 6550 parents and children from October 1, 2023 through September 30, 2024. Of those parenting classes, 776 individuals participated in the NPP program, with 324 graduating and 29 pending at the end of FFY 2024. Parenting education was tailored to the community in which where being provided and included the Nurturing Parenting program, Empowering Black Parenting, Circle of Security parenting, TBRI (Trust Based Relational Intervention), Triple P (Power of Positive Parenting) and ACE training. The DCFS consultants met monthly with the FRC's to discuss any concerns/issues and to provide supportive assistance as needed.

FFY	Number of Parents receiving NPP	# and % of parents who complete the Nurturing Parenting Program	# and % of parents who completed the Nurturing Parenting Program with a higher post-test mean score than the pre-test mean score.
FFY 2022	666	360 (54%)	199 (55%)
FFY 2023	361	167 (48%)	134 (38%)
FFY 2024	777	589 (76%)	537 (91%)

Infant Teams

DCFS remains committed to delivering infant mental health services to eligible children and their birth or foster families. Each team is designed to provide treatment to approximately 24 children annually. The charts below illustrate the number of referrals and assessments conducted during Federal Fiscal Years (FFYs) 2023 and 2024.

LSUHSC Infant Team Number of referrals / assessments each month for 2023 October 1, 2022 – September 30, 2023		
Month	Orleans Parish	North Shore
October 2022	1 referral / 1 FC / 1 assessment	2 referrals / 2 FC / 4 assessments
November 2022	1 referral / 1 FC / 2 assessments	2 referrals / 2 FC / 0 assessments
December	1 referral / 1 FC / 0 assessments	1 referral / 1 FC / 1 assessment
January 2023	1 referral / 1 FC / 0 assessments	0 referral / 0 assessments
February 2023	1 referral / 1 FC / 1 assessment	2 referrals / 2 FC / 0 assessments
March 2023	3 referrals / 1 FS 2 FC / 5 assessments	0 referrals / 6 assessments
April 2023	3 referrals / 5 assessments	1 referral / 0 assessments
May 2023	0 referrals / 5 assessments	1 referrals / 1 assessments
June 2023	2 referrals / 1 assessments	5 referrals / 1 assessments
July 2023	1 referral / 1 assessments	0 referral / 0 assessments
August 2023	2 referrals / 3 assessments	4 referrals / 4 assessments
September 2023	4 referral / 2 assessments	4 referrals / 4 assessments

LSUHSC Infant Team Number of referrals /assessments each month for FFY 2024 October 1, 2023 – September 30, 2024		
Month	Orleans Parish	North Shore
October 2023	4 referrals / 4 assessments	2 referrals / 5 assessments
November 2023	1 referral / 2 assessments	4 referrals / 1 assessments
December 2023	0 referrals / 2 assessments	1.5 referrals / 0 assessments
January 2024	1 referral / 0 assessments	1 referral / 3 assessments
February 2024	1 referral / 0 assessments	2 referral / 2 assessments
March 2024	0 referral / 1 assessments	0 referral / 1 assessments
April 2024	2 referrals / 2 assessments	2 referrals / 2 assessments
May 2024	2 referrals / 0 assessments	2 referrals / 0 assessments
June 2024	2 referrals / 2 assessments	2 referrals / 2 assessments
July 2024	2 referral / 0 assessments	2 referral / 0 assessments
August 2024	3 referrals / 1 assessments	3 referrals / 1 assessments

Extended Foster Care

In FFY 2023, the EFC program served 308 young adults and provided services to address housing education, employment and mental health needs. In FFY 2024, the EFC program consisted of five teams and served 341 young adults consisting. During FFY 2023, there were 128 new young adults who entered the program. During FFY 2024, there were 159 new young adults who entered the program. Among the new enrollees were also young adults who previously exited the program and re-entered for assistance with housing, education, employment or mental health services.

Human Trafficking

All cases of suspected juvenile sex trafficking, regardless of parental culpability, are reported through the Department of Children and Family Services' child abuse/neglect hotline. Due to the increase in responsibility, the DCFS instituted five new child welfare positions. The chart below depicts data from the HT Hotline during CY 2023 and 2024.

*ST=juvenile sex trafficking, LT=labor trafficking, AST= Adult Sex Trafficking

HT Hotline Data					
Calendar Year	# of Reports to DCFS Hotline	# of Alleged Victims reported	# of Reports accepted for DCFS Investigation involving an alleged sex trafficking victim with parent/ caretaker culpability in other types of abuse/neglect	# of Reports DCFS was already serving victim through investigation or foster care	**# of Notifications to Louisiana State Police from the hotline
1/1/23 to 12/31/23	856 (*ST: 815, LT: 42 AST: 8)	964	249	180	815
1/1/24 to 12/31/24	986 (ST: 953 LT: 36)	1083	467	169	853

**The number of reports sent to LSP might differ than the number of reports received to the DCFS hotline due to Labor Trafficking reports being sent to local law enforcement at this time.

Surveys and Focus Group Findings

At total of 52 Parent Surveys were completed for FFY2024 on cases where an ongoing CQI review was completed. The survey was a verbal survey with the birth parent following the case related interview. Several questions were geared toward getting the parent's perspective related to services provided to meet case plan goals. The results of those questions are below:

“My worker helped me find resources and services for my family.” A total of 44 participants responded to this question. The total who answered either Always or usually was 66%, with 47.7% (21) responding always and 18.2% (8) responding Usually. The other 34% responded with Sometimes, Seldom or Never with 9.1% (4) indicating Sometimes, 13.6% (6) indicating Seldom and 11.4% (5) indicating Never.

“My family was offered services and support to help us meet our case plan goals.” A total of 50 participants responded to this question. 30% of the survey respondents indicated Strongly Agree (15) and 28% indicated agree (14). When looking at those who felt neutral or Neither Agree Nor Disagree 8% indicated this response (4). 20% disagreed with this statement (10) and 10% Strongly Disagreed (5). 3.9% indicated this question did not apply to them (2).

A set of focus groups were held in December 2024 with birth parents currently engaged in services with DCFS. The majority of the respondents had children in the foster care system and the rest were involved with the agency for ongoing in home services. The focus groups were held in 3 areas of the state to cover a representative geographic population. One group was held in each of the following regions: Alexandria region, Baton Rouge Region, and Lafayette Region.

The focus groups were led by Family Resource Center Parent Partners who are persons with lived experience who have had involvement with Louisiana DCFS. The parents are participants in a service through the FRCs. The focus groups were voluntary for anyone who wanted to participate who receives services through the FRC. Several focus group questions were aimed at assessing service array.

Focus group question: “Did the Agency explain to you what things needed to change within your family in order for your child to be returned home?” Many expressed they felt there was a delay in explaining what needed to be done or didn’t fully understand what was needed to have their child returned. There were barriers to services identified including times of classes (a lot are during the week, during the work day) that led to services not being completed. Services seemed to be available in each of the areas but not always accessible based on the time of the classes, location and waitlists.

When asked “Did you have to be placed on a waiting list before you could receive services? If so, how long were you on the list before services began?” Approximately half of the parents indicated they experienced a waitlist for services. Most of the parents who experienced a waitlist expressed having a short wait to get services with most parents experiencing a one to two month wait. Some parents experienced wait lists ranging from 2 to 6 months to get into certain services. Also discussed at one focus group was the unwillingness of the agency to be flexible and allow other services to replace the services where they were referred. Discussions were held around the parents locating their own service providers that could accommodate a work schedule and being told they could not attend because it was not an “agency approved” service. Challenges associated with the waiting list were not explored, as these concerns were expressed by parents during the focus groups.

Participants were asked “Were there services that you would have benefited from but did not receive that would have helped your children transition home?” and most who did respond indicated that housing was a need that would have allowed for their child to transition home.

A written survey was administered to participants of the focus group to gather additional information specific to certain areas like transportation and providing feedback about providers. “Were you allowed opportunity to voice your concerns and share your thoughts about your experiences with providers? There were a total of 39 respondents to this question. Of the 39 respondents, 8 responded always (20.5%), 7 respondent Often (17.9%), 15 responded sometimes (38.5%), and 9 responded Never (23.1%).

Supervisory Surveys are conducted on a quarterly basis with parents involved with the agency through either in home services or out of home services. The supervisor for the assigned worker contacts the parent and completes a verbal survey with the parent to obtain feedback about different aspects of the family’s experience working with the agency. Below is responses to survey questions pertaining to services provided.

The following question was asked to parents receiving in home services:

“We expect that caseworkers will respond to your needs. If you requested help, how often were you included in a discussion of services and resources to provide support to you?” (total N for FFY23=739) (total N for FFY24=715)

FFY 2023	Oct 22-Dec 22	Jan 23-March 23	April 23-June 23	July 23-Sept 23
1=Never	1	0.53%	0	0.00%
2=Sometimes	1	0.53%	5	2.34%
3=Most of the Time	14	7.49%	17	7.94%
4=Always	171	91.44%	192	89.72%
N=	187		214	
			168	
				170

FFY 2024	Oct 23-Dec 23	Jan 24-March 24	April 24-June 24	July 24-Sept 24
1=Never	2	0.91%	0	0.00%
2=Sometimes	3	1.36%	3	1.46%
3=Most of the Time	20	9.09%	16	7.77%
4=Always	195	88.64%	187	90.78%
N=	220		206	
			189	
				100

The following question was asked to parents involved with the agency in out of home services:

“We expect that Foster Care workers will listen to you, answer your questions, and keep you updated on the status of your case. How often did your caseworker listen to you and explain things so that you understood what was happening in your child or foster child's case?” (Total N for FFY23=750) (Total N for FFY24=543)

FFY 2023	Oct 22-Dec 22	Jan 23-March 23	April 23-June 23	July 23-Sept 23
1=Never	0	0.00%	3	1.42%
2=Sometimes	18	9.52%	14	6.60%
3=Most of the Time	33	17.46%	45	21.23%
4=Always	138	73.02%	150	70.75%
N=	189		212	
			169	
				180

FFY 2024	Oct 23-Dec 23	Jan 24-March 24	April 24-June 24	July 24-Sept 24
1=Never	4	2.4%	2	1.27%
2=Sometimes	10	5.9%	14	8.92%
3=Most of the Time	29	17.3%	45	28.66%

FFY 2024	Oct 23-Dec 23		Jan 24-March 24		April 24-June 24		July 24-Sept 24	
4=Always	125	74.4%	96	61.15%	95	69.85%	58	70.70%
N=	168		157		136		82	

Although these surveys represent the largest population of feedback provided by persons with lived experience, identified possible weaknesses to this method of surveying includes the lack of anonymity to provide honest answers as it is conducted by the case supervisor by phone and the narrow options for responses although additional feedback can be captured in the comments box on the survey.

During calendar year 2024, DCFS conducted focus groups across the state with youth who were either receiving foster care services or extended foster care services to obtain feedback about their experiences in foster care and with the independent living skills provided. There were a total of 7 focus groups held, but covering youth from all 9 regions. The groups were; Baton Rouge, Covington, Lafayette, Lake Charles, Orleans/Thibodaux, Monroe, and Shreveport/Alexandria. The focus groups consisted of approximately 7-10 youth per group with a total of 58 youth participants. Based on feedback from youth, youth would like to participate in more in-person activities and IL events. The youth who participated felt that more effort needs to be made in educating/informing youth on what IL services are and what the providers do statewide (i.e. newsletters, social media posts, handouts from workers, etc.) They felt like transportation needed to be provided to all services through either the IL provider, caseworker or foster parent. The biggest challenge that youth identified were related to housing and finances. Most expressed enjoying participating in the focus groups and were willing to participate in future focus groups.

The agency also held two youth summits in October 2024 which provided youth the opportunity to meet resources in the community and find out what services they qualified for as young adults. The summits were held in two areas of the state to allow for youth to participate in whichever was closer to their location. One summit was held in Alexandria Region and one was held in Covington Region. Transportation was provided for youth through either providers, caretakers or agency staff. Providers representing Louisiana Office of Student Financial Aid, Louisiana Community and Technical College System, Louisiana Workforce Commission, Louisiana Elite Advocacy Force, Braveheart, Aetna Health, Fostering Communities, CASA, US Marines, and local Churches and banks were available for youth to explore services available to them. A total of 91 youth attended with 16 of those in attendance representing EFC youth.

Evidence reviewed for data collection

- 2024 Annual Progress and Services Report
- 2025-2029 Child and Family Services Plan
- Policy Management
- Youth Focus Groups
- Parent Focus Groups
- Parent Surveys
- Ongoing CQI reviews

Summary of Performance and Rating

Louisiana assessed the array of services and resources developed to determine if the range of services are available and accessible in all jurisdictions to provide services to assess strengths and needs of children and families, address those needs to create a safe home environment to enable children to remain safely with their parents when reasonable, and services that help children in foster and adoptive placements achieve permanency. Louisiana received an overall rating of Area Needing Improvement for Item 29: Array of Services in the Round 3 CFSR. Louisiana continues to work on expansion of available services and accessibility of services. Louisiana's assessment of the CFSR Round 4 for Item 29: Array of Services as an Area Needing Improvement.

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

In round 3, Louisiana received an overall rating of Area Needing Improvement for Item 30 based on information from the statewide assessment and stakeholder interviews. Information provided in the statewide assessment and stakeholder interviews identified provisions for individualizing services, such as flexible funding and the children's systems-of-care approach with wraparound services. Stakeholders interviewed, however, noted multiple barriers to individualizing services, including services not being available locally, limited services in rural communities, and waiting lists for services to medically fragile children and to children and parents with intellectual disabilities. In addition, while interpreters are provided to support service delivery, stakeholders noted a need for more services delivered directly in a family's primary language.

Policy and Process Overview

[6-205 Assessment of Family Functioning](#)

[Policy 6-207 Teaming with Families](#)

[Policy 6-240 Working with Native American Families](#)

The Louisiana Department of Children and Family Services Child Welfare program has the provision for services that are family-specific and are linguistically, developmentally, and culturally tailored to meet the unique needs of the children and families it serves.

To assist in accessibility, services can be translated in languages other than English, including Spanish and Vietnamese, catering to the needs of non-English speaking families statewide.

DCFS individualizes its services through an assessment process that begins when the department first engages with children, youth, and families, and continues throughout the duration of a case. This assessment framework is integral to the child welfare continuum, allowing DCFS to effectively engage families, identify their strengths and needs, collaboratively develop behaviorally specific case plans, and deliver the most appropriate services tailored to the individualized needs of each child and family.

Assessment of Family Functioning (AFF)

The AFF is a summary of the family's protective capacities, concerns and problems as perceived by the family and other collaterals. The Assessment of Family Functioning tool is used to engage families and related collaterals in order to allow the family to tell their story from their perspective and gather information about the child/family as it pertains to the reason the Department is currently involved with the family. Information gathered through the assessment process is used to identify underlying needs creating diminished caretaker protective capacities through the three areas of assessment including development of behavioral change goals to address diminished caretaker protective capacities.

Structured Decision Making (SDM)

The SDM® model incorporates a set of evidence-based assessment tools and decision-making guidelines designed to provide a higher level of consistency and validity throughout the case process. Goals of the SDM® model are to reduce subsequent harm to children, to reduce recidivism on validated cases of abuse/neglect and/or foster care placements, and to reduce permanency timelines. These goals are accomplished by introducing structure to critical decision-making points, increasing consistency and validity of decisions, targeting resources on families most at risk and using aggregated assessment and decision making data to inform agency-wide monitoring, planning and budgeting. Components of the SDM® model include a series of tools used to assess families and structure agency responses at specific decision-making points that range from intake to reunification. The SDM® model utilizes service levels (high, medium, low) with differentiated minimum standards for each level, and targets those families that score at the highest levels of risk and needs as priority.

Teaming with Families

The Department of Children and Family Services (DCFS) staff engage families, youth, and their natural support system in planning for case goals to reduce safety threats to the child by enhancing caregiver protective capacities, while demonstrating genuine respect for the family. Teaming with families occurs from the first day of custody to the day of case closure. For youth preparing for independence, staff works with youth and the youth's support system to determine the most realistic method of achieving the youth's goals while strengthening their support system and establishing permanent life connections. Staff remain strength-focused in all planning for goal achievement with families and youth. The teaming process enables case workers and other team members to successfully engage children, youth, and parents/caregivers in the assessment and case planning process. Engagement of the family or youth is the most fundamental element of this process and is critical to support change and to achieve case plan goals. Teaming is a partnering of the case worker and the youth/family in understanding their situation, recognizing strengths, identifying challenges, making decisions, setting goals, and achieving desired outcomes.

The core elements of the teaming process are:

- Engagement of the family/youth
- Formation of the team
- Assessment
- Understanding the family or youth's strengths and needs
- Planning for support and services
- Implementation of the plan

- Monitoring progress in plan achievement
- Adapting the plan when necessary

Working with Native American Families

It is the policy of the Department of Children and Family Services to follow Indian Child Welfare Act (ICWA) legislation. ICWA seeks to “protect the best interests of Indian children and to promote the stability and security of Indian tribes and families” (25 U.S.C. 1902). ICWA applies to all children where the Department or state courts have reason to believe the child is an Indian child of a federally recognized tribe. The Department and state courts must treat the child as an Indian child, unless and until it is determined the child is not a member or is not eligible for membership in an Indian tribe. The tribe alone is responsible for determining tribal membership. DCFS is the state’s designated Title IV-E agency. DCFS is required to negotiate with federally recognized Indian tribes that request to develop an agreement with the state to administer all or part of the Title IV-E program on behalf of Indian children who are under authority of the tribe. Procedures for the transfer and care responsibility of a child from a state to a tribal court are outlined below. All transfer procedures developed for a tribe are to be established and maintained in consultation with that tribe. This applies to federally recognized tribes throughout the United States, not just within the State of Louisiana.

Quality Parenting Initiative

The Quality Parenting Initiative (QPI) was implemented by DCFS in 2016. The focus of QPI is partnering of the Department, birth parents and caregivers, and community stakeholders with a goal of strengthening families. Adoption of QPI is based on the improved outcomes regarding family engagement and permanency. The initial areas of implementation target establishing trust, building relationships and sharing information. This is being achieved with the initiation of the practices of Initial Comfort Calls and Icebreaker Meetings with the birth parent and foster caregiver. Through on site trainings and webinars staff, foster caregivers, and community partners were introduced to these practices with focus on QPI philosophy and principles, and specific practice strategies which support quality parenting. To support staff in implementation, detailed Practice Guides have been developed on the fundamental practices of QPI (Initial Calls, Icebreaker Meetings, Planful Transitions, Confidentiality, and Initial Removals) and incorporated into policy in September 2018. Policy continues to be updated related to the inclusion of QPI practices and expectations in child protective services, foster care, family services, home development and adoptions. Additionally, regional and state QPI leadership have participated in monthly calls to discuss and provide support for the core practice implementation.

Consistent implementation of all three core practice components (Initial Comfort Calls, Icebreaker Meetings, and Planful Transitions) must occur to effect positive outcomes for children and families. For this practice to be effective in supporting quality parenting and strengthening families, it is the expectation that Initial Comfort Calls are to be held upon initial placement of a child in foster care, regardless of care setting. The purpose is to provide information to the birth parent as to the child’s safety, to introduce the foster family or caregiver providing care to the child, and to facilitate the exchange of information about the child from the birth parent to the foster caregiver. Through this exchange of information, the goal is to reduce trauma to the child by the provision of more informed, quality care to meet the child’s needs. To be most effective, these calls shall be made within 1 – 2 hours of the arrival to the foster care setting, but if circumstances prevent holding the call at that time, they shall be held within 24 hours.

Additionally, Comfort Calls are to be held with subsequent moves or care setting changes for the child. The calls should be held between the new caregiver and birthparent and depending upon length of time in prior care setting, the previous caregiver. Ice Breaker meetings are critical for the exchange of information about the child from the birth parent to the foster caregiver and as such are to be held within 3 – 5 days of a child entering foster care. The meetings shall include birth parent(s), foster caregiver(s), the child and foster care worker. The purpose of the meeting is to exchange information about the child known exclusively by the birthparent or previous caregiver, to support better quality care of the child and to better meet the child's needs. An additional goal of the meeting is to facilitate the development of the relationship between the birth parent and foster caregiver.

The DCFS has established a dedicated ten-person statewide behavioral health and placement services unit. This unit collaborates closely with managed care organizations and various providers to ensure that youth receive access to the appropriate behavioral health residential treatment and care levels that address their specific needs.

Managed Care Organizations

Each year, DCFS selects Managed Care Organizations (MCOs) as preferred providers responsible for delivering primary healthcare and behavioral health services to all children under the state's custody. Currently, the preferred plans include Louisiana Health Care Connections, Healthy Blue, and Aetna Better Health. This selection process is designed to maintain choice for children, families, and DCFS, while enhancing collaboration to effectively meet the specialized needs of children in custody.

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

On October 1, 2021, Louisiana implemented Qualified Residential Treatment Programs (QRTP) in alignment with Section 50741 of Public Law 115-123. Currently, the network of residential providers comprises twenty (20) child residential facilities, which include fifteen (15) Non-Medical Group Homes (NMGH) and five (5) QRTPs. Within this provider network, two facilities focus on children at high risk for human sex trafficking, and one institution specifically caters to adolescent females who are pregnant or parenting.

Additionally, the state contracts with eleven (11) child placing agencies that provide Therapeutic Foster Care (TFC) to youth in DCFS custody. Both NMGH and TFC providers offer three tiers of care in terms of payment. Routine care is provided at a basic tier rate; however, for children

requiring specialized supervision, a higher tier rate of reimbursement is available. This approach effectively supports the stabilization of care settings for children with high needs.

Wendy's Wonderful Kids

The Dave Thomas Foundation for Adoption awards grants through the Wendy's Wonderful Kids (WWK) Child Focused Recruitment Program to public and private adoption agencies. This initiative aims to facilitate the placement of America's longest-waiting children from foster care into adoptive families.

In FFY 2023, DCFS signed a new contract with WWK. This collaboration included meetings to review cases and strategize on achieving permanency for children awaiting adoption. During this time, 26 new adoptions and 5 adult adoptions were finalized. To support this effort, DCFS hired a new program manager in June 2022 and a recruiter for the New Orleans area in October 2022. On August 1, 2022, a WWK policy was introduced to define the recruitment processes between DCFS and the Foundation. Additionally, DCFS organized the inaugural WWK Christmas celebration, which featured training on self-care and included community donations of about 120 gifts for children in care.

Throughout FFY 2023, the WWK Model, a child-focused and evidence-based approach, guided recruitment efforts. This model assesses children's histories and needs through eight components to improve the likelihood of adoption, especially for older and emotionally challenged children. Starting in January 2023, DCFS conducted training sessions with Therapeutic Foster Care (TFC) providers, where former foster youth highlighted the significance of adoption. During recruitment, WWK focused on finding families knowledgeable about LGBTQ+ issues, ensuring that LGBTQ+ youth were provided counseling to discuss their feelings and needs in a supportive environment.

During FFY 2024, DCFS continued its three-year contract with the Dave Thomas Foundation, which is set to expire on June 30, 2025. The Wendy's Wonderful Kids (WWK) and Extended Foster Care (EFC) recruiters diligently worked to connect with diverse families to achieve their annual adoption goals. During SFY 2023 (July 1, 2022 - June 30, 2023), WWK successfully completed 36 adoptions, with an additional 19 adoptions finalized as of April 30, 2024.

The WWK unit maintained a structured approach by holding monthly team meetings and quarterly staffings with adoption units across all regions. These quarterly staffings included case reviews in partnership with the Dave Thomas Foundation Program Manager, who conducted an in-person site visit in Louisiana on March 6-7, 2024, to engage with recruiters and review ongoing cases.

Interpreter Services

The DCFS is responsible to provide interpreter services for hearing impaired clients and Limited English Proficiency (LEP). The agency is responsible to provide interpreter services for clients that are hearing impaired clients for home visits, visits with providers and the FTM. Family members or friends, except on the specific request of the client, may not be used as interpreters. The DCFS has a responsibility to provide limited English proficiency (LEP) persons with meaningful access to the programs and services within its agency. In accordance with Title VI

of the Civil Rights Act of 1964 which provides that no person shall, on the grounds of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity receiving federal financial assistance. Foreign language interpreters should be used when there is no agency personnel available who can interpret the required foreign language. Arrangements for interpreting services should be made as far in advance as possible, especially when needed for court hearings or other agency meetings. For immediate access to foreign language interpreters in brief exchanges, emergency situations, or other case related matters requiring interpretation services, the agency has membership with Language Line Services. This service allows staff to communicate with LEP clients in more than 140 languages 24 hours per day, 7 days per week. Each office has information on accessing and using the services available through Language Line.

During FFY 2024, the Language Line offered translation services for clients who required assistance as evidenced in the chart below.

Foreign Language interpreter Service 2024				
Language:	Number of Calls:	Minutes:	Avg. Connect Time:	Avg. Minutes:
SPANISH	21473	508439	10.04	23.7
HAITIAN CREOLE	542	14691	49.09	27.1
VIETNAMESE	353	9851	36.29	27.9
ARABIC	240	6508	15.49	27.1
FRENCH	37	916	26.05	24.8
RUSSIAN	25	762	25.20	30.5
UKRAINIAN	23	649	16.65	28.2
LAOTIAN	13	331	68.39	25.5
AMERICAN SIGN LANGUAGE	11	64	28.18	5.8
PORTUGUESE	10	226	7.60	22.6
BURMESE	9	327	16.22	36.3
MANDARIN	9	145	86.89	16.1
URDU	6	102	2.83	17
KOREAN	6	157	52.67	26.2
TURKISH	6	100	48.67	16.7
SWAHILI	5	70	9.20	14
TIGRIGNA	4	77	36.25	19.3
CANTONESE	4	43	7.00	10.8
CHIN HAKHA	4	108	69.50	27
HINDI	4	61	4.25	15.3
FARSI	4	148	3.75	37
KINYARWANDA	3	62	56.00	20.7
WOLOF	3	39	2.30	13
DARI	3	27	111.33	9
GUJARATI	3	96	2.00	32
PASHTO	3	14	24.67	4.7
THAI	3	47	6.00	15.7

Foreign Language interpreter Service 2024				
PUNJABI	3	73	86.67	24.3
YEMENI ARABIC	2	30	4.50	15
KRIO	1	3	0.00	3
KHMER	1	29	7.00	29
BENGALI	1	18	5.00	18
PORTUGUESE BRAZILIAN	1	5	7.00	5
JAPANESE	1	6	2.00	6

Analysis of Performance

Louisiana continues to develop their array of services to provide individualized services to meet the unique needs of those receiving services. Transportation services and services that were culturally appropriate were assessed through focus groups held with parents who currently have children in the child welfare system.

A set of focus groups were held in December 2024 with birth parents currently engaged in services with DCFS. The majority of the respondents had children in the foster care system and the rest were involved with the agency for ongoing in home services. The focus groups were held in 3 areas of the state to cover a representative geographic population. One group was held in each of the following regions: Alexandria region, Baton Rouge Region, and Lafayette Region. The focus groups were led by Family Resource Center Parent Partners who are persons with lived experience who have had involvement with Louisiana DCFS. The parents are participants in a service through the FRCs. The focus groups were voluntary for anyone who wanted to participate who receives services through the FRC. Several focus group questions were aimed at assessing service array.

Two questions during the focus group were focused on culture and accessibility of services to meet cultural/language needs. “Were services available that were accessible and provided for your unique and specific needs to include cultural and language needs?” and “How was your culture taken into account when identifying services? Of the attendees of the 3 focus groups, only two people indicated that they had a need for service considerations related to their culture/language. Most indicated it did not apply to them. Those who indicated that they had a need for services specific to their culture/language indicated that they located their own interpreter and the court paid for the interpreter during court hearings but that overall they felt their culture was not taken into consideration.

A written survey was administered to participants of the focus group to gather additional information specific to certain areas like transportation and providing feedback about providers. Survey participants were asked “Did you have a need for transportation to be provided to attend different services? 6 responded Always (15.4%), 7 responded Often (17.9%), 5 responded sometimes (12.8%) and 21 responded Never (53.8%). Of those who needed transportation (18), 7 indicated they always had transportation (38.9%), 3 often had transportation (16.7%), 4 sometimes had transportation (22.2%), and 4 never had transportation (22.2%).

Data collected in FFY 2023 indicates that the Louisiana Department of Children and Family Services demonstrated a high level of consistency in completing Initial Structured Decision

Making Risk Assessments for the appropriate household members. Assessments were completed for 100% of the correct households in Quarters 1, 2, and 4. However, in Quarter 3, there was a slight decline to 85.7%. Quarter 1 of 2023 recorded the highest rating for timely approval of SDMs, achieving 100% across 10 applicable cases. In contrast, the ratings dropped to 66.7% during Quarter 3 and Quarter 4. The consistency of information in assessments varied during FFY2023. Initially, Quarter 1 showed a rating of 70%, which rose to 100% in Quarter 2. A decrease was noted in Quarter 3, with 85.7% of cases meeting practice expectations, followed by a resurgence in Quarter 4, where 100% of cases aligned with these expectations.

In FFY 2023, the Continuous Quality Improvement staff engaged in consultations with frontline workers to enhance their ability to accurately complete Structured Decision Making assessments and to effectively utilize the information for determining case closure, referrals for services, or removal. In FFY 2024, Louisiana reinstated the SDM reviews to capture data regarding the Risk Assessments conducted. The findings from these reviews indicated that Louisiana DCFS maintained a high level of consistency in completing Initial SDM Risk Assessments on the appropriate household members, achieving 100% completeness in Quarter 1. However, there was a slight decrease to 91.7% in Quarter 2, with 11 of the 12 applicable cases correctly assessed. Timely approval was also evident in Quarter 1, with 100% of the three applicable cases receiving approval. This dropped to 66.7% in Quarter 2. Additionally, consistency in information within assessments showed a 100% rating in Quarter 1, followed by a decline to 83.3% in Quarter 2. Throughout FFY 2024, the CQI staff continued to conduct consultations with frontline staff to bolster their capacity to perform SDM accurately and to utilize the information effectively in decision-making processes related to case management.

The DCFS continued to conduct Initial Calls, Icebreakers, and Transition Plans. The results of the icebreaker calls are reviewed monthly and presented to each Region during the Quarterly Regional Meeting. See the charts below for data related to the icebreaker and comfort calls for FFY 2023 and 2024.

QPI Icebreakers and Comfort Calls Completed									
	Reporting period 7 April 2022-June 2022			Reporting period 8 July 2022-Sept 2022			Reporting Period 9 April 2023-June 2023		
Ice Breakers	QPI contact	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI Contact	Possible QPI Contacts	Percentage of Contacts
	336	505	67%	133	244	55%	161	249	64%
Comfort Calls	QPI contact	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI Contacts	Possible QPI Contacts	Percentage of Contacts
	345	505	68%	139	244	57%	173	249	69%

QPI Icebreakers and Comfort Calls Completed (*Data not captured prior to April 2024)									
	Reporting period 12 July 2023-Sept 2023			Reporting period 13 Oct 2023-Dec 2023			Reporting period 14 Jan 2024-March 2024		
Ice Breakers	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts
	176	231	76%	128	210	60%	97	143	68%
Comfort Calls	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts Percentage of FTMs held	QPI contacts	Possible QPI contacts	Percentage of contacts
	184	231	80%	152	210	72%	113	143	79%

When looking at utilization of the Language Line services, the Language line had 22,816 calls for federal fiscal year 2024. This represents a 94.1% utilization of Language Line services for Spanish. The majority of these calls were for Spanish interpretation with 21,473 calls in Spanish. Haitian Creole and Vietnamese were next most utilized languages.

Although interpreter services are available through Language Line, there is a lack of evidence that the issues identified in Round 3 related to a need for more services delivered directly in a family's primary language have been addressed with minimal services offered in languages other than English. The agency intends to conduct a needs assessment in each area of the state to determine the need for services offered in other languages, specifically Spanish speaking service providers, and assess what areas currently have providers to determine gaps in services for Spanish speaking clients.

Evidence reviewed for data collection

- 2024 Annual Progress and Services Report
- 2025-2029 Child and Family Services Plan
- TIPS
- WEBFOCUS
- Parent Focus Group
- Policy Management

Summary of Performance and Rating

Louisiana has the ability to individualize services for families to address their unique needs after an assessment but based on feedback and lack of sufficient quality data to support that this is implemented and followed in all areas, it does not appear that a strength can be supported in this area. The agency does have translation services available statewide for families who speak languages other than English which addresses one area of this item; however, there is a lack of data to support that the availability of services offered in primary languages are accessible to those who English is not a primary language. Due to the lack of supportive data, Louisiana is rating this item as an Area Needing Improvement. Based on item 29 and Item 30 rating of Area Needing Improvement, the overall finding for the Systemic Factor Service Array and Resource Development is Not in Substantial Conformity.

F. Agency Responsiveness to the Community

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

In Round 3, Louisiana received a strength rating for Item 31, reflecting insights gained from the statewide assessment and stakeholder interviews. The assessment indicates that the Department of Children and Family Services (DCFS) engages in ongoing consultation with the state's four federally recognized American Indian Tribes, the Court Improvement Program (CIP), children and families, service providers, foster care providers, persons with lived experience, the juvenile court, and various other public and private agencies dedicated to serving children and families.

The major concerns identified by these stakeholders are seamlessly integrated into the goals, objectives, and activities of the Child and Family Services Plan (CFSP) and the annual progress reports. As new initiatives are developed, the DCFS ensures that stakeholders are actively involved in both the creation and implementation phases. Stakeholders have expressed their commitment to collaboration, working alongside youth, foster parent associations, the faith-based community, public universities, the juvenile justice agency, the Children's Cabinet Advisory Board and the CIP, including regular meetings with the judiciary. This collective approach underscores our dedication to enhancing outcomes for the children and families we serve.

Policy and Process Overview

The Louisiana Department of Children and Family Services (DCFS) serves as the designated State Services Agency responsible for administering the state's child welfare services plan in alignment with the federal Social Security Act and the Title IV-E state plan, which includes the Chafee Foster Care Independence Act. Additionally, Louisiana DCFS oversees the development and administration of the Title XX Social Service Block Grant program and the Child Abuse Prevention and Treatment Act.

In executing the provisions of Louisiana's Child and Family Services Plan (CFSP) and in the formulation of related annual reports, the DCFS Child Welfare Program engages in continuous consultation with the state's four federally recognized American Indian tribes, as well as with consumers, service providers, foster care providers, the juvenile court, and various public and private agencies that serve children and families.

The agency strives to gather feedback through consultation to understand the needs of the community, stakeholders, and other agencies in order to ensure the provisions of needed services through the CFSP and APSR. The concerns highlighted by representatives are central to the goals, objectives, and annual updates articulated in the CFSP. The DCFS works collaboratively with

management staff, front-line staff, and community partners to ensure that the CFSP goals are achieved effectively.

Performance measures and issues identified at both the statewide and regional levels are addressed thoroughly during the Continuous Quality Improvement (CQI) meetings and other regularly scheduled forums. The department staff, in partnership with community stakeholders, are dedicated to enhancing service delivery by diligently analyzing current processes and pinpointing the root causes of areas in need of improvement.

Louisiana's primary focus is the safety, permanency, and well-being of the children and families it serves. Louisiana is committed to continuous improvement, learning, and the agile adaptation of approaches to meet the dynamic needs of the communities.

Evidence Reviewed for Data Collection

Tribal Representatives: There are four federally recognized Native American tribes in Louisiana: the Chitimacha, Coushatta, Tunica Biloxi, and Jena Band of Choctaw Tribes. The DCFS State Office Foster Care staff facilitates collaboration by providing Annual Progress and Service Report (APSR) documents to tribal representatives for their input and review.

The DCFS is committed to enhancing its relationship and communication with its tribal partners in relation to children and families. To this end, the DCFS will hold quarterly and annual meetings to discuss ongoing communication improvements between the two agencies, coordinate resources and services, provide agency updates, and strategize to meet the needs of children and families. These meetings will ensure that tribal partners are informed of any procedural or policy changes and will facilitate accurate Title IV-B and Title IV-E eligibility determinations for children served within tribal jurisdictions in the Child Welfare Programs.

During reporting periods of October 1, 2022 to September 30, 2023, and October 1, 2023 to September 30, 2024, 20 meetings were conducted. This includes five meetings with the Jena Band of Choctaw Indians, six with the Tunica Biloxi Tribe, five with the Chitimacha Tribe, and four with the Coushatta Tribe.

During these meetings, discussions focus on current Child in Need of Care (CINC) cases, available services and resources for tribal children and families, new program developments, and how the tribes can support the department in matters involving tribal families, as well as how the department can assist the tribes. The agenda for these meetings also includes reviewing the interagency agreement and enhancing communication to strengthen the relationship between the agency and the tribes.

Tribal Representatives raised concerns regarding communication challenges between DCFS and the Jena Band of Choctaw Indians, as well as occasional difficulties with the Tunica Biloxi Tribe. Due to the concerns of the tribal representatives and to facilitate effective communication, meetings were held to introduce tribal leaders to the new management within the region and to ensure staff and management were up to date on ICPC procedures. The DCFS staff from the Alexandria regional office, which operates within the service area of the tribes, have participated in the quarterly meetings. Agency staff have been able to gather essential information regarding

available services and resources, and inquire about assistance that the tribes can provide. Furthermore, staff have developed a better understanding of the interagency agreement through reviews held during the meetings.

To further enhance collaboration, the department has appointed a tribal liaison for the federally recognized tribes. The DCFS Child Welfare staff also extend invitations to tribal representatives for quarterly Continuous Quality Improvement (CQI) stakeholder meetings. Tribal representatives were invited to participate in several meetings held during the development of the 2025-2029 CFSP to gain perspective on areas that could be improved upon. The department provides the tribes with notifications regarding all statewide DCFS trainings, as well as local foster parent recruitment and training activities. This comprehensive approach underscores our commitment to fostering strong partnerships with the tribal communities we serve.

Consumers: Louisiana is unwavering in its commitment to consumer service, with a clear focus on safeguarding children, fostering self-sufficiency for individuals and families, and providing a secure refuge during disasters. The state's mission revolves around promoting and supporting the well-being of children and families, facilitating paths to self-sufficiency, enhancing customer service through increased staff productivity and satisfaction, reducing fraud and abuse, and modernizing business operations and program practices.

To enhance service delivery to children and families, the Department of Children and Family Services (DCFS) has established the Child Welfare Liaison Section (CWLS), which is responsible for receiving and addressing complaints and inquiries from consumers, constituents, and the public. This process assists the agency in identifying any trends related to agency communication with internal and external partners and stakeholders. This critical function aligns with the department's mission to ensure that services adhere to Louisiana's core values, policies, and best practices in social work. A significant advancement in this effort is the implementation of a digital QR code, which optimizes responsiveness to community needs by facilitating efficient communication of concerns and suggestions from the statewide community. DCFS is committed to promoting this tool through various methods, including public service announcements, to ensure widespread awareness.

As the primary consumer inquiry and complaint line, the Liaison Unit offers a public phone number and an accessible email address for clients, relatives, community partners, and DCFS staff to share their feedback. Many inquiries stem from information available on the DCFS website, particularly related to hotline services and LaHelpU. The Centralized Intake team has provided alternative contact numbers to enhance service accessibility, and statewide outreach efforts have been organized to gather insights from foster parents and community stakeholders. In collaboration with 211, the DCFS has launched a statewide resource access center to help staff and the public navigate available services.

The Liaison Unit collects data monthly, segmented by region and topic, enabling the identification of trends and the implementation of targeted interventions. This information is provided to management and is utilized in the development of planned activities for the programs where trends are noted. Insight from community meetings, particularly those tied to Continuous

Quality Improvement(CQI), have informed action plans addressing key trends in policy, communication, collaboration, and leadership.

Acknowledging ongoing challenges related to staff shortages, the DCFS is implementing initiatives such as On-the-Job Training to bolster staff capabilities. To enhance communication with partners, one region has developed a comprehensive acronym list for clarity and collaboration. Furthermore, a desk reference manual has been provided to staff to support their educational needs, and a statewide recruitment initiative aims to attract potential foster and adoptive applicants in response to identified resource shortages.

The DCFS strives to deliver seamless services across all programs, adopting a holistic approach that maximizes improvement opportunities while minimizing unintended consequences. With a shared dedication to the well-being of Louisiana's vulnerable children and families, the department pursues significant improvement goals through incremental and strategic steps toward success.

Foster Care Providers: Louisiana remains steadfast in its commitment to the Partnership Agreement Plan with foster parents, reinforcing the principles of the Quality Parenting Initiative (QPI). The expectations outlined in QPI are integrated into the annual planning and performance evaluation documents for all staff, ensuring a unified approach to service delivery.

In addressing the concerns of biological and foster parents regarding the inadequate information provided by the Department of Children and Family Services (DCFS), including the uncertainty surrounding the placement of their children, the agency has continued to utilize Comfort Calls and Icebreaker Meetings. These initiatives are designed to foster strong relationships between birth parents and foster caregivers.

The results of the icebreaker calls are reviewed monthly and presented to each Region during the Quarterly Regional Meeting. See the charts below for data related to the icebreaker and comfort calls during FFY 2023- 2024.

QPI Icebreakers and Comfort Calls Completed												
(*Data not captured prior to April 2021)												
	Reporting period 7 April 2022-June 2022			Reporting period 8 July 2022-Sept 2022			Reporting period 9 Oct 2022-Dec 2022			Reporting period 10 Jan 2023-March 2023		
	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts
Ice Breakers	336	505	67%	133	244	55%	317	579	55%	139	217	64%
Comfort Calls	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts Percentage of FTM's held	QPI contacts	Possible QPI contacts	Percentage of contacts
	345	505	68%	139	244	57%	342	579	59%	100	217	46%

QPI Icebreakers and Comfort Calls Completed												
	Reporting period 11 April 2023-June 2023			Reporting period 12 July 2023-Sept 2023			Reporting period 13 Oct 2023-Dec 2023			Reporting period 14 Jan 2024-March 2024		
Ice Breakers	QPI contact	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts
	161	249	64%	176	231	76%	128	210	60%	97	143	68%
Comfort Calls	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts	QPI contacts	Possible QPI contacts	Percentage of contacts Percentage of FTM held	QPI contacts	Possible QPI contacts	Percentage of contacts
	173	249	69%	184	231	80%	152	210	72%	113	143	79%

In FFY 2023, the Department of Children and Family Services (DCFS) launched the QPI Champions program. This initiative identifies foster caregivers and DCFS staff who take on leadership roles in the QPI implementation process across the state's various regions.

QPI Champions convene regularly throughout the year with representatives from the Youth Law Center to explore strategies aimed at enhancing collaboration among foster caregivers, birth parents, and DCFS staff. Looking ahead to the Federal Fiscal Years 2025-2029, the focus will be on further developing the QPI Champions program. The goal is to ensure each region boasts a dedicated team of foster caregivers and DCFS staff working diligently to strengthen child welfare relationships, advocate for quality parenting, and ultimately improve outcomes for children and youth in foster care. In August 2023, the agency launched the Foster Care Navigator page and the Online Interest Form for prospective caregivers, operational by November 2023. This resource offers information about foster parenting and allows families to register for virtual Foster Parent Orientation at any time. From November 14, 2023, to October 16, 2024, the agency received 2,610 inquiries through the form.

In the first quarter of FFY 2025, the DCFS plans to re-launch the Foster Caregiver Advisory Board (FCAB) in select regions, facilitating regular meetings between foster caregivers and regional DCFS leadership to address retention and support challenges.

Community Support Workshops, initiated in August 2023, engage partners in foster care and receive positive feedback. Following this success, DCFS hosted an “Introduction to the DCFS Secretary” meeting in February 2024 for Baton Rouge region caregivers, encouraging discussion of support needs. A subsequent monthly Foster Care Community Collaborative meeting was established to continue these conversations. Similar initiatives, including a meeting in Monroe in July 2024, are set to launch across all nine regions by January 2026, enhancing recruitment efforts and community engagement.

Juvenile Courts: The Louisiana Court Improvement Program (CIP) collaborates with the Department of Children and Family Services and legal stakeholders to enhance outcomes for children and families. Given the state's decentralized court system with independent districts governed by elected judges, effective compliance with mandates requires a coordinated effort. Key objectives include providing quality training through the Pelican State Center for Children

and Families, where a multidisciplinary training academy has been established in partnership with CASA, the DCFS, and state universities. Annual events such as the "Together We Can" Conference promote interdisciplinary education and collaboration.

Additionally, the CIP focuses on improving court hearings and representation in Child in Need of Care (CINC) cases through multidisciplinary workgroups that emphasize data collection, analysis, and resource development. Training stakeholders in the Child Welfare Safety Decision Making Model (CWADM) enhance the quality of safety decision-making, ensuring thorough assessments of risks and safety concerns regarding children referred to the DCFS.

However, the working relationship between the DCFS and juvenile courts varies by region, necessitating substantial cooperation among local and juvenile courts and state agencies to meet both state and federal mandates. The DCFS management maintains ongoing communication with juvenile court judges through quarterly meetings organized by the Louisiana Family and Juvenile Court Association, allowing for discussion of mutual progress and challenges.

Efforts to foster community interaction and gather feedback have been facilitated by the Multi-Disciplinary Collaboration (MCC), which emphasizes increasing access to civil legal services to prevent unnecessary removals of children from their homes. The DCFS collaborates with the Louisiana Bar Foundation to fund several legal programs across regions, with potential future expansion contingent upon securing additional funding and Title IV-E resources. Recent Continuous Quality Improvement (CQI) meetings have highlighted critical issues in the court system, including inconsistent District Attorney representation, lengthy continuances, and a lack of clarity regarding responsibility for completing court orders, as well as concerns about youth with ungovernable behaviors being placed in DCFS custody. These topics are addressed in ongoing CIP meetings, where efforts begin to tackle these issues with input from legal stakeholders, judicial partners, and the DCFS.

Child Death Review Panels (CDRP)

Through a data-sharing agreement, the Department of Children and Family Services provides the Louisiana Department of Health with critical data regarding child deaths in Louisiana. LDH has secured a grant aimed at preventing violence and injuries, which will facilitate the appointment of a shared epidemiologist between the DCFS and LDH. This collaboration aims to review data and enhance outcomes for children.

Within each of the nine regions, there exists a Child Death Review Panel (CDRP), in which the DCFS actively participates. The LDH Office of Public Health (LDH/OPH) leads the CDRP meetings. These discussions are essential to ensure that all suspected cases of abuse and neglect are reported to the DCFS. The CDRPs across the state include representatives from various Coroner's Offices, law enforcement, medical providers, and other state and local entities. The DCFS is committed to strengthening collaborative partnerships with all Child Death Review Panel members to promote data sharing and ultimately increase the volume of data available for reporting in the National Child Abuse and Neglect Data System (NCANDS).

The establishment of partnerships, including outreach to the faith-based community and other stakeholders, is vital for achieving the mission of Child Welfare programs. The involvement of

foster and adoptive parents, former foster youth, community partners, and active participation from birth parents is crucial for improving coordination and delivery of services. This collaborative approach ensures that feedback from the community is integrated into the DCFS efforts.

Citizens Review Panel (CRP)

Louisiana hosts three Citizen Review Panels (CRP) located in the northern, southern, and southwestern regions. These panels aim to improve child safety and well-being by empowering citizens to advocate for positive change. Each CRP meets at least quarterly to assess relevant policies and cases, culminating in an annual report included in the state's Annual Progress and Services Report (APSR).

Over the past year, all CRPs have engaged with community stakeholders to represent citizen voices and foster new partnerships, thereby alleviating staff workload. The Lafayette and Beauregard/Lake Charles CRPs integrated their discussions into existing meetings with the Child Protection Oversight Committee (CPOC) and Continuous Quality Improvement (CQI) to address challenges in child welfare service delivery. The Monroe CRP added a new member to enhance collaboration and has aligned its efforts with the Child Death Review Panel to meet CAPTA requirements.

Reported barriers identified were staff shortages, which significantly impact child outcomes. Recruitment and retention of qualified staff are top priorities, along with addressing training and resource needs to improve engagement and service delivery. To foster collaboration, CRPs are working to streamline community meetings alongside quarterly meetings held by the DCFS.

The Beauregard/Lake Charles CRP focuses on foster home shortages and kinship support, facing challenges from natural disasters. All panels recommended improved collaboration and communication with community partners to enhance engagement and CRP attendance. The Beauregard/Lake Charles CRP actively pursued foster parent recruitment in rural areas, working with a retired worker and the state's Recruitment Unit. This CRP collaborated with organizations like CASA and the Department of Health to enhance community engagement and gather feedback. Throughout the year, they remained dedicated to strengthening local partnerships and recruiting new panel members.

The Monroe Region CRP emphasized timely engagement with parents and children to assess safety as a priority. Trauma-informed practices were discussed to develop recommendations to enhance service delivery, including providing administrative references, targeted staff training, and utilizing all available resources for family support.

Lafayette CRP has a strong collaboration among stakeholders, working to refine service delivery and reduce meeting redundancies. They highlighted the importance of sharing program insights to enhance mutual understanding and identified key trends to prevent child removals through effective family services. The Lafayette CRP discussed staff turnover impacts on partnerships and explored coordination strategies, while Monroe and Beauregard CRPs committed to ongoing staff training and engaging new members. Additionally, Lafayette CRP addressed needs related to Fatherhood Engagement, Child First Practices, and Workforce Stabilization, recommending

goals such as preventing system entry or re-entry and conducting ongoing assessments of parental needs. They noted that workforce stability is vital for excellent service delivery.

The community noted several critical issues, including foster home shortages, child fatalities and near fatalities due to drug exposure, resource shortages, staff retention, and the recruitment of panel members in a post-pandemic context. The three Community Review Panels (CRPs) highlighted trends, needs, and recommendations such as the recruitment of foster parents, the development of additional resources, the recruitment of CRP panel members, mandated reporter training, and ongoing efforts to strengthen community partnerships. Additionally, one of the CRPs emphasized the importance of monthly meetings with the Prevention Model for Preservation Court. This partnership focuses on preventing foster care placements by addressing drug-related parental challenges. The ability to convene monthly enables panel members to discuss program enhancements effectively. Examples of topics discussed and plans developed is below.

Identified Trends/Findings/Concerns

1. Children having access to drugs, which has led to both fatalities and life threatening injuries of young, vulnerable children. Members regularly discuss and develop plans to target and prevent future avoidable injuries and death to children. Substance exposed newborn cases occasionally become fatality cases for various reasons, including co-sleeping, despite information provided on safe sleep. Safe sleep discussions have been important and information on safe sleep needs to be pervasive and permeate communities to prevent infant deaths.
2. The need for the treatment facility was evident due to the increase in substance-exposed newborns within the community and the proliferation of opioids resulting addiction in the community. A new home for pregnant mothers with Substance Abuse Disorder was opened due to the proliferation of substance abuse and the need for a treatment facility for women with young children.
3. The existing facilities representatives will continue to address gaps in services for substance abusing pregnant women and women with dependent children.
4. The Quality Parenting Ambassador continues to train to energize foster families and relatives to work cooperatively and in partnership with birth parents, the DCFS and community partners to improve outcomes for children.
5. Monthly meetings were convened with the DCFS and the Preservation Court Prevention team with the goal of enhancing the partnership and determining changes needed to meet the established goals and enhance the program and this effort will continue.
6. The DCFS will reiterate to staff the need to engage parents of young children in discussions regarding the dangers of co-sleeping per current policy and encourage the established policy protocol for documenting these discussions to be followed. These concerns will continue to be discussed quarterly in the Child Death Reviews. The DCFS will also seek other opportunities during meetings with Community Partners to request their support in sharing information with the public regarding the dangers of co-sleeping with infants.
7. The CRP and the DCFS will continue in partner with the QPI committee to work to improve practices that support youth awareness in communicating their needs. The DCFS will continue to work with our community partners to have better outcomes for youth in foster care and those exiting foster care.

8. The DCFS will continue to partner with the faith-based entities within our communities to highlight and discuss the importance of drug education to families. The DCFS has and will continue to establish working relationships with area Rehabilitation Centers that provide services for families who experience substance abuse issues. Also the DCFS will continue to provide training opportunities for staff to enhance their work with persons dealing with substance abuse.
9. The CRP members along with CQI will continue to increase efforts to include additional partners who share the same goals and ideas as this panel by sharing and spreading the tenets of this work in ongoing efforts to improve our community relationships and partnerships. The DCFS will also look at holding these open forum meetings in different locations throughout the Region to obtain input from citizens across the region in an effort to gain more participation.

Recommendations

1. Continued work is planned with the Family Resource Center and the Methodist organization to enhance services within the community for birth, foster parents and kinship providers. The DCFS to partner with My Community Cares on prevention work in the community.
2. Assess Preservation Court Prevention Team concept to determine if program requires expansion, and whether one specialist from the DCFS needs to be assigned to the team to handle the prevention cases, similar to the Preservation Team model. Review the intake and referral process to ensure the correct cases are referred timely to the prevention program. Enhance the partnership and determine changes needed to meet the established goals and enhance the program.
3. Continue community collaboration to identify programs and resources to decrease infant deaths in the region. Prevention should be the focus to lower the infant mortality rate in Louisiana.
4. Ensure the DCFS staff are aware and refer pregnant mothers and mothers with minor children with substance dependence to Meredith's place for treatment to prevent removal of children. Meetings with FRC, the DCFS managers and staff to ensure utilization of this resource as a part of prevention efforts.
5. The DCFS will continue in its efforts to spread the word regarding the dangerous effects of co-sleeping and urge other community partners to join in these efforts.
6. The DCFS will continue in our joint efforts and partnerships with stakeholders to work toward better outcomes for youth in communicating their needs and educating them on the impact of substance use through sharing of drug education.

The DCFS Child Welfare Summit

In mid-2024, the need for streamlining meeting held with stakeholders was identified through ongoing meetings in the community. In order to maximize efficiency, improve outcomes for families, and promote greater stakeholder collaboration, it was recommended that the agency combine the following individual, quarterly, regional staff/stakeholder meetings into one, quarterly, regional child welfare summit.

The four meetings being combined below include:

1. CQI – Continuous Quality Improvement

CQI focus is on examining DCFS' work with families to ensure quality services are provided regarding safety, permanency and well-being. Trends are identified and solutions implemented and monitored for improved outcomes. CQI and Programs alternate quarterly meetings.

2. CRP – Citizen's Review Panel (Lafayette, Lake Charles and Monroe regions only)

CRP highlights areas of concern brought to the group by the citizens of the community to ensure the state is meeting the goal of protecting children from abuse and neglect. The group discusses creative solutions to addressing issues and gaps in policy and procedures as well as fatalities and near fatalities in the community. Active CRP groups are currently in Lafayette, Lake Charles and Monroe regions with quarterly meetings (either CRP only or "qualifying" meetings).

3. CARA – Comprehensive Addiction and Recovery Act.

CARA focus is substance exposed newborns, plans of safe care, substance abuse services for families, safe sleep for infants, Early Steps referral and assessment as well as addressing any service gaps and needs. Quarterly meetings by design.

4. CPOC – Child Protection Oversight Committee

The CPOC pilot started in Baton Rouge in December 2022 and was expanded statewide by December 2023. The teams are comprised of senior management level representatives from each DCFS vested partnering organization (law enforcement, mental/behavioral health, victim advocacy, courts, MCO, education, etc...) that work collaboratively with the goal of improving processes in child welfare for the safety and protection of children. CPOC meetings provide a forum for voicing and addressing concerns and challenges, sharing best practices and learning more about the policies and practices of each partner agency. The CPOC focus has been on the front end of intake and investigations, improving connections between partners, streamlining referral processes and identification of barriers and breakdowns in communication. CPOC teams strengthened relationships, developed a better understanding of each partners' processes and built a trusting working relationship. Example topics include service referrals with "complete handoffs" ensuring no gaps/delays in services, coordinated interviews with families, identifying a "contact person" to assist in troubleshooting local issues and improved communication through life of case. A statewide training/presentation was provided for staff and stakeholders 2/7/24 that highlighted DCFS programs, tools and systems with an emphasis on CPS intake, including elements of a report, how to report, and the lifecycle of the report through intake and investigations (assessments of safety, risk and family functioning). The presentation included information on human trafficking, an introduction to the role of DCFS Director of Medical Services (established September 2023). CPOC meetings started out monthly in the region but have moved to quarterly in some regions based on progress addressing identified issues.

There are many cross-program similarities in the existing four meetings that lend to this streamlining through summits, including:

1. A focus on program and process improvement
2. Engagement with a wide range of staff and stakeholders
3. Similar meeting cadence, agendas and procedures
4. Reporting requirements

Benefits

Cross-program Planning

Currently, planning and reporting for the four identified meetings occurs separately, in isolation. Under the summit, the planning is consolidated into one per quarter, per region. A summit would

eliminate, in some instances, or minimize the multiple, duplicative meetings involving the same stakeholder groups as well as decrease the administrative burden for the DCFS staff with this consolidated planning.

Each of the four combined meetings complement one another by providing additional depth and insights into ongoing improvement efforts through transparency and shared information. The efficiencies strengthen regional oversight and enhance program quality while building stakeholder engagement and involvement. Combining state-level planning for these programs allows the feedback, recommendations and process improvement initiatives defined by the CFSRs to drive the efforts of all programs as well as support federal mandates and federal funding opportunities.

An additional benefit of the summit format is in ensuring adherence to state and federal requirements. Summits serve as a mechanism to assess child welfare services provided by the DCFS as well as develop solutions to address the identified trends/concerns. This includes the requirements of CQI to assess the quality of services provided as well as periodic evaluations of activities conducted under the title IV-E programs to ensure children in foster care are provided with quality services (addressing safety, permanency and well-being). The CRP has specific reporting requirements that would be captured in the comprehensive summit documentation (as outlined in the Child Protection and Treatment Act, CPTA via CRP content guide). CARA provides statistics, trends and gaps regarding substance exposed newborns, plans of safe care, service gaps that are all part of the summit agenda. CPOC addresses front end processes and procedures (CPS intake, investigations) looking for gaps and ways to improve collaboration across community providers/stakeholders. CPOC does not have any federal reporting requirements. All programs with federal reporting requirements are aligned to a similar cadence aligning with the conclusion of the State Fiscal Year (June 30th each year). The annual cross-program planning cadence will align with this timeline to further take advantage of efficiencies and avoid duplicative efforts.

Stakeholder involvement

The Child Welfare Summit design includes a community stakeholder co-lead. The community will have increased, active participation and joint “ownership” through planning together and co-facilitating the child welfare community summits on a quarterly basis.

Partners will gain understanding of each other’s roles, policies and processes as well as identify and share resources available and make recommendations regarding any service gaps/needs in their community along with how to meet the identified needs. This format promotes trust due to transparency and shared information.

A summit fosters meaningful connections, strengthens partnerships, improves relationships and encourages joint accountability for the families served by all parties in each region.

Some stakeholders that are included in summits include: law enforcement, medical, court/legal/FINS/CASA, family resource center, substance abuse providers, mental health providers, Tribes, Early Steps, foster parents, CAC, education, My Community Cares, faith based groups, independent living providers, foster parents, etc.

Foster parents have their own community collaborative and support meetings, however, foster parent representation is emphasized in summits, as well.

Dates of Summits and frequency

The existing meetings and planned summits are scheduled to take place quarterly in each region. The first round of summits were held in October 2024 in the pilot regions of Monroe, Lake Charles and Lafayette and were held in their largest parish office (with the option to join virtually, as well). These regions had all 4 of the individual meetings being combined (whereas the rest of the regions did not have a CRP team to include).

Prior to holding the summits, staff and stakeholders in the region were provided with an overview of the summit vision and asked for feedback starting in July 2024. Ample opportunity was given through presentations during the existing meetings as well as stakeholder "survey calls". The feedback was favorable as participants expressed an interest in consolidating meetings, increasing transparency and improving collaboration. The option to participate either in person or virtually (Teams) was well received for those that could not be present for the entire 3-4 hour in person quarterly meeting.

Pre-Planning Summit meetings

The pre-planning for the October summits (pilot regions) started in August 2024 with the regional and state office "taskforce". The next set of three regions started pre-planning In October 2024 for their first summit in January 2025 where they were introduced to the summit vision, began consolidating the stakeholder names/emails, reserving meeting space, setting up the Teams link, coordinating with LCWTA for training credit, outlining roles, etc.

Ongoing, prior to each quarterly summit, the summit taskforce convenes the month prior to finalize the agenda topics, provide needed data (slides) to be presented at the summit, make sure the room and Teams link is reserved and any refreshments are planned.

Input for the agenda topics comes from the region, State Office and stakeholder feedback. There is a new QR code for stakeholder feedback that is being promoted for use during the summits (and is attached to the meeting invitation as well as presented again at the summit).

Roles for Summit Taskforce Members

A summit taskforce in each region is responsible for planning, executing and following-up on quarterly summits held in January, April, July, and October, with the assistance from State Office CQI and Programs.

Area Director – The Area Director is the lead for the summit as they have the most decision making authority and insight into the region's ongoing case load, challenges and recent successes. As lead, they open the meeting by welcoming stakeholders, reviewing summit purpose, assisting in discussions and closing out the meeting. This includes feedback on the summit process itself and recommendations for improvements.

Regional Leads - Representatives for each of the meetings (CQI, CRP, CARA and CPOC) are present for the regional summits and co-facilitate discussions ensuring any needed state and federal requirements are met.

Stakeholder Co-Lead – A community stakeholder is invited to be co-lead for summits and participates in pre-planning meetings.

Stakeholders

The regional summit taskforce is to identify a variety of invested and interested stakeholders, including those from their existing meetings, to invite to the summit. The stakeholders are to be broadly representative of the community. All summit topics include an emphasis on stakeholder feedback.

Regional Program Specialist (RPS) Scribe – The RPS is the summit scribe, capturing minutes to ensure comprehensive documentation of meeting discussions and next steps as required for federal reporting (for some of the meetings being combined). RPS documents the identified issues, proposed solutions and “owners” for any follow-up. CRP has an annual report due to the State Office CRP Lead by February of each year. This is to be jointly completed with the regional CRP lead in the region who submits the annual report.

LCWTA – Schedules the meeting in Moodle for staff and foster parent registration and training credit.

DCFS staff at all levels are invited and encouraged to participate either in person or via Teams.

Summit Agenda

The core agenda topics for the summit are Safety, Permanency and Well-being with sub-topics for all to include substance exposed newborns, data/trends, policy/procedures, service gaps/resources and stakeholder feedback.

Additional topics may rotate each quarter, highlighting different CQI items and program topics (policy and procedures), such as supervisor survey data, human trafficking, PSRT, transitioning youth, EFC, FTM, kinship certification, placement challenges, planful transitions, etc.. Service providers are encouraged to bring their agency pamphlets and share their service array with the participants.

Other Public and Private Child and Family-Serving Agencies:

United States Department of Housing and Urban Development (HUD): The Department of Children and Family Services is actively collaborating with the U.S. Department of Housing and Urban Development (HUD) and local Public Housing Authorities (PHAs). Below is a summary of our ongoing efforts and key individuals involved in this initiative.

Louisiana is committed to meeting with the identified stakeholders on a monthly basis to review the applications from youth seeking housing vouchers and to ensure that the PHAs receive all necessary information to facilitate the voucher issuance. Louisiana is in the process of developing a comprehensive policy regarding the distribution and management of these vouchers. To support

this effort, the DCFS is gathering any existing Memorandums of Understanding (MOUs) and establishing new agreements with incoming housing authorities as necessary.

The DCFS in collaboration with HUD has been identifying PHAs that currently offer Foster Youth to Independence (FYI) vouchers for eligible youth. To date, youth in two regions that have active FYI vouchers have successfully been connected with these resources. Additionally, three parishes have recently been identified—Jefferson, East Baton Rouge, and Iberia—as having active Family Unification Program (FUP) vouchers. Some vouchers can be "ported," allowing youth in need to transfer a voucher from one parish to their preferred location, contingent on identifying the appropriate local PHA to oversee the process.

A primary objective of the initiative is to establish partnerships with all PHAs across Louisiana to secure grants specifically for FYI vouchers benefiting our youth. We are also collaborating with the Louisiana Housing Authority to explore diverse housing options available in various communities statewide. Understanding the funding sources associated with these grants will guide our collaboration with specific PHAs, and we are committed to continuing our education on this important aspect.

Louisiana Department of Education (LDE): The Department of Children and Family Services child welfare staff are actively collaborating with the Louisiana Department of Education (LDE) to improve access to childcare services for clients of the department through the Child Care Development Fund (CCDF), which is a vital component of the Child Care Block Grant (CCBG). This fund plays a critical role in providing temporary protective care to children involved in the Child Protective Services (CPS), Family Services (FS), and Services to Parents (SP) programs, thereby playing a significant role in preventing family separations. Additionally, the fund supports childcare needs for children in foster care and non-custodial children of minors in foster care, fostering stability in placements. This partnership is designed to be a continuous and collaborative effort.

To enhance this cooperation, the DCFS and LDE meet on monthly to focus on key issues pertinent to the DCFS and childcare, as well as new developments that may affect programs and services. During these sessions, the DCFS liaisons work closely with child welfare offices and LDE representatives to streamline the availability of early learning centers for the DCFS families as they navigate available services. As of February 1, 2024, the DCFS has authorized its staff to engage R and U in-home early learning center providers, licensed by LDE, to enhance childcare accessibility. This initiative targets caregivers in regions with limited options or extensive waiting lists.

It is imperative that staff secure prior approval to access in-home early learning centers, which requires an implementation timeline of six months. Furthermore, staff are tasked with ensuring that children are placed on an active waiting list with a Type III early learning center that has a current contract with LDE to accept children in foster care. In the face of challenges or barriers, the collaborating agencies are committed to promptly addressing these issues through cooperative problem-solving, ensuring sustained progress and effective service delivery.

Family Resource Centers: The Department of Children and Family Services collaborates monthly with local Family Resource Centers (FRCs), the Louisiana Public Health Institute (LPHI), and My Community Cares (MCC) sites. LPHI oversees MCC, ensuring effective service delivery. The FRCs provide essential services, including Family Preservation and Support Services (FPSS), Foster Parenting (FP), and other therapeutic interventions aimed at improving family safety and promoting permanency for children. Currently, there are nine contracted Child Welfare FRCs serving various regions.

As of January 1, 2024, LPHI has taken over the MCC State Team, facilitating regular virtual meetings with FRCs. Each FRC submits monthly reports detailing services provided and preventative efforts, which are reviewed for any concerns, such as referral availability.

FRCs deliver specific core services tailored to families with children aged 0-17, focusing primarily on those involved with DCFS due to neglect or abuse. Key services include evidence-based parent education, family skills building, kinship navigation, and critical support services. Each FRC is expected to provide in-home or accessible parenting programs tailored to individual family needs and coordinate with other regional resources.

Family Skills Building offers customized mentoring to address family functioning challenges directly related to child safety. The Kinship Navigator provides support to relatives caring for children, while critical support services help families facing immediate needs jeopardizing their capacity to maintain children at home. The MCC initiative focuses on strengthening families and preventing child abuse through community-driven, neighborhood-based strategies.

The selection of FRCs as service providers was conducted through a Request for Proposals (RFP) process; ensuring community-based programs are accessible within their regions. The centers welcome referrals from the community and prioritize DCFS-involved families.

To address service gaps, the department focuses on building partnerships and networks in communities. Program staff, in collaboration with the FRC Network, develop guidelines for core services. The Tulane Parenting Education Program continues to provide training and support.

The DCFS aims to expand FRC services over the next three years, increasing referrals by 10% and staff referrals by 35%. Services will include additional evidence-based programs, domestic violence prevention, and support for families affected by substance exposure. Continuous engagement with community stakeholders will enhance service delivery, ensuring that FRCs remain pivotal in empowering families toward self-sufficiency and resilience. The MCC program successfully operates across Louisiana, strengthening support for children and families statewide.

Louisiana Department of Health: The Department of Children and Family Services (DCFS) Foster Care Unit currently maintains a Memorandum of Understanding (MOU) with the Louisiana Department of Health (LDH) to ensure that children and youth aged 0 to 17 years who are under the department's custody receive appropriate psychotropic medications. LDH receives data pertaining to children in foster care and subsequently provides results identifying those within the specified age range who are prescribed psychotropic medications. Upon receiving these results, the DCFS assesses the children on two or more psychotropic medications to

determine whether a medication consultation is warranted. In cases where a consultation is deemed necessary, the DCFS staff adhere to the protocols outlined in the Child Welfare Memorandum on Psychotropic Medication Consultation, submitting the required documentation along with any necessary attachments to the State Office Foster Care mailbox. Once the documentation is received, the foster care consultant facilitates the scheduling of consultations for the identified cases.

Furthermore, the Foster Care Unit continues to collaborate with Dr. Martin Drell, a Child and Adolescent Psychiatrist, to provide psychotropic medication consultations through LDH. These consultations are essential for obtaining comprehensive assessments of children in foster care currently prescribed psychotropic medications. They also serve to educate staff and caregivers, enhancing their understanding of the child or youth's diagnoses, the justification for multiple medications, and the intended effects of these medications in relation to the behavioral health needs of the child.

Managed Care Organizations (MCOs) designated by LDH deliver services administered via Medicaid to children in foster care. DCFS is presently collaborating with Aetna Better Health, an MCO, to gather necessary information for the completion of assessments and the coordination of care for foster children enrolled under the Aetna Better Health plan. Aetna has implemented the Family Care Central (FCC) portal, an electronic system that provides comprehensive information regarding all foster children covered by the plan. The foster care consultant has acquired details and guidance on how to navigate the portal, enabling access to essential member information, including health records, medications, appointments, and assessment outcomes, when available. Touchpoint meetings occur at least quarterly to address the services and resources accessible to members, discuss case coordination, and identify potential barriers to assist members in effectively navigating the FCC portal. Once the FCC portal is operational, the DCFS and Aetna will proceed with registering staff for system access.

All children in the DCFS custody receive routine and medically necessary medical and dental care. Each child in custody has a designated primary care provider through one of the health plans, ensuring continuity of medical services. The DCFS staff facilitate the completion of initial and annual medical examinations for all foster children, as well as dental examinations. When appropriate, the department consults with medical professionals to secure necessary assessments and guidance for addressing the health needs, including mental health needs, and overall well-being of foster children. Additionally, the DCFS staff ensure that caregivers conduct Trauma and Behavioral Health (TBH) screenings and for children aged seven and older within 30 days of foster care entry, to evaluate the necessity for mental and behavioral health services.

To oversee and regulate the use of psychotropic medications, the department has established comprehensive policies and specialized forms. Staff adhere to these protocols, which stipulate that psychotropic medications must be considered a last resort; after all less intrusive behavioral modification options have been exhausted. Foster caregivers are responsible for documenting all healthcare services, which are provided to the caseworker. The foster care caseworker maintains these health records within the child's case file and documents relevant information in the Family Assessment Tracking System (FATS). Additionally, DCFS staff ensure that completion dates for examinations and TBH screenings are entered into the Tracking Information System (TIPS).

Louisiana Elite Advocacy Force: The Department of Children and Family Services actively supports the Louisiana Elite Advocacy Force (LEAF) youth advisory board by maintaining regular engagement, occurring at least monthly. Engagement often exceeds this frequency due to multiple sub-committee meetings held throughout the month, along with ongoing communication facilitated via the GroupMe app, which the DCFS introduced last year to enhance connectivity.

The DCFS aids the board in orchestrating various activities, including monthly board calls, quarterly leadership retreats, board workday meetings, and board luncheons. In total, the board convenes face-to-face each month in one of these formats, supplemented by monthly calls.

The three committees established last year continue their initiatives. The Policy Committee is focused on organizing a Capitol Day for youth during the legislative session, which is framed as a multi-year objective. The second committee is dedicated to reviewing the state board's structure, roles, rules, processes, recruitment, and training. This group has successfully revamped the board structure and processes, developing a plan for support and sustainability. The third committee addresses placement stability for youth in care; planning initiatives to incorporate youth voice in placement decisions, enhance youth inclusion in foster parent training and development, and improve the matching process for youth being placed in foster homes.

The DCFS remains committed to supporting the board in the development of their website and resources as they expand their reach. The board has also established connections with multiple community partners to bolster their leadership and advocacy efforts.

Summary of Performance and Rating

Item 31 within the Agency Responsiveness to the Community Systemic Factor is rated a strength as Louisiana remains committed to prioritizing innovative strategies that actively engage staff, the community, stakeholders, and agency customers in responsive feedback and effective problem solving.

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

The Department of Children and Family Services engages proactively with a range of federal and federally assisted programs by participating in statewide committees and advisory boards. The agency facilitates meetings with stakeholders to evaluate needs and enhance service delivery, all while working to minimize the duplication of resources. Through these strategic collaborations, DCFS endeavors to improve service integration and coordination, thereby creating a comprehensive and effective support system for children and families.

Louisiana Children's Cabinet: The Secretary of the DCFS is an active member of the Louisiana Children's Cabinet. The Children's Cabinet serves as the governing body for the State of Louisiana responsible for coordinating funding and programmatic services at the state and local level, related to children and their families. It consists of the cabinet secretary of each state

department and is chaired by the executive director of the Children's Cabinet, who is appointed by the governor. The Assistant Secretary of the DCFS is a member of the Louisiana Children's Cabinet Advisory Board. The Children's Cabinet Advisory Board provides information and recommendations from the perspective of advocacy groups, service providers and parents on policies and programs relating to Louisiana children. Goals of the advisory board include providing advisement and assistance to the Children's Cabinet, coordinating agency resources and provide linkages among agencies that serve children and families, and developing policy, program and budget recommendations to address child and family issues. Members of the Advisory Board include Louisiana Children's Trust Fund, Prevent Child Abuse, Louisiana Council of Juvenile and Family Court Judges, Louisiana Head Start Collaboration, LDH-OPH, and LDH-OBH. Monthly advisory board meetings are held in a public forum. At the advisory board meetings, different topics are discussed related to children and youth in Louisiana and the meetings are then opened up to the public for feedback.

Children's Justice Act Task Force: The DCFS is the lead agency on The Children's Justice Act (CJA) Task Force which is a multi-disciplinary group of professionals and community level representatives with knowledge and experience related to the juvenile and criminal justice systems and the issues of child abuse and neglect. The Task Force has existed since 1993 and coordinates the functions and activities of the CJA to ensure compliance with the grant requirements. The Task Force membership is continually open to the addition/inclusion of other professionals and interested parties. Louisiana complies with the Act's required Task Force composition and is pleased to currently have 20 members in those 14 required positions filled with active professional participants. In addition to the 20 required members, another 19 multi-disciplined child welfare related professional members serve on the Task Force. Three of these professionals operate in the roles of Co-Chairs and Coordinator. This totals 39 interested members from among many disciplines of child welfare who attend and/or have input into the work of the Task Force. The Task Force normally meets quarterly (every 3 months) and executive discussions are held in the interim as needed to discuss, evaluate, plan and support recommendations. The Task Force continues to hold collaboration calls each month when no quarterly meeting is held. This facilitates on-going communication relative to collaborative activities and opportunities. For the past seven years, the CJA Task Force has met twice (every other quarter) jointly with the Louisiana Court Improvement Program (CIP), Children's Advocacy Resource Effort (CARE) Committee. The 2022-2025 three year goals of focus were Support and Strengthen the CJA infrastructure, focus on the use of Trauma Informed Practice, and collaboration of training resources.

Louisiana Department of Education (LDE): The DCFS and LDE have built a strong partnership through implementation activities such as 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.

LDE and the DCFS have established a robust partnership centered around the implementation of the Every Student Succeeds Act (ESSA). Through ongoing collaboration, LDE and the DCFS State Office Staff have effectively supported the implementation of ESSA while ensuring compliance with applicable state laws. To enhance communication within local education authorities, both agencies have designated specific educational points of contact in each school district and parish office. These points of contact are committed to addressing the unique challenges faced by individual school systems and the children they serve. Additionally, LDE and DCFS representatives will convene biannually to strengthen these collaborative relationships and address broader compliance issues related to both state and federal regulations.

Improving Educational Outcomes for Children in Foster Care

Educational stability is paramount for children and youth, particularly for those navigating the challenges of foster care and homelessness. Key principles guiding educational stability include: (1) preserving school continuity during a child's entry into foster care or following a home placement change; (2) ensuring that efforts are focused on maintaining children in their current schools whenever feasible; and (3) minimizing frequent school transitions that can adversely affect a child's academic progress and overall well-being. The DCFS is committed to training field staff on the significance of maintaining educational stability for children upon entering foster care.

Special Education Advisory Panel (SEAP)

The Special Education Advisory Panel (SEAP) was established in accordance with the Individuals with Disabilities Education Act (IDEA) of 2004, Section 612, to provide policy guidance on special education and related services for children with disabilities in Louisiana. The DCFS Foster Care Manager actively participates in SEAP, advocating for improvements and support for foster children with special needs. This collaboration provides both departments with valuable insights into the specific requirements of students eligible for special education services across the state. SEAP membership includes representatives from various state agencies, community organizations, advocacy groups, and families who have previously accessed services from Louisiana's public school special education systems.

Childcare Services for DCFS Clients

Child Welfare (CW) staff collaborate with LDE representatives to facilitate access to childcare services for DCFS clients through the Child Care Development Fund (CCDF) within the Child Care Block Grant (CCBG). This funding stream provides early learning services to children involved in Child Protective Services (CPS), Family Services (FS), and Services to Parents (SP) programs to prevent unnecessary removals. Additionally, it supports childcare for children in Foster Care (FC) and for the children of minor parents in foster care or extended foster care, thereby promoting placement stability. This ongoing partnership aims to ensure that at least 33% of children served within the FC program receive early learning services.

Continuity of Child Care Services

Continuity of childcare services is crucial not only for a family's financial stability but also for the healthy development of young children, particularly the most vulnerable populations. Research indicates that children benefit significantly from stable childcare arrangements, leading to better educational and developmental outcomes. Disruptions in care can hinder socio-

emotional and cognitive development; therefore, the DCFS has implemented a continuity of care process to guarantee that childcare services remain uninterrupted even after case closure across all CW programs.

Continuity of care policies and practices are essential in ensuring continuous and consistent support within License Type III Early Learning Centers and in In-home/Family home Providers following the closure of a DCFS case. These measures are critical for maintaining stable relationships that promote a child's ongoing development and foster early learning and school readiness. Families that qualify for continuity of care must be provided with the necessary information to facilitate their continued access to early learning services, whether through a center or in-home provider. Upon the closure of a case, the caseworker is responsible for completing the Early Learning Center Continuity of Care form. A representative from the Louisiana Department of Education's Child Care Assistance Program will reach out to the family to obtain any additional required information.

Once approved, the LDE initiates payment starting the day after the DCFS case closure, and will maintain these payments throughout the remaining 12-month authorization period established by any child welfare program.

Success Through Attendance Recovery (STAR)

The STAR task force was formed to tackle the pressing issue of school attendance in Louisiana. Chronic absenteeism—defined as missing 10% of school days in a year—serves as a critical predictor of negative academic outcomes. Recognizing the importance of addressing this issue, the task force aims to combat chronic absenteeism, which directly impacts reading proficiency, student performance, socialization, and graduation rates. Since its formation in July 2022, the task force has identified significant barriers and is currently focusing on systematic approaches, standardization of processes, clarified roles and responsibilities, resource prioritization, improved data management through accurate recordkeeping, and enhanced training. The ultimate goal is to meet the needs of children through increased family involvement, trauma-informed school practices, and additional support services.

Early Childhood Care and Education Commission (ECEC)

Established during the 2018 Regular Legislative Session, Louisiana's Early Childhood Care and Education Commission is tasked with developing a comprehensive vision and framework for early childhood education in the state. This commission works closely with the Louisiana Legislature to research early childcare and education issues, striving to enhance outcomes for children under the age of five in Louisiana.

The Louisiana Department of Health (LDH): The DCFS and LDH work collaboratively at both the state and local levels with Human Services Districts to secure comprehensive services for children and youth with developmental and intellectual challenges.

The DCFS collaborates on the following issues:

Medicaid Managed Care Plans: 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.

Building Bridges: LDH and the DCFS continue to implement the Building Bridges approach in treatment and discharge planning for youth in residential care through weekly meetings to strategize for family finding and family engagement for youth in residential treatment.

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.

Interagency Service Coordination Council (ISCC): LDH and the DCFS jointly participate in the ISCC, which serves as a platform for collaborative service delivery to children and youth facing developmental and intellectual challenges. A DCFS Program Consultant actively engages in the State Interagency Coordination Council (SICC) to advocate for and drive positive change for children under the age of three who are receiving developmental services through the Early Steps Program.

Office of Juvenile Justice: The DCFS Foster Care unit works in partnership with the Federal Programs and Grants unit and the Office of Juvenile Justice (OJJ) to ensure precise determination of Title IV-E eligibility for children in the custody of the Department of Corrections. This collaboration represents a commitment to ongoing efforts that enhance service delivery and support for vulnerable youth.

Life Skills Training: Staff members from the Foster Care and Transitional Living Program collaborate closely with personnel from the Office of Juvenile Justice (OJJ) to equip eligible youth with vital life skills training, preparing them for successful independent adulthood. The Department has taken significant steps by implementing strategic recommendations from the Youth Aging Out Task Force. This includes the expansion of Chafee Foster Care Independence Providers (CFCIP) services, which now serve as a comprehensive transition center for youth served by both the Department of Children and Family Services (DCFS) and OJJ.

Interstate Compact for Juveniles (ICJ): The Office of Juvenile Justice's (OJJ) Interstate Compact on Juveniles collaborates closely with the Department of Children and Family Services (DCFS) to effectively manage youth runaway situations. This partnership addresses the needs of individuals from Louisiana as well as those from other states who are found within Louisiana. Through this cooperative effort, both agencies aim to ensure the safety and well-being of these youth while facilitating appropriate interventions and support services.

United States Department of Housing and Urban Development (HUD): The Department of Children and Family Services is actively collaborating with the U.S. Department of Housing and Urban Development (HUD) and local Public Housing Authorities (PHAs). Below is a summary of our ongoing efforts and key individuals involved in this initiative.

Louisiana is committed to meeting with the identified stakeholders on a monthly basis to review the applications from youth seeking housing vouchers and to ensure that the PHAs receive all

necessary information to facilitate the voucher issuance. Louisiana is in the process of developing a comprehensive policy regarding the distribution and management of these vouchers. To support this effort, the DCFS is gathering any existing Memorandums of Understanding (MOUs) and establishing new agreements with incoming housing authorities as necessary.

The DCFS in collaboration with HUD has been identifying PHAs that currently offer Foster Youth to Independence (FYI) vouchers for eligible youth. To date, youth in two regions that have active FYI vouchers have successfully been connected with these resources. Additionally, three parishes have recently been identified—Jefferson, East Baton Rouge, and Iberia—as having active Family Unification Program (FUP) vouchers. Some vouchers can be "ported," allowing youth in need to transfer a voucher from one parish to their preferred location, contingent on identifying the appropriate local PHA to oversee the process.

A primary objective of the initiative is to establish partnerships with all PHAs across Louisiana to secure grants specifically for FYI vouchers benefiting our youth. We are also collaborating with the Louisiana Housing Authority to explore diverse housing options available in various communities statewide. Understanding the funding sources associated with these grants will guide our collaboration with specific PHAs, and we are committed to continuing our education on this important aspect.

Supplemental Nutrition Assistance (SNAP): The DCFS collaborates with SNAP to provide monthly benefits that help eligible low-income households buy the food they need for good health. For most households, SNAP funds account for only a portion of their food budgets; they must also use their own funds to buy enough food to last throughout the month. Eligible households can receive food assistance through regular SNAP or through the Louisiana Combined Application Project (LaCAP).

Temporary Assistance to Needy Families (TANF): The Department of Children and Family Services collaborates closely with the TANF unit within the Family Support Division to improve access to a variety of financial assistance programs for Child Welfare clients. This partnership encompasses the Child Protective Services (CPS), Prevention/Family Services (FS), and Foster Care (FC) Program teams. A notable initiative arising from this collaboration is the Louisiana Kinship Navigator Program, which establishes a strong service network for kinship caregivers. This program provides essential education on available resources and services tailored to meet the needs of the children in their care. Additionally, it assists caregivers in identifying support for their own needs while fostering effective partnerships among public and private agencies to ensure that kinship caregiver families receive comprehensive and coordinated support.

Summary of Performance and Rating

Item 32 within the Agency Responsiveness to the Community Systemic Factor is rated a strength as Louisiana remains committed to ensuring state's services under the CFSP are coordinated with services or benefits of other federal or federally assisted programs serving the same population. Based on Items 31 and 32's Strength ratings, Louisiana's overall Agency Responsiveness to the Community has been found to be in substantial conformity.

G. Foster and Adoptive Parent Licensing, Recruitment, and Retention

Item 33: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that state standards are applied to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds?

Louisiana Home Development has a functional foster and adoptive parent licensing, recruitment, and retention system in place statewide that operates with the goal to ensure that youth who need care in out-of-home placements are safe, healthy and their supervision and support needs are addressed. State standards are applied to all licensed Child Placing Agency and child care institutions receiving title IV-B or IV-E funds as well as those foster family homes certified through the Louisiana DCFS Child Welfare Home Development Program. Louisiana Home Development also has an established process to monitor all placement type data and supportive data as evidence.

Policy and Process Overview

Louisiana DCFS Child Welfare Home Development (HD) Program is responsible for recruiting, certifying and re-certifying foster and adoptive family homes to meet the placement needs of children in the Louisiana foster care (FC) system. This process is also implemented through licensed Child Placing Agencies who work closely with DCFS Child Welfare to assist with the coordination/placement of children needing care. Information about certification through the Home Development program is available on the DCFS website at <https://www.dcf.louisiana.gov/be-there/> to assist interested individuals in determining whether becoming a certified foster/adoptive family is appropriate for them. Individuals who are interested in becoming certified can complete an intake inquiry on-line and submit it via a designated provider portal. This form is e-mailed to the appropriate region once it is submitted for follow-up. Once an individual decides to apply to be a foster/adoptive parent the application is completed via CAFÉ, and foster/adoptive families can update their profiles (address, phone/cell number, email address, etc.).

All foster homes are required to meet the department's prescribed minimum licensing standards for the health, safety, and well-being of children in foster care and children who are available for adoption. Families are dually certified to foster and adopt. The certification process includes a home study, background screening, 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 or concerns. Families are re-certified annually or every three years. Per policy, the Home Development (HD) Worker shall conduct a re-certification on each family foster/adoptive home six months after the initial certification. One year after the six-month re-certification, another re-certification will be completed. This re-certification is to be completed prior to the date that is one year from the previous certification. However, if the home is in good standing (i.e. no valid investigations of abuse/neglect, child care deficiencies or other concerns), it will be three years before the next re-certification is due. DCFS Licensing standards require annual re-certification. 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 DCFS Departmental Policies for Regular (non-relative) foster parents are policy 9-210 (Qualifications of the Foster and Adoptive Parents) can be reviewed at <https://public.powerdms.com/LADCFS/tree/documents/405471> and policy 9-215 (Environmental, Health, and Fire Safety of the Home) can be reviewed at <https://public.powerdms.com/LADCFS/tree/documents/405431>. On April 1, 2024, the DCFS implemented an expedited relative/kin certification timeframe, which would allow relative/kin foster parent applicants to become certified quicker. This expedited timeframe included reduced requirements, while ensuring foster parents are trauma informed and children are safe. This allowed relative/kin foster parents to receive the monthly board payment to care for the child(ren) in their home, allowed children to maintain their relationship with their loved ones, and increased permanency for children. Since this has been implemented the agency has seen an increase in relative/kin certifications, which leads to increased permanency for children, and lowers the amount of disruptions in placements. The Departmental Policy for Relative/Kin foster parents are policy 9-551 <https://public.powerdms.com/LADCFS/tree/documents/405335> (Relative/Kin Certification) 9-210 (Qualifications of the Foster and Adoptive Parents); and 9-215 (Environmental, Health, and Fire Safety of the Home). To ensure the implementation and accuracy of the new process, State Office Home Development created two trainings. One training was a Train the Trainer where Home Development Regions learned the new Relative/Kin pre-service training. The second training included educating foster care and home development staff on the new certification process. Additional steps included State Office Home Development presenting the new certification process to each region during the Quarterly Regional Programs Meeting, during the Child Welfare Policy Meeting, and during the Bi-Weekly Home Development Supervisor Meetings.

The DCFS uses the Louisiana Adoption Resource Exchange (LARE) subsystem of the Tracking, Information and Payment System (TIPS) to maintain foster/adoptive parent certification data such as date of inquiry, orientation, application, clearances, training sessions, certification, closure, capacity, and age range of children served by the home. In addition to the information tracked in LARE, each region submits a monthly regional statistics log to DCFS Child Welfare state office. The log captures the number of newly certified foster/adoptive families, number of closures, total number of available homes, number of newly certified child specific homes, number of closures, total number of child specific families, and combined total number of foster/adoptive and child specific families. The information from the statistics log 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 and meeting regional recruitment/retention goals. These documents are then used by the Foster Care Recruitment Consultants in each region to help meet their specific needs.

Louisiana's state standards vary according to license type to include minimal standards that shall be met for each license type. For a Child Placing Agency license, all of the same regulations have to be followed for subprograms Foster Care, Adoption and Transitional Living as outlined in Sections 7301-7317. Section 7319 of the regulations contain additional regulations specific to Foster Care, Section 7321 contains additional regulations specific to Adoption and Section 7323

contains additional regulations specific to Transitional Living Programs. The regulations for each subprogram type are found at:

https://www.dcf.louisiana.gov/assets/docs/searchable/Licensing/Residential/2022/20221001_Child_Placing_Regulations.pdf

Residential Home type I Providers have their own set of standards (license type specific for providers who don't accept title IV-E funds). Residential Home type IV Providers have their own set of standards (license type specific for providers who do accept title IV-E funds). Licensed providers who recruit and manage homes or operate facilities follow the same set of licensing standards as those that are recruited and managed by the Child Welfare Home Development (HD) Program.

Prior to an initial license being issued to any provider seeking licensure, an initial licensing inspection shall be conducted on-site to assure compliance with all licensing standards. The initial licensing inspection shall be coordinated with the Director or designee since the agency/facility is not yet open. No child shall be provided services by the provider until the initial licensing inspection has been performed, one hundred percent compliance has been verified and the department has issued an initial license. If the provider is in operation in violation of the law, the licensing inspection shall not be conducted. In these instances, the application for licensure shall be denied and DCFS shall pursue legal remedies.

In the event the initial licensing inspection finds the provider is compliant with all licensing laws and standards, and is compliant with all other required statutes, laws, ordinances, rules, regulations, and fees, the department may issue a license to the provider. The license shall be valid until the expiration date shown on the license, unless the license is modified, extended, revoked, suspended, or terminated.

In the event the initial licensing inspection finds the provider is noncompliant with any licensing laws or standards, or any other required statutes, laws, ordinances, rules, or regulations, the department may conduct a follow-up inspection to verify compliance with all licensing laws or standards and other required statutes, laws, ordinances, rules, or regulations. The application shall be denied if the department is unable to issue a license within 180 calendar days of receipt of the completed initial application packet due to provider non-compliance. When issued, child care institution provider licenses shall specify the licensed bed capacity. Children of residents shall not be counted in the facility's licensed capacity; however the license will note if the provider is licensed to provide services to children of residents.

Prior to renewing the facility license, an on-site inspection shall be conducted to ensure compliance with all licensing laws, standards, and any other required statutes, ordinances, or regulations. A license may be issued for a period of up to one year as determined by the department. If the provider is not found to be in compliance during the timeframe for which the license is issued, the department may proceed with adverse action.

One licensing inspection is required to be completed on an annual basis prior to the last day of the anniversary month of the provider's license. The DCFS Licensing staff completes three to four inspections per year to verify that all individuals who are on the premises of a licensed

facility/agency or work with/provide services for and/or foster children or live in the home with a child has the required satisfactory criminal background clearances on file.

If during a licensing inspection a Residential Home provider/Child Placing Agency meets all Licensing requirements, they will receive a “Statement of Deficiencies” that will reflect that zero deficiencies were cited. If a Residential Home provider/Child Placing Agency is found to be in violation of any Licensing Standard, they will be cited a deficiency (ies) and shall submit a corrective action plan (CAP) within 10 calendar days from receipt of the deficiency. The CAP shall include a description of how the deficiency will be corrected, the date by which correction(s) will be completed, outline the steps the provider plans to take in order to prevent further deficiencies from being cited in these areas and the plan to maintain compliance with the licensing standards. If the CAP is not sufficient and/or additional information is required, the provider shall be notified by the Licensing Specialist and informed to submit additional information within five calendar days. If it is determined that all areas of noncompliance or deficiencies have not been corrected, the department may revoke the license. There were 376 visits conducted during FFY 2023 and 2024 and there were 900 deficiencies cited during this time period. A CAP is required to be submitted per licensing inspection; not per deficiency. For the 1,330 visits conducted between 7/1/2021-6/30/2024, 692 CAPS were required. There were 638 visits that required no CAP as no deficiencies were cited. Licensed providers are required to submit one corrective action plan for each deficiency cited pertaining to a particular licensing inspection. Visits are not investigations unless a complaint or incident is received that warrants an investigation. There were 26 investigations completed in FY 21-22, 11 investigations completed in FY 22-23 and 44 investigations completed in FY 23-24. Licensing completes at least three compliance visits per year to determine provider compliance; only one full inspection is required annually by law.

In accordance with RS 46:1418, the department shall investigate all complaints (except complaints concerning the prevention or spread of communicable diseases), including complaints alleging abuse or neglect, within prescribed time frames as determined by the department based on the allegation(s) of the complaint. All licensing complaint inspections are initiated within 30 days.

Licensing staff convene at least once a year to discuss licensing standards, address questions that providers/staff may have regarding the interpretation of a licensing standard, establish/refine best practices in order that there is consistency in the application of licensing standards across the state. Necessary meetings are also convened as needed if the event changes are required ASAP as a result of departmental and/or legislative changes.

For the vast majority of children in foster care, care settings are available among the current network of family-based or congregate care settings. However, there are children with unique presentations whose needs challenge or exceed the capabilities of our existing network. In March of 2023, with some regularity, Louisiana Child Welfare began to have children overnight in offices or hotels because there was no family home or group home able or willing to accept placement of the child.

Louisiana DCFS responded by adding a new level of care, deemed Intensive Short-Term Residential (ISTRs) to provide emergency care settings. Two providers were added to the care

network, expanding the network by 19 beds (13 male beds, 6 female beds). Louisiana Child Welfare followed the allowable emergency procurement processes to obtain providers quickly to meet needs. The providers were licensed to meet standards for service provision.

Louisiana Child Welfare has continued efforts to expand the network of residential care including updating programmatic guidelines for ISTRs to best meet the needs of children that have experienced placement difficulties and increasing beds available for this population of children. Due to these efforts, and additional efforts with certified foster parents, the number of children without placement has decreased substantially.

Additionally, program monitors complete quarterly quality assurance site visits to ensure programs operate in compliance to agreement terms, collect challenges and suggestions for improvement and reports of success and concerns. The DCFS Behavioral Health Program Consultants complete in-person site visits to 100% of network providers with whom the DCFS has an active agreement for residential services. Additionally, these Program Consultants also complete in-person site visits with providers from whom residential services is procured via child specific agreements with all providers who have a child in custody in their home at the time of the Quality Assurance surveys. When deficiencies are found, correction action plans are developed per DCFS policy and monitored to completion. For the first quarter of 2025, one provider was determined in need of a CAP related to child safety.

Analysis of Performance

To determine the quality of implementing requirements, the DCFS created reports on Dashboard, such as “Home Development Monthly Report.” State Office Home Development utilizes the Dashboard report to regularly review certification and recertification foster parent compliance. The review occurs at least twice monthly. This includes emailing reports to each region and following up with the regions regarding compliance and barriers to compliance.

In the past three years (10/1/21 – 8/31/24), DCFS has certified a total of 2,429 families. See the corresponding table below:

<u>Federal FY</u>	<u>Regular (non-relative) Certification</u>	<u>Relative/Kin Certification</u>	<u>Total Certifications</u>
10/1/2021 – 9/30/2022	316	439	755
10/1/2022 – 9/30/2023	351	497	848
10/1/2023 – 8/31/2024	296	530	826
Total			2,429

Therapeutic Foster Care Foster Parents are certified and recertified through their specific provider such as Catholic Charities, Gulf Coast, Methodist, NYAP, Raintree, The Kennedy Center, and VOA. A State Office Home Development Consultant monitors the contracts and collects certification data as part of this role. Based on information gathered from Therapeutic Foster Care agencies. In past three years, (October 2021 to present) 110 families were certified with the same standards as certified foster homes. See corresponding table below:

Provider	# of families certified (10/01/21-present)
Catholic Charities	2
Gulf Coast	17
Methodist	70
NYAP	5
Raintree	8
The Kennedy Center	2
VOA	6
Total	110

Timely certification and recertification is important for many reasons. In May 2022, DCFS HD began tracking the percentage of timely certification and recertification with a focus on the benefits and any barriers. Even with increasing demands with the number of certifications, the agency has maintained the percentage of certifications completed timely. There has also been an increase in FFY24 with re-certifications occurring timely. This increase is attributed to the ongoing tracking and monitoring. The Home Development Monthly Report, located on Dashboard, was used as a tool for tracking and communication. The information is reflected in the charts below.

Certification:

Federal Fiscal Year	Certifications due	Certifications completed timely	Percentage completed timely
5/1/2022- 9/30/2022	319	252	79%
10/1/2022-9/30/2023	799	625	78%
10/1/2023-9/30/2024	901	676	75%

Barriers to timely certification include timely submission of documents from caregivers and staff shortages. For timely submission of documents from caregivers, the Home Development worker requests additional time to allow the family extra time to submit the remaining required documents. The supervisor meets with the workers to determine the barrier and how the agency can assist. The worker continues to communicate with the family assisting them with what is needed. State Office Home Development closely monitors and tracks compliance via the reports on Dashboard. As well as following up with their assigned regions assessing their needs, implementing a plan, and monitoring progress.

Re-certification:

Federal Fiscal Year	6 month re-certifications due	6 month re-certifications completed timely	Percentage completed timely
5/1/2021 – 9/30/2022	209	130	62%
10/1/2022-9/30/2023	638	362	57%
10/1/2023-9/30/2024	669	438	65%

Federal Fiscal Year	Annual re-certifications due	Annual re-certifications completed timely	Percentage completed timely
5/1/2021 – 9/30/2022	345	228	66%
10/1/2022-9/30/2023	1,905	736	39%
10/1/2023-9/30/2024	1,119	874	78%

Barriers to timely recertification include timely completion or submission of necessary documents prior to the caregiver's home visit and staff shortages. For timely completion or submission of documents from caregivers, the family is placed on a corrective action plan (CAP) and their home placed in Managerial Suspend (MS) to ensure no additional children are placed in the home until the corrective action plan is completed and the home is in compliance with all certification standards. The foster care worker and supervisor are notified of the family's non-compliance and their assistance to support and encourage the family to complete whatever actions necessary for re-certification is requested by Home Development. State Office Home Development closely monitors and tracks compliance via the reports on Dashboard as well as following up with their assigned regions assessing their needs as a region and their foster parents, ensuring case events are properly entered timely, implementing a regional HD plan, and monitoring progress.

Waivers

In cases where non-certified families, to include relatives and non-relatives, do not meet a particular licensing or agency requirement, the home may be certified with a licensing waiver or policy exception under specific circumstances (as outlined in departmental policy – Chapter 9, Appendix A. Request for Waiver/Policy Exception Form and Instructions). Waiver and policy exception request are sent from Regional Home Development to State Office Home Development. The requests are logged on a running spreadsheet used for tracking. The spreadsheet is monitored during various stages of the request including receipt, follow up questions asked and answered, drafting of waiver request, submission to Manager 1, Manager 2, and final approver. Waivers and policy exceptions are granted on a case by case situational basis driven by the best interest of the child(ren) identified.

In the past three years, waivers and policy exceptions have been granted for certified foster homes on the basis of the specific need of the child(ren). Waivers and policy exceptions have been granted to both relative/kin (total of 18) and regular (non-relative) (total of 15) foster homes. The waivers were granted for the following reasons: 14 waivers were for capacity, 1 for training, 5 for bedroom and sleeping arrangements, 4 for marital status, 1 for citizenship, 3 for more than 2 children under 2 years of age, and 6 for home and environment; totaling 34. See corresponding chart below:

Licensing Waiver Requests completed by State Office Home Development	FFY 2021:	FFY 2022:	FFY 2023:
Capacity	8	1	5
Training	1	0	0
Bedroom requirements and sleeping arrangements	2	1	2
Marital Status	0	4	0
Citizenship	0	1	0
More than two children under the age of 2	0	0	3
Home and environment	0	4	2
Total	11	11	12

For DCFS licensed facilities, the secretary of the department, in specific instances, may waive compliance with a standard, as long as the health, safety, and well-being of the staff and/or the health, safety, rights, or well-being of children needing out-of-home placement are not imperiled. Standards shall be waived only when the secretary determines that the economic impact is sufficient to make compliance impractical. Waivers can be specific to the child and/or to the home depending on the provider's specific request and the regulation involved. Any regulation can be requested to be waived. An application for a waiver shall be made in writing and shall include a statement of the provisions for which a waiver is being requested and an explanation of the reasons why the provisions cannot be met and why a waiver is being requested. The request for a waiver will be answered in writing and approvals will be maintained on file by the requesting provider and the department. Waivers are issued at the discretion of the secretary and continues in effect at his/her pleasure. It may be revoked by the secretary at any time, either upon violation of any condition attached to it at issuance, upon failure of any of the statutory prerequisites to issuance of a waiver (i.e., the cost of compliance is no longer so great as to be impractical or the health or safety of any staff or any child of a resident or resident is imperiled), or upon his/her determination that continuance of a waiver is no longer in the best interest of the department. During the past 3 years, waivers were granted for the following reasons: CBC timeframes-8; SCR timeframes-5; Lack of high school diploma-7; Staff age requirements-1; Lack of square footage-4; Training Requirements-7; Open bodies of water-2; Physicals-1; Landlines-1; Armed Security-1; Staff physicals-1; Mixing youth-1; and Property Insurance-1.

Evidence Reviewed for Data Collection

- Annual Progress and Services Report
- Louisiana Data Profile
- TIPS
- WebFOCUS
- CFSR Round 4 Statewide Data Indicators Workbook

Opportunities for Improvement

In the recent years, great improvements have been achieved. The DCFS Home Development unit will continue to focus on improvements in these areas. The Home Development Manager and Consultants are working diligently to continue to improve timely recertification completion. Twice monthly, the Home Development Monthly report is generated through WebFocus based on case

events entered into TIPS/LARE. Consultants are responsible for following up with their assigned regions. This follow up includes a deeper dive into determining barriers to recertification completion by meeting monthly with each region, assessing regional needs, providing suggestions, implementing a plan, and monitoring progress. The goal is to decrease the percentage of overdue re-certifications by 25% by the end of FFY 2025 and 50% by the end of FFY 2026.

Licensing policy is currently meeting all performance indicators at 100%. However, licensing will be working on revising licensing requirements in the near future to make the necessary updates, clarifications and additions in order to meet the changing needs of licensed providers.

Summary of Performance and Rating

Louisiana assessed the foster and adoptive parent licensing, recruitment, and retention system's functioning and continue to ensure that the state standards are being applied to all licensed Child Placing Agencies, approved foster family homes and child care institutions receiving title IV-B or IV-E funds as well as those foster family homes certified through the Louisiana DCFS Child Welfare Home Development Program. With a strong plan in place related to state standards, progress over the last two years, along with supporting data as evidence Louisiana's assessment of the CFSR Round 4 for Item 33: Foster and Adoptive Parent Licensing, Recruitment, and Retention is a strength.

Item 34: Requirements for Criminal Background Checks

How well is the foster and adoptive parent licensing, recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children?

Louisiana DCFS complies with federal requirements for criminal background clearance as related to licensing or approving foster care and adoptive placements. Louisiana DCFS also has an established process to monitor completion of criminal background checks timely and provisions in place to address the safety of foster care and adoptive placements for children.

Policy and Process Overview

The regional Home Development Units ensure criminal record clearances are conducted on all individuals interested in providing care and supervision of children placed in state custody. Clearances are also conducted on all household members 18 years and older, except young adults in the EFC program. This is a safety requirement for all certified homes. All caregivers are advised to notify the case worker if another adult family member enters the home so they can be assessed via criminal background check and agency clearance. For certified homes, if criminal clearances cannot be updated the homes are closed. For relative/kin caregivers not certified, foster care ensures criminal record clearances and agency clearances are completed. For certified relative/kin and non-relative caregivers, the regional Home Development units ensure criminal record clearances and agency clearances are completed.

Louisiana has a process in place where children who enter foster care via an emergency can be placed with a relative or kin caregiver while their criminal back ground check and agency clearances are pending. Policy 6-400 encourages children placed with relatives and kin to maintain relationships with family and support the child's first placement being their only placement.

As of September 1, 2024, all child abuse and neglect background clearances (29-A, 29-C, SCR-3, etc.) are being completed in state office. All agency clearance requests are emailed by local office DCFS to state office staff to a specific e-mail for processing. Per policy, results will only be returned to the requestor, additional recipients (i.e. supervisor or manager) can be included in the email request. The CW Form [29-A](#) is used to request a Department of Children and Family Services (DCFS) State Repository and/or State Central Registry Records (ACESS/TIPS) clearance for the following:

- foster/adoptive parent applicants;
- all adult household members in the foster/adoptive parent applicant's home;
- adoption petition families;
- private in and out of state child placing agencies;
- potential caregivers for a child in the custody of (DCFS);
- CASA volunteer applicants;
- private adoptive families (Juvenile Court Judge);
- Safety monitor for a present or impending danger safety plan and,
- Foster child mentor, tutor and transportation provider applicants when an SCR clearance is required per policy.

The State Repository of Abuse and Neglect is a repository of all CPS investigations of abuse and neglect. The State Central Registry is a listing of certain valid/justified allegations/investigation of abuse/neglect as determined by the DCFS tiered validity system.

The table below provides direction for conducting Agency Clearances in the clearance module of ACESS. It describes, by type of clearance requested, whether the clearance results should only include SCR valids, information from the Repository, specific criteria for conducting the clearance, and who conducts the specific clearance types. Clearances of Safety Monitors are required but are not completed in the ACESS Clearance Module. Rather, searches of TIPS and ACESS are completed at the local office. The table below includes information about required documents for each clearance type when submitting clearance requests.

Type of Clearance Request	SCR Search Only	Repository Search	Other Considerations	Who Can Conduct the Search	Can results be released or utilized without Appeal Rights being exhausted	Valids must be cleared by PSRT before notification of right to appeal
Out of State Child Welfare Agencies Conducting Investigations or		Valids Only	Requests submitted through Child Abuse and Neglect Background System (CANS)	State Office	Yes	No

Type of Clearance Request	SCR Search Only	Repository Search	Other Considerations	Who Can Conduct the Search	Can results be released or utilized without Appeal Rights being exhausted	Valids must be cleared by PSRT before notification of right to appeal
providing Family Services						
Out of State Child Placing Agencies conducting home studies for foster children		Valids Only	Requests submitted through CANS Request. This is not for their employees.	State Office	No	Yes
In State Child Care Providers	XX		\$25.00 fee. Requested through the Louisiana Department of Education website.	State Office	No	Yes, SCR Valid Only
Out of State Child Care Providers	XX		Requests submitted through CANS (DCFS website). \$25.00 fee.	State Office	No	Yes, SCR Valid Only
In State DCFS licensed residential facilities, child placing agency, * and ** maternity home ***	XX		Requests submitted through CANS (DCFS website). \$25.00 fee.	State Office	No	Yes, SCR Valid Only
Clearances on TFC or other private child placing agency employees, licensed by DCFS.	XX		Requests submitted through CANS (DCFS website). \$25.00 fee.	State Office	No	Yes
CASA Applicants (Volunteers)	XX		Must be requested by the Judge with court order and 29A. Results only released to the requesting Judge. 29A must be uploaded into clearance in ACESS.	State Office	No	Yes

Type of Clearance Request	SCR Search Only	Repository Search	Other Considerations	Who Can Conduct the Search	Can results be released or utilized without Appeal Rights being exhausted	Valids must be cleared by PSRT before notification of right to appeal
In State Adoptions (Intra-family; Private, Agency)		Valids or as stated in court order	<p>As per the court order for Adoption Petition. Can use the 29A; Can distribute results on a 29E</p> <p>Note: If court order requests inconclusives, then will have to search in person search as the clearance module only searches for valids. If the court order/petition requests VALIDS ONLY choose 'In State Foster/Adoptive Parent applicants and adult household members, Both DCFS and TFC foster parents' in ACESS as the clearance type. If the court order/petition requests VALIDS and INCONCLUSIVES choose 'In State Adoptions Valids and Inconclusives (Intra-family, Private, Agency) in ACESS as the clearance type.</p> <p>A copy of each adult's legal identification/driver's license and witness signatures are required.</p>	* State Office	No	Yes
In-State and Out of State private adoption home studies conducted by a LCSW or LPC (also for private adoption agencies)		Valids	<p>Written Consent required; request on letterhead, and license of LPC or LCSW. 29A must be uploaded into clearance in ACESS.</p> <p>A copy of each adult's legal identification/driver's</p>	State Office	No	Yes

Type of Clearance Request	SCR Search Only	Repository Search	Other Considerations	Who Can Conduct the Search	Can results be released or utilized without Appeal Rights being exhausted	Valids must be cleared by PSRT before notification of right to appeal
			license and witness signatures are required.			
Visitation Resources for foster children		Valids Only	29A must be uploaded into clearance in ACESS. A copy of each adult's legal identification/driver's license and witness signatures are required.	State Office **	No	No
DCFS Volunteers/Mentors/transportation providers/Tutors working with foster children	XX		Upon written request of the Agency and completion of 29A. 29A must be uploaded into clearance in ACESS. A formal agreement or MOU must be in place to meet the criteria for conducting these types of searches. A copy of each adult's legal identification/driver's license and witness signatures are required.	* State Office	No	Yes
In State Foster/Adoptive Parent applicants and adult household members, both DCFS and TFC foster parents		Valids and Inconclusives	Upon completion of 29A. 29A comments must list all valids and whether or not each one is on the SCR or not. 29A must be uploaded into clearance in ACESS A copy of each adult's legal identification/driver's license and witness signatures are required.	State Office	No	Yes

Type of Clearance Request	SCR Search Only	Repository Search	Other Considerations	Who Can Conduct the Search	Can results be released or utilized without Appeal Rights being exhausted	Valids must be cleared by PSRT before notification of right to appeal
Louisiana OJJ - Office of Juvenile Justice employees		Valid Sexual Abuse Allegations	Upon written request of OJJ	State Office	No	Yes
Potential Caregiver for Employer's Dependent child.		Valids Only	Notarized 29A required and uploaded into clearance in ACESS. A copy of each adult's legal identification/driver's license and witness signatures are required.	State Office	No	Yes
Non-Certified Caregivers, Potential caregivers of children in DCFS Custody		Valids Only	29A required and uploaded into clearance in ACESS. A copy of each adult's legal identification/driver's license and witness signatures are required.	State Office **	No	Yes
Walk In Request to Determine if individual has any appealable valids.		Valids Only	29C Required and uploaded into clearance in ACESS. Release findings on 29D. A copy of each adult's legal identification/driver's license and witness signatures are required.	* State Office	No – Released to individual	Yes
DCFS Child Welfare Employees (Child Welfare employee eligibility)	XX		SCR-3 Required. In ACESS, the Clearance Type of "DCFS Volunteers/Mentors/Tutors" must be selected to produce the correct clearance results. A copy of each adult's legal	State Office	No	Yes

Type of Clearance Request	SCR Search Only	Repository Search	Other Considerations	Who Can Conduct the Search	Can results be released or utilized without Appeal Rights being exhausted	Valids must be cleared by PSRT before notification of right to appeal
			identification/driver's license required.			
Employee or volunteer of a service provider who is obligated by contract with DCFS to conduct SCR checks prior to performing contracted duties in the CPS, FS, FC or Human Trafficking Advocacy programs within the Department	XX		SCR-3 Required A copy of each adult's legal identification/driver's license required.	State Office	No	Yes
Out of State Licensed Residential Facilities that home foster children or meet the federal definition of a child care institution.	XX		Requests submitted through CANS (DCFS website). \$25.00 fee.	State Office	No	Yes, SCR Valid Only **
* In State Licensed Office of Juvenile Justice Detention Center employees	X		Requests submitted through CANS (DCFS website). \$25.00 fee.	State Office	No	Yes
Louisiana Department of Health Licensed Therapeutic Group Home	XX		Requests submitted through CANS (DCFS website). \$25.00 fee.	State Office	No	Yes, SCR Valid Only **

For licensed facilities, all owners, staff, volunteers, contractors, potential foster/adoptive parents, and household members are to have documentation of a satisfactory criminal background check and state central registry clearance prior to hire, being on the premises and/or working or living with children in out of home care. A criminal background check (CBC) includes the review of any

and all records containing any information collected and stored in the criminal record repository of the Federal Bureau of Investigation, the state Department of Public Safety and Corrections, or any other repository of criminal history records, involving a pending arrest or conviction by a criminal justice agency, including, but not limited to, child abuse crime information, conviction record information, fingerprint cards, correctional induction and release information, identifiable descriptions and notations of convictions; provided, however, dissemination of such information is not forbidden by order of any court of competent jurisdiction or by federal law. The state central registry (SCR) is also completed through the repository that identifies individuals with certain justified (valid) findings of abuse and/or neglect of a child or children by the Department of Children and Family Services.

If a provider allows an individual listed above into the facility/home without satisfactory clearances on file the provider is cited a licensing deficiency. The provider can also be cited if a clearance was obtained late, it expired, or was not renewed in time. The provider is also cited if it allows a staff member/potential foster/adoptive parent to work and/or provide care without confirmation clearance and upon Licensing's further review they were precluded from employment based on charges listed on that person's criminal history.

To ensure safety of all children in licensed facilities, the licensed provider is also required to submit a written report to DCFS-Licensing if a child eloped or has an unexplained absence within one calendar day, excluding when the incident occurs on a weekend or state holiday. If the incident occurs on a weekend or state holiday, provider shall submit a written report on the first working day following the weekend or state holiday.

The program director or designee shall: immediately verbally notify the legal guardian of any elopement or unexplained absence of a child; immediately verbally notify the appropriate law enforcement authority in accordance with state law; if requested, submit a final written report of the incident to the legal guardian as soon as possible, but no later than five working days of the incident and conduct an analysis of the incident and take appropriate corrective steps to prevent future incidents from occurring.

As part of all DCFS Foster Care case plans and according to policy, the case worker shall assess the safety of all children at every visit. If the child is determined to be unsafe, a safety assessment is completed and a decision is made to determine if the child(ren) can remain in the home and/or if a CPS intake needs to be made (Policy 6-200; 6-1240, 6-910). If a child is in a non-certified home, the safety process is the same as a certified foster home placement. If a child is in a special care setting (i.e. office or hotel), there is always a case worker with the child 24 hours a day regardless of the use of another provider. (Policy 6-400; 6-925).

Performance Measures Consultant (PMCs) send a bi-weekly report to request the date of when the criminal and agency clearances are completed with all relatives/kin caregivers. This report is sent to State Office Foster Care unit who then send it to CPS to verify the agency clearances were completed and meet with requirements. The report is then sent to the dashboard to create a report for compliance. Foster Care completes all clearances, home assessment and caregiver agreement before referring relative/kin caregivers to Home Development. Foster Care then refers the relative/kin caregivers to home development within 15 days of the child being placed in the home. Certified foster caregivers, both relative/kin and non-relative, are re-fingerprinted every 3 years.

Analysis of Performance

To determine the quality of implementing requirements, the DCFS created reports on Dashboard. These reports review foster parent compliance prior to certification and are reviewed at least twice monthly. The reports are also emailed to each region with follow up, when needed, regarding compliance and any barriers. The reports focus on Foster Home Medicals, SCR Clearances, and Criminal Background Checks.

The August 2024 Home Development data tables from the dashboard are found below on the total number of foster homes, initial CRC's, and agency clearances:

Region	Orleans	Baton Rouge	Covington	Thibodaux	Lafayette	Lake Charles	Alexandria	Shreveport	Monroe	Total
Total # of Certified Regular Foster Homes	88	80	173	96	184	107	147	128	115	1118
Total # of Certified Child-Specific Foster Homes	30	51	98	74	127	43	100	44	55	622
Total # of homes	118	131	271	170	311	150	247	172	170	1740

Region	Orleans	Baton Rouge	Covington	Thibodaux	Lafayette	Lake Charles	Alexandria	Shreveport	Monroe	Total
# of Initial CRC's Not Completed Timely (before certification)	1	1	0	0	0	1	0	1	0	4
% completed timely	97%	90%	97%	99%	100%	91%	100%	95%	100%	97%

Region	Orleans	Baton Rouge	Covington	Thibodaux	Lafayette	Lake Charles	Alexandria	Shreveport	Monroe	Total
# of Initial Agency Clearances Not Completed Timely (before certification)	1	1	2	5	1	1	0	4	0	15
# of Ongoing Agency Clearances Not Completed Timely (annually after initial clearance)	5	16	42	23	1	41	4	35	3	170
% completed timely	95%	87%	84%	84%	99%	72%	98%	77%	98%	89%

Based on this data, Louisiana DCFS currently has a total of 1740 certified foster homes with a 97% initial CRS's completed timely and 89% of agency clearances being completed timely before certification.

To ensure safety of children placed in foster homes, when there is a problem within a certified foster home, a corrective action plan (CAP) can be put in place by FC or HD (depending on what the issue/deficiency is) in regards to abuse or concerns occurring in a certified foster home. It provides the caregiver an opportunity to resolve or remedy the issues/concerns. Corrective Action Plans are also required by all licensed Child Placing Agencies and child care institutions for each non-compliance identified during a routine licensing inspection.

The purpose of a corrective action plan is to resolve the problems in the foster home, agency or institution that led to the incident of abuse/neglect or child care deficiency and assure quality care for the child in the home/institution. The focus of the corrective action plan is on how the needs of the child can be met through some change in the staff/foster caregiver's skills, abilities, behaviors, or situation. The responsibility in the development of a corrective action plan varies related to foster homes based on if the incident is a valid abuse/neglect and/or the type of child care deficiency. Corrective Action Plans are developed and submitted to the Licensing Section for review by the Director or designee on records for all licensed Child Placing Agencies and child care institutions.

A CAP should include:

- a statement of the specific problem, concerns or needs, and the goal(s) to be obtained;
- the specific immediate actions to be taken by each provider/party involved (no actions should be required of the child);
- changes to policy/process by providers to ensure child care deficiencies are not cited moving forward;

- the specific time frame for completion of the plan which includes a begin and end date;
- the Agency actions which will be implemented to protect the child(ren) should the foster caregiver fail to comply with the plan;
- the monitoring plan which includes the responsibilities of each party; and, the signatures.

A copy of the CAP is to be kept in the HD record. When a foster home is put under a CAP, the regional HD staff will place the family in Managerial Suspend (MS) status, in LARE, to indicate that the family should NOT be contacted for placement until the child care deficiency, or policy infraction, is resolved. Managerial Suspend Status is when a certified home/caregiver, is temporarily placed “on hold.”

However, a home can be placed in MS for multiple reasons, including:

- Caregiver requests a break due to moving, illness, new job, stress, etc.;
- Caregiver recently adopted through the agency and the agency is giving them a temporary break to bond as a new family;
- Agency has concerns regarding safety of the home, family out of compliance with various recertification requirements, like needs new medical, fingerprints, smoke detectors, updated vaccines for dog; clutter needs to be cleaned up; hole in wall needs to be repaired, etc.

Currently, tracking of CAP’s is not done by state office as CAP’s are completed by the regional staff where it occurred. This includes the HD worker maintaining track of which family has a CAP, following up with the family regarding completion and or barrier to completion, and discussing the CAP with their supervisor. The HD and FC staff work together to ensure the CAP is resolved timely and efficiently.

Currently, tracking of CAPs for all licensed Child Placing Agencies is handled by the appropriate Licensing Specialist assigned to a particular provider based on their individual region. Licensing Specialist ensure the CAP is reviewed and resolved timely and efficiently. Re-licensure of a provider is not contingent upon Corrective action plans. The license shall be renewed on an annual basis prior to the last day of the anniversary month of the license. Prior to renewing the child placing agency’s license, an on-site inspection shall be conducted to ensure compliance with all licensing laws, standards, and any other required statutes, ordinances, or regulations. A license may be issued for a period of up to one year as determined by the department. If the provider is not found to be in compliance during the timeframe for which the license is issued, the department may proceed with adverse action. The DCFS has not licensed child care facilities since September 30, 2014.

When assessing safety of foster home placements, the data below is reviewed by Home Development in an effort to address any safety concerns. This data includes out-of-home investigations completed and the number of valid out-of-home reports for FFY 2023 and 2024.

Out of Home Investigation Reports Received	FFY 2023			FFY 2024		
	OOH Investigation Type	Investigations	# of Homes	% of Homes	Investigations	# of Homes
Out-of-Home/Foster Home	237	8,453	2.80%	174	8,506	2.05%
Out-of-Home/Non-Certified Foster Home	22	2,610	0.84%	8	2,524	0.32%
Out-of-Home/Restrictive Care Facility	130	114	114.04%	93	117	79.49%
Total	389	11,177	3.48%	275	11,147	2.47%

Valid Out of Home Investigation Reports	FFY 2023			FFY 2024		
	OOH Investigation Type	Investigations	# of Homes	% of Homes	Investigations	# of Homes
Out-of-Home/Foster Home	14	8,453	0.17%	12	8,506	0.14%
Out-of-Home/Non-Certified Foster Home	3	2,610	0.11%	1	2,524	0.04%
Out-of-Home/Restrictive Care Facility	7	114	6.14%	7	117	5.98%
Total	24	11,177	0.21%	20	11,147	0.18%

* Number of homes represents a unique count of providers that had a placement during the Federal Fiscal Year.

The DCFS completed 389 Out of Home reports of abuse and/or neglect during FFY 2023. Of those 389 investigations, 24 reports (.21%) were found to be valid. During FFY 2024, 275 investigations were completed and 20 reports (.18%) were found to be valid.

Louisiana's observed performance on the CFSR Round 4 Statewide Data Indicators from April 2024 on the recurrence of maltreatment was 5.4%. The national performance is 9.7% so Louisiana is much lower and better than the overall national performance.

During the Title IV-E onsite audit in February 2024, two cases were found to be in error as it was determined title IV-E payments were claimed outside the definition of safety requirements for the child's foster care placement. There was one error case in which criminal background checks expired and were not completed again timely on foster parents prior to re-certification by the DCFS and the period title IV-E foster care maintenance payments were made for the child placed in the foster home. One error case had no acceptable documentation to verify certification of the foster home prior to and during the time the child was placed in the home and the period title IV-E foster care maintenance payments were made. A PIP has been developed to address these errors.

Licensing received eighty complaints in 2023 across all DCFS licensed providers. There were seven complaints related to physical plant issues, food/nutrition, and safety, eleven complaints related to abuse and neglect, medications and youth rights, and sixty-two allegations related to abuse and neglect, elopement, and medical care. During 2023, Licensing staff cited Louisiana licensed facilities a total of ten times based on criminal background checks (CBC) violations and sixteen times for state central registry (SCR) check violations. During 2024, Licensing staff issued

four CBC violations and six SCR violations. Licensing does not investigate abuse and neglect as those allegations are investigated by child welfare.

Evidence Reviewed for Data Collection

- Annual Progress and Services Report
- Louisiana Data Profile
- TIPS
- WebFOCUS
- DCFS policy
- IV-E Audit
- CFSR Round 4 Statewide Data Indicators Workbook

Opportunities for Improvement

In recent years, great improvements have been achieved. The DCFS Home Development will continue to focus on improvements in the area of criminal background checks. The Home Development Manager and Consultants are working diligently to improve timely ongoing Criminal Record Clearance completion, which are conducted every three years. Twice monthly, the Criminal Background Checks report is generated through WebFocus based on case events entered into TIPS/LARE. Consultants are responsible for following up with their assigned regions. This follow up includes a deeper dive into determining barriers to criminal records clearance completion timely is done through meeting monthly with each region, assessing regional needs, ensuring case events are properly entered, utilization of coming due reports and corresponding letters, providing suggestions, implementing a plan, and monitoring progress. The goal is to decrease the percentage of overdue criminal records clearances 25% by the end of FFY 2025 and 50% by the end of FFY 2026.

Summary of Performance and Rating

Louisiana assessed the foster and adoptive parent licensing recruitment, and retention system functioning statewide to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and has in place a case planning process that includes provisions for addressing the safety of foster care and adoptive placements for children. With substantial improvement over the past two fiscal years and expected continued improvement with ongoing monitoring, Louisiana's assessment of the CFSR Round 4 for Item 34: Requirements for Criminal Background Checks is a Strength.

Item 35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?

Louisiana Home Development has a strong, diligent recruitment/retention plan that includes an annual regional needs assessment (demographics and placement needs of children within the region), goals/objectives, and method of recruitment (general, targeted, child specific), orientation/pre-service training schedule, and the recruitment budget. Louisiana's targeted

recruitment focuses on 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.

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

Policy and Process Overview

In FFY 2022, one Home Development Consultant was hired to provide consultation to the regions regarding foster caregiver recruitment and retention. The consultant used the Regional Recruitment Data report, generated through WebFocus, to guide recruitment plan development for each region. This report can be generated as a statewide or region-specific report. The consultant provided each region with a copy of its region-specific recruitment report to assess demographic information for the region's children in foster care and certified foster caregivers. The consultant provided guidance for using the recruitment report to develop region-specific recruitment plans. Each quarter, the consultant met with each regional Home Development supervisor to review progress on the recruitment plan and provided an updated copy of the Regional Recruitment Data report.

In August 2023, the agency developed the Foster Care Navigator page and the Online Interest Form for prospective caregivers. The form was launched in November 2023. The Navigator page provided general information about foster parenting and allowed prospective families to register for Foster Parent Orientation through the Online Interest form 24 hours per day, 7 days per week. Upon registering, families received a direct link to attend virtual orientation in their assigned region. Billboard ads and new recruitment materials directed prospective families to the Foster Care Navigator page. From November 14, 2023 to October 16, 2024, the agency received 2,610 inquiries from prospective foster caregivers through the interest form.

From September 16, 2024, through October 17, 2024, the Foster Care Navigator Page [bit.ly link](https://bit.ly/dcfs.la/bethere) (dcfs.la/bethere) received 90 engagements, 83 link clicks, and 7 QR code scans.

The Foster Caregiver Recruitment and Support Manager engaged in a statewide assessment of foster care and foster home data, to determine additional specifiers regarding targeted recruitment efforts. One focus was on the zip code of origin for children entering foster care from January 2020-June 2024. This data was compared to the residential zip codes of currently certified foster caregivers to determine geographical targeted recruitment needs.

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. Statewide recruitment data reports indicate that there is a significant need for more African

American foster families in order to ensure that the population of foster homes represents the racial diversity of children/youth in foster care. The need is more significant in some regions of the state compared to others. Recruitment and Support Consultants have worked to identify key community partners to engage in collaborative efforts towards the recruitment of African American foster caregivers, such as the local NAACP, Historically Black Colleges and Universities, and the faith-based community.

Community Support Workshops were developed in August 2023 to engage community partners and businesses in foster care support. The DCFS shared foster care and foster home data during these meetings and invited community partners to share about their services. These meetings were offered virtually once per quarter. Regions received positive feedback from participants.

After the success of these virtual community meetings, the DCFS explored additional options for further engagement. In February 2024, the DCFS hosted an “Introduction to the DCFS Secretary” meeting with foster caregivers in the Baton Rouge region. This meeting provided an opportunity for current and recently closed foster caregivers to share about concerns and support needs. In March 2024, an in-person Foster Care Community Collaborative meeting was held in Baton Rouge region to include foster caregivers, DCFS staff, and community partners in ongoing discussions about regional support needs. This meeting was a great success and has continued to occur monthly. In July 2024, a second “Introduction to the DCFS Secretary” meeting was held in Monroe region. In August 2024, the Monroe Community Collaborative meeting was launched. The DCFS plans to launch Community Collaborative meetings in each of the nine regions, with a goal of establishing a collaborative group in each region by January 2026. Community Support Workshops and Foster Care Community Collaborative meetings have led to fruitful discussions around foster caregiver recruitment. Some DCFS staff in other programs have expressed a willingness to assist with engaging leaders in the African American community towards foster parent recruitment and support efforts.

In FFY 2024, the DCFS contracted with a private firm to launch a public recruitment campaign including billboards advertising. These billboards were placed in strategic areas of the state where the need for foster caregivers was the highest. The firm also assisted the DCFS with the creation of foster caregiver testimonial videos. Foster caregivers were selected from regions across the state, with each family representing diverse perspectives and experiences with foster caregiving. These videos were used in a social media ad campaign in late 2023 and early 2024.

During FFY 2024, the DCFS also initiated the development of the Foster Caregiver Recruitment and Support Program, which provided a manager to oversee the program and one Foster Caregiver Recruitment and Support Consultant for each of the nine regions statewide with a focus on regional/targeted recruitment. The first four consultants were hired in April 2024 for Baton Rouge, Covington, Lake Charles, and Monroe regions. These Recruitment and Support Consultants have lead recruitment and support planning efforts for their assigned region. Additional Foster Caregiver Recruitment and Support Consultants will join the team in September and October 2024. These consultants are responsible for developing their region’s individualized recruitment and retention plan and assessing the plan for progress on a quarterly basis. The consultants serve as the initial point of contact for prospective foster caregivers. Consultants follow up with families who inquire about wanting to become a foster caregiver, lead

families through Foster Parent Orientation, serve as the DCFS point-of-contact for A Journey Home preservice trainings, and provide support throughout the certification process and beyond. Consultants develop relationships with prospective families and continuously assess support needs.

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. Home Development 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 Quality Parenting Initiative (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. RSC's 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. There is also a foster parent mentor program and monthly community groups that foster parents are encouraged to be an active member. Louisiana's goal is to engage and strengthen support of foster families in an effort to improve the retention of foster/adoptive homes.

In 2024, the DCFS began working with the National Center for Diligent Recruitment (NCDR) on the development of a technical assistance plan. Through this plan, NCDR plans to assist the DCFS with the development of robust training for Home Development and Foster Caregiver Recruitment and Support staff. NCDR will also provide guidance for assessing existing statewide policies and procedures for recruitment, certification, and support of foster caregivers.

Analysis of Performance

In early 2020, the Shreveport Region DCFS team developed a focus group of African American foster caregivers and African American community partner leaders to discuss barriers for recruitment and strategies for engaging African American families. It was noted that relationships and trust building are essential to engaging this community in recruitment efforts.

The newly hired consultants engaged in a deep dive on data for their regions, looking at targeted recruitment efforts within the region, carefully examining recruitment data reports to assess regional needs. Consultants paid careful attention to the ethnic and racial identity of children compared to the ethnic and racial identity of foster caregivers to ensure that the population of families represents the diversity of children in the region.

On an ongoing basis, the DCFS utilizes data reports generated through WebFocus to assess demographic information for children/youth in foster care and foster caregivers. This data is found in the table below:

Children/Youth in Foster Care in Louisiana <i>(Source: WebFocus, 10/16/24)</i>	
Race/Ethnicity	Population
African-American	1833 (43.6%)
Caucasian	2047 (48.7%)
American Indian/Alaska Native	11 (0.3%)
Hawaiian/Pacific Islander	2 (0.05%)
Asian	4 (0.1%)
Multi-Race	193 (4.6%)
Unable to Determine	116 (2.8%)
Grand Total	4206

The DCFS also utilizes data found below from the Annie E. Casey Foundation to assess the child/youth population in Louisiana as a whole to determine how racial and ethnic diversity is represented in the general population compared to the state's foster care population.

Child Population by Race in Louisiana, 2020 <i>(source: Annie E. Casey Foundation, datacenter.aecf.org)</i>		
Race	Data	Percent
Non-Hispanic American Indian	8423	0.70%
Non-Hispanic Asian	16,266	1.30%
Hispanic	30,858	2.50%
Non-Hispanic Black	48,9072	40.20%
Non-Hispanic White	67,2537	55.30%
Total	121,7156	

There are more Caucasian children/teens represented in the general population (55.3%) and the foster care population (48.7%) compared to other racial/ethnic groups; however, there are notable differences in representation:

Racial/Ethnic Representation in General Population vs. Foster Care Population in Louisiana <i>(source: Annie E. Casey Foundation, datacenter.aecf.org and WebFocus)</i>		
Race	General Population (Percentage)	Foster Care Population (Percentage)
Non-Hispanic American Indian, Non-Hispanic Asian, Hispanic	4.5%	0.4%*
Non-Hispanic Black	40.20%	43.6%
Non-Hispanic White	55.30%	47.7%

*This number includes children/youth who identify as American Indian/Alaska Native and Asian.

African American children/youth are represented at a higher rate in foster care (43.6%) than in the general population (40.20%).

Ethnic and racial characteristics of foster and adoptive parents compare to those of the children and youth placed in care during a selected period are in the tables below:

Race of Foster Caregivers <i>(source: WebFocus Recruitment Data report, 9/6/24)</i>			
Not suspended (MS or SC) and not child specific (FR or FK)			
TITLE	# Families	Pct	Vacancies
# Families with a Parent who Identifies as Black or African American	371	35%	212
# Families with a Parent who Identifies as White	697	67%	325
# Families with a Parent who Identifies as Amer. Ind./Alas. Nat.	4	0%	-1
# Families with a Parent who Identifies as Asian	5	0%	3
# Families with a Parent who Identifies as Haw./Pac. Isl.	5	0%	1
Totals	1047	100%	524

Foster Homes Welcoming Children by Race <i>(source: WebFocus Recruitment Data report, 9/6/24)</i>	
Not suspended (MS or SC) and not child specific (FR or FK)	
Race Groups	# Families
# Families Welcoming All Races	0
# Families Welcoming American Indian Children	351
# Families Welcoming Asian Children	364
# Families Welcoming Black Children	808
# Families Welcoming Cuban/Haitian Children	0
# Families Welcoming Hawaiian/Pacific Island Children	255
# Families Welcoming Hispanic Children *	0
# Families Welcoming Multi-Racial Children	0
# Families Welcoming White Children	879
Totals	1047

* Parents welcoming children of Hispanic ethnicity may be under-represented in LARE

According to the data above, the number of foster children in care is 48.7% Caucasian, 43.6% Africa American, 0.3% American Indian/Alaska Native, 0.05% Hawaiian/Pacific Islander, 0.1% Asian, 4.6% Multi Race, and 2.8% Unable to Determine, while the number of foster parents who identify as Black or African American is 35%, 67% Identify as White and less than 1% identify as other races combined. This data continues to lead the recruitment plan process.

Available Statewide Foster Homes									
	September 2022			September 2023			FFY 2024		
Region	General	Child-Specific	Total	General	Child-Specific	Total	General	Child-Specific	Total
Orleans	101	14	115	90	15	105	89	41	130
Baton Rouge	109	36	145	112	57	169	92	52	144
Covington	182	81	263	185	81	266	169	103	272

Available Statewide Foster Homes									
Thibodaux	125	57	182	98	52	150	92	75	167
Lafayette	165	91	256	193	102	295	192	130	322
Lake Charles	103	46	149	101	57	158	104	38	142
Alexandria	100	40	140	136	74	210	149	113	262
Shreveport	157	29	186	159	41	200	130	48	178
Monroe	125	53	178	129	58	187	88	45	133
State Office*	0	0	0	0	1	1	58	27	85
Total	1167	447	1614	1203	538	1741	1163	672	1835

*A child-specific family is under a state office employee's number in TIPS/LARE, resulting in an error

Change General Certifications from 2022 to 2024 Statewide	Change Child-Specific Certifications from 2022 to 2024 Statewide	Change in Overall Certifications Statewide
-0.34%	+50.3%	+13.7%

Statewide, there was a 13.7% increase in the overall number of certified homes from September 2022 to September 2024 and there was a 0.34% reduction in the overall number of generally certified homes from September 2022 to September 2024.

The chart below provides information about the total number of “beds” in certified homes as of 10/17/24. There is a breakdown for vacant beds and filled beds. The agency monitors these numbers to assist in identifying overall and available capacity by state and by region.

Number of Available Placements for Children				
Category	# Homes	Vacant Beds	Filled Beds	Total Beds
All Certified Foster Homes	1836	827	2209	3036
Regular Foster Care Sub Type: FH	988	402	1297	1699
Child Specific Foster Care Sub Type: FR	673	233	759	992
Specialized Foster Care Sub Types: FA, FS, ED, RC	16	10	21	31
Respite Foster Care Sub Type: RC	5	5	1	6
Private Foster Care Sub Types: FB or BK	5	9	12	21
Suspended Status Foster Care Sub Types: SC or MS	119	111	119	230
ICPC Foster Care Sub Type: II	35	62	1	63
Foster Homes with No Foster Children Currently Placed	527	780	0	780
Foster Homes with Foster Children and Vacancies	205	258	292	550
Certified 3+ Months and Never Had a Placement	41	65	0	65
Certified 6+ Months and Never Had a Placement	34	56	0	56
No Placements in Last 6 Months	148	208	0	208
No Placements in Last 12 Months	66	103	0	103

*Family Data for Homes Open as of 10/17/2024

The top 5 zip codes with highest entry into Foster Care by region are found below for 2020-2024. This data is used to prioritize areas for targeted recruitment efforts. The Recruitment and Support Consultants lead recruitment efforts in their assigned region by creating awareness about the need

for foster caregivers and partnering with community organizations for recruitment efforts with a higher focus on these zip code areas. The charts below show the number of entries per zip code for the top 5 zip codes in each region:

Orleans Region						
Zip Code	2020	2021	2022	2023	2024	Total
70117	15	28	23	18	10	94
70072	15	18	10	33	13	89
70094	8	9	15	32	12	76
70126	13	11	23	14	14	75
70114	14	11	14	26	8	73

Baton Rouge Region						
Zip Code	2020	2021	2022	2023	2024	Total
70805	18	16	34	52	23	143
70806	6	10	25	33	12	86
70816	14	17	17	29	8	85
70807	4	10	26	21	18	79
70802	5	23	21	14	10	73

Covington Region						
Zip Code	2020	2021	2022	2023	2024	Total
70726	40	24	53	30	38	185
70427	15	24	34	30	16	119
70454	20	24	15	18	17	94
70403	17	22	26	16	3	84
70438	11	16	25	17	7	76

Thibodaux Region						
Zip Code	2020	2021	2022	2023	2024	Total
70363	37	11	34	51	18	151
70360	24	18	33	28	9	112
70364	3	30	18	31	20	102
70301	17	16	28	25	13	99
70737	20	4	26	23	11	84

Lafayette Region						
Zip Code	2020	2021	2022	2023	2024	Total
70501	25	39	54	61	36	215
70560	22	25	32	28	23	130
70570	18	15	30	38	9	110
70506	18	16	32	29	4	99
70508	18	14	21	23	13	89

Lake Charles Region						
Zip Code	2020	2021	2022	2023	2024	Total
70601	26	20	30	32	17	125
70663	8	15	19	19	9	70
70607	11	12	12	12	4	51
70611	5	8	15	7	2	37
70615	4	8	19	0	2	33

Alexandria Region						
Zip Code	2020	2021	2022	2023	2024	Total
71301	43	24	59	56	30	212
71360	37	27	34	59	23	180
71351	9	12	18	28	9	76
71303	11	18	13	16	11	69
71446	10	8	10	25	5	58

Shreveport Region						
Zip Code	2020	2021	2022	2023	2024	Total
71107	14	25	39	48	13	139
71106	27	17	34	42	11	131
71109	21	29	13	41	4	108
71108	14	30	31	16	6	97
71111	11	20	35	18	9	93

Monroe Region						
Zip Code	2020	2021	2022	2023	2024	Total
71202	36	32	40	51	25	184
71203	26	11	33	58	21	149
71292	16	13	20	34	29	112
71291	20	20	19	28	5	92
71220	9	15	17	20	8	69

Retention of foster homes remains a focus of work for Louisiana. Louisiana continues to explore what leads to foster parents leaving the agency and sends Exit Surveys to all foster parents who request closure. The exit surveys do not have a very high response rate. The surveys do not ask for a specific reason for closure but do ask about overall agency experience and the supportive services received. The foster parents are also able to answer open-ended questions to provide additional feedback.

The chart below provides data on Closure Reasons for foster homes for FFY 2024:

Closures Reasons for Homes Closed in FFY 2024	
(October 1, 2023, through September 30, 2024)	
CLOSED - FAMILY MOVED	5
CLOSED - OPENED IN ERROR	3
CLOSED – WITHDRAWS	705*
CLOSED-DEATH/ILLNESS	1
CLOSED-DOES NOT MEET CRIT/SKIL	40
CLOSED-INQUIRY ONLY	4
CLOSED-PLACEMT DISRUPTION	4
CLOSED-VALID ABUSE	15
CLOSED-VALID NEGLECT	2
OTHER/UNKNOWN	13
Grand Total	792

Evidence Reviewed for Data Collection

- Annual Progress and Services Report
- TIPS
- WebFOCUS- Louisiana Administrative Data
- Annie E. Casey Foundation (datacenter.aecf.org)

Opportunities for Improvement

In the first quarter of FFY 2025, the DCFS plans to re-launch the Foster Caregiver Advisory Board (FCAB) in select regions. This new model aims to provide an opportunity for foster caregivers to meet regularly with the DCFS regional leadership to address ongoing barriers to foster caregiver retention and support. Once the program is fully implemented, each region will have a regional FCAB meeting, where a core leadership team of three foster caregivers will be elected by their peers to serve on the statewide Foster Caregiver Advisory Board. In the initial invitations to the first FCAB meeting, the nomination and selection process will be explained, the criteria for serving as one of the three Advisory Board representatives for the region, and that foster caregivers must be in attendance to be nominated. During the first meeting, foster caregivers in attendance will have the opportunity to self-nominate or nominate other foster caregivers in attendance to be

considered for the core leadership team who will serve on the Statewide Advisory Board. Once candidates are selected, a survey will be generated and distributed to all foster caregivers in the region to elect their chosen representatives. The top three candidates with the most votes will be named as the region's Advisory Board representatives. In the FCAB pilot regions, meetings are being held with foster caregiver mentors, key foster caregivers involved in support efforts, and former FCAB board members and subcommittee members to thoroughly explain the new FCAB model and ask for their assistance with spreading the word to fellow foster caregivers who may be interested in participating. The Board will meet with the DCFS statewide leadership quarterly to learn about regional work and determine if statewide policy and practice change is needed.

The Foster Caregiver Recruitment and Support Manager and Consultants are working diligently to improve timely data entry and tracking of foster family progress through the certification process. Consultants are responsible for entering the following information into the TIPS/LARE database each month: new inquiries, invitations to orientation, participation in orientation, and participation in A Journey Home classes. Each month, the Home Development Monthly Report is generated through WebFocus based on case events and entered into TIPS/LARE. This report is issued to regional leadership, showing certification progress for families within the region and other pertinent information for the Home Development team.

The DCFS Child Welfare Data Unit worked with the Foster Caregiver Recruitment and Support Manager to develop a longitudinal data report, tracking pipeline data for foster home certification. Once finalized, this report will show the average amount of time that elapses as a family progresses through each step of the certification process. It will also allow the DCFS to assess the number of families who inquired over a long time period and determine which families completed the process to become certified foster caregivers. This report will assist Recruitment and Support staff with efforts to re-recruit families into the certification process.

Summary of Performance and Rating

Louisiana assessed the foster and adoptive parent licensing, recruitment, and retention system's functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide. Louisiana received an overall rating of Strength for Item 33 of the Round three CFSR. With a strong recruitment plan in place, progress over the last two years, along with supporting data as evidence Louisiana's assessment of the CFSR Round 4 for Item 35: Foster and Adoptive Parent Licensing, Recruitment, and Retention is a strength.

Item 36: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children is occurring statewide?

Louisiana DCFS uses the National Electronic Interstate Compact Enterprise (NEICE) System process for ensuring the effective use of cross-jurisdictional resources to facilitate adoptive or

permanent placements for waiting children occurring statewide. Louisiana ICPC follows the agency's standards and the Compact requires the following documents: the placement resource completed certified home study, certified letter, Form 406-ID Cards, and Please Tell Us letter. Louisiana DCFS also has an established process to monitor the time frames of ICPC requests and supportive data as evidence.

Policy and Process Overview

Louisiana Interstate Compact on the Placement of Children (ICPC) accepts the following type of home study requests: Parent, Relative, Foster, Adoption, and Residential Treatment Center (RTC).

The Safe and Timely Interstate Placement of Foster Children Act of 2006 contains assurance that the State will make effective use of cross-jurisdictional resources to facilitate timely foster and adoptive or permanent placements for children. Each state is required to complete a preliminary report on foster and adoptive home studies requested by another State within 60 days. As of June 25, 2024, forty-nine states have joined the National Electronic Interstate Compact Enterprise (NEICE) System. When ICPC referrals are read, process, and sent to the receiving state local office for assignment, the NEICE notification system starts tracking the completed home study. The NEICE system sends a 10 calendar day safe and timely notification prior to the deadline for the completed home study. When the notification is received, the assigned ICPC Coordinator make contact with the assigned caseworker or receiving state requesting a status on the pending home study.

Louisiana's process for completing ICPC home study requests from other states are as follows:

- As the receiving state Louisiana-ICPC receives the ICPC referrals via The National Electronic Interstate Compact Enterprise (NEICE) system from those state who are NEICE States. For the States who are non-NEICE, the referrals are received via the ICPC General Email box.
- The ICPC referral(s) are assigned to an ICPC Coordinator based on their assigned alphabet. The ICPC referral is assigned according to the child's last name or if it a sibling group the referral is assigned according the oldest child's last name.
- The ICPC Coordinator(s) adheres to the ICPC referral checklist which is located in policy [11-225 Requirements when Louisiana is the Sending State](#). Once the ICPC referral is read by the ICPC Coordinator, the referral is processed by sending the referral along with a transmittal identifying the type of Regulation, type of home study request, and an expected due date to have the completed home study back to LA-ICPC. The ICPC Coordinator also asks for the name of the assigned caseworker and supervisor who will complete the home study.
- If the ICPC request is for certification (foster/adoptive) the ICPC referral is sent to the Home Development supervisor for assignment.
- Once the referral is sent to the NEICE Designee, the LA-ICPC Coordinator will track the case and will follow-up for a safe and timely letter within 30 days from the local assigned caseworker and supervisor.
- When tracking the ICPC cases, the tools that the ICPC Teams utilizes are the NEICE notification system, the Outlook calendar, and a personalized desk calendar. The ICPC Team also created an Excel Spreadsheet tracking their assigned ICPC cases.

JULY 2024

Louisiana

M/CMS CASE ID: [REDACTED]

Case Details Children In Case Documents Communications Notes Access Add a Child

Sending Case



M/CMS CASE ID: [REDACTED]

Interstate CASE ID: [REDACTED]

Receiving State: North Carolina

Status: ACTIVE

[Update Status](#) [View History](#)

Case Created: 07/26/2024

Type of Care: Foster Family Home

Placement Resource: [REDACTED]

Child(ren): [REDACTED]

Alerts:

- ⚠ There are 10 calendar days before the Safe & Timely 60 calendar day deadline for NEICE Case # [REDACTED]. The response is due by 11 Oct 2024. This case contains Child ID [REDACTED] ✖
- ⚠ There are 10 calendar days before the Safe & Timely 60 calendar day deadline for NEICE Case # [REDACTED]. The response is due by 11 Oct 2024. This case contains Child ID [REDACTED] ✖

Analysis of Performance

The following data is the number of sent to ICPC and the number of ICPC home study requests received by Louisiana ICPC during FFY 2023 and FFY 2024:

Type of ICPC Request	FFY 2023 Sent to ICPC	FFY 2024 Sent to ICPC
Parent	107	88
Relative	171	164
Public Adoption	42	37
Foster Care	94	157
Total number of cases received	414	446

Type of ICPC Request	FFY 2023 Received by LA ICPC	FFY 2024 Received by LA ICPC
Parent	103	151
Relative	403	327
Public Adoption	112	76
Foster Care	245	345
Total number of cases received	862	899

The timeliness of parent and relative home studies that requires completion within a 60 day time frame are below:

Required Home Studies within 60 days	Total number of Cases Sent and Received	Total number of home studies completed timely	Percent of home studies completed timely
FFY 2023	783	92	11.7%
FFY 2024	730	112	15.3%

*This table does not include Residential Treatment Center (RTC) referrals.

During FFY 2023, there were 1,017 children open in TIPS as available for adoption waiting on ICPC process and certification approval to be moved to an adoptive/potential permanent placement in another state. During FFY 2024, there were 957 children available for adoption.

Evidence Reviewed for Data Collection

- Annual Progress and Services Report
- Tetras Data
- Louisiana Data Profile
- TIPS
- WebFOCUS
- ICPC data system
- CFSR Round 4 Statewide Data Indicators Workbook

Opportunities for Improvement

There are challenges with using cross jurisdictional resources that have delayed placement across state lines and permanency for children. One barrier is the completion of parent, relative, foster, and adoption home studies related to foster and adoptive licensing requirements based on each state. Delays noted in completion of home studies include: obtaining FBI and child welfare background checks timely, staff retention, staff going out on FMLA and the case never gets reassigned, the assigned NEICE designee not responding to the NEICE notification(s) timely, and the ICPC referral(s) not being assigned timely. Other challenges are the receiving state's policies may have a lengthier requirement which may prolong the completion of the home study or delays or technical difficulties within the NEICE system which prevents the referral from being sent timely to the local office or receiving state. On July 2024, the LA-ICPC Office experienced

staff reduction of three ICPC Coordinators who were all promoted which lead to three vacant positions and a delay with processing ICPC referrals and responding to active ICPC cases. One tracking system that was implemented to track overdue home studies is a report retrieved from the NEICE system. The report is retrieved every three to six months and is divided between the two Administrative Coordinators with instructions to follow-up with either the Louisiana's local or receiving state to request a status on all overdue home studies.

Summary of Performance and Rating

Louisiana assessed the effective use of its NEICE as well as the state's process of using this cross-jurisdictional resource to facilitate timely adoptive or permanent placements for waiting children and if this is occurring statewide. Louisiana received an overall rating of Area Needing Improvement for Item 36 of the Round 3 CFSR. Louisiana ICPC struggles with meeting the 60-day documentation requirements and recognizes more staff are needed to support ICPC. Louisiana's assessment of the CFSR Round 4 for Item 36: State use of Cross-Jurisdictional Resources for Permanent Placement as an Area Needing Improvement. However, the state's overall performance on Foster and Adoptive Licensing, Recruitment and Retention Items 33-36 is found to be in substantial conformity.

Appendix – State Data Profile

The state data profile can be requested from the state or the Children's Bureau