# OVERSIGHT OF THE FOSTER CARE PROGRAM

# DEPARTMENT OF CHILDREN AND FAMILY SERVICES

PERFORMANCE AUDIT SERVICES
ISSUED AUGUST 9, 2017

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LOUISIANA LEGISLATIVE AUDITOR
**DARYL G. PURPERA, CPA, CFE**

August 9, 2017

The Honorable John A. Alario, Jr.,
President of the Senate
The Honorable Taylor F. Barras,
Speaker of the House of Representatives

Dear Senator Alario and Representative Barras:

This report provides the results of our performance audit of the Department of Children and Family Services' (DCFS) oversight of Louisiana's Foster Care Program.

The report contains our findings, conclusions, and recommendations. Appendix A contains DCFS's response to this report. I hope this report will benefit you in your legislative decision-making process.

We would like to express our appreciation to the management and staff of DCFS for their assistance during this audit.

Sincerely,

Daryl G. Purpera, CPA, CFE
Legislative Auditor

DGP/aa

DCFS-FC 17

# Louisiana Legislative Auditor

**Daryl G. Purpera, CPA, CFE**

## Oversight of the Foster Care Program
## Department of Children and Family Services

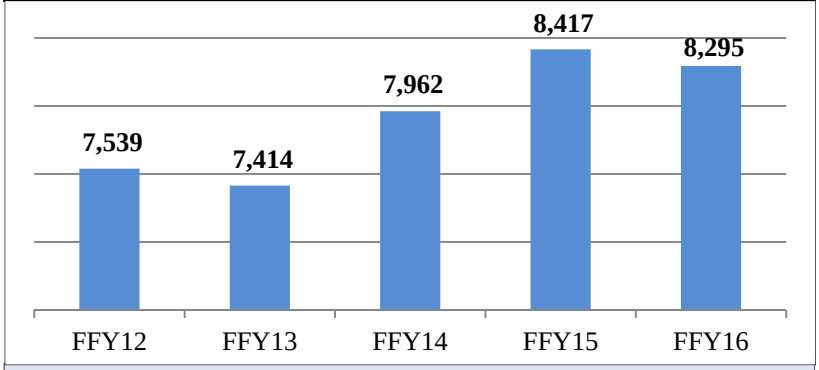
August 2017

*Audit Control # 40150017*

## Introduction

We evaluated the Department of Children and Family Services' (DCFS) oversight of Louisiana's Foster Care Program. According to DCFS data, during state fiscal years 2012 through 2016, children entered foster care in Louisiana due to neglect[1] (85.4%), physical or sexual abuse (13.0%), and other reasons such as the voluntary surrender of parental rights (1.6%). During state fiscal year 2016, DCFS expenditures for foster care totaled $122.3 million, with approximately 69.4% covered by federal funds. We conducted this audit because the Governor's Transition Committee on Children and Family Services[2] reported in January 2016 that DCFS was unable to sufficiently staff its critical positions to effectively serve children in Louisiana. According to the committee, a departmental reorganization in 2010 and years of budget cuts have resulted in DCFS facing funding and staffing crises that will have a devastating impact on vulnerable children. In addition, the number of children in foster care in Louisiana has increased by more than 750 since federal fiscal year 2012, as shown in Exhibit 1.

**Exhibit 1**
**Number of Children in Foster Care***
**Federal Fiscal Years 2012 through 2016**




*Count is the total number of children who received foster care services at any time during each fiscal year.
**Source:** Prepared by legislative auditor's staff using information provided by DCFS.

[1] According to Louisiana Children's Code Article 603, "neglect" means the refusal or failure of a parent or caretaker to supply a child with necessary food, clothing, shelter, or care as a result of which the child's physical, mental, or emotional health, and safety is substantially threatened or impaired.
[2] *Onward Louisiana: Transition Committee on Children and Family Services*, January 21, 2016 http://gov.louisiana.gov/assets/docs/TransitionTeam/DCFS_Transition_Final_Report.pdf

State law [Louisiana Revised Statute (R.S.) 36:477] authorizes the Office of Children and Family Services within DCFS to provide for the public child welfare functions of the state. Foster care is a protective service for children who must live apart from their parents due to neglect or abuse. While a child is in foster care, the state serves as the custodian of the child and must ensure their safety and provide for their needs, including housing and healthcare services. Foster care is intended to be temporary until children can be reunited with their family. When reunification is not an option, DCFS seeks to achieve an alternative permanent placement, such as adoption, that meets the child's needs and most closely resembles a family-like setting. Of the 3,967 children who exited foster care during 2016, the average amount of time spent in care was 13.1 months.

DCFS ensures the safety and well-being of children in foster care through a variety of activities, including conducting criminal background checks of prospective foster parents, conducting monthly face-to-face visits with foster children, and ensuring that children receive needed healthcare services. Caseworkers have responsibilities to the foster child and the parents of the child, which may involve home visits, assessments, and services to multiple households. In addition, caseworkers are responsible for conducting ongoing safety assessments of all children remaining in the care of the parents. DCFS management provides supervisory oversight and monitors caseworker activities primarily through Continuous Quality Improvement (CQI) reviews. These reviews are conducted twice a year and include a review of case files to determine whether caseworkers are effectively performing their required duties.

The objective of this performance audit was:

**To evaluate DCFS's oversight of Louisiana's Foster Care Program.**

Overall, we found that DCFS faces significant challenges, such as high caseloads and turnover, which affect staff's ability to effectively conduct all of their required activities. We found that DCFS did not ensure that prospective foster care providers had required background checks, and some foster care providers had previous valid cases of abuse or neglect. These issues are summarized on the next page and in detail in the remainder of the report. Appendix A contains DCFS's response to this report, and Appendix B details our scope and methodology.

## Objective: To evaluate DCFS's oversight of Louisiana's Foster Care Program.

Our evaluation generally included fiscal years 2012 through 2016 and identified the following issues:

- **DCFS faces significant challenges in performing its required duties, including low staffing levels, high caseloads, frequent turnover of staff, retention of foster parents, and ineffective data systems.** For example, from January 1, 2012, to January 1, 2016, the number of children in foster care increased by 152 (3.6%) while the number of foster care field staff decreased by 12 (3.3%). In addition, we found that caseworkers carried an average of 16 cases in 2016, which is higher than the maximum of 10 cases established in DCFS's policy. These challenges may impact DCFS's ability to ensure the safety and well-being of children in foster care in Louisiana.

- **DCFS did not always ensure that non-certified foster care providers received required criminal background checks.** DCFS policy allows caseworkers to place children with family or a person known to the child who is not a certified foster care provider. However, in fiscal year 2016, 158 (34.1%) of 464 non-certified providers did not receive timely criminal background checks, and 134 (28.9%) received no background checks as of December 31, 2016.

- **DCFS allowed nine certified providers with prior valid cases of abuse or neglect to care for foster children during fiscal years 2012 to 2016 without obtaining the required waivers. In addition, DCFS management does not have a formal process to ensure that caseworkers assessed the safety of children placed with 68 non-certified providers, as required by policy.** For example, we found one non-certified provider with a prior valid case of neglect was allowed to care for three children during our scope and subsequently had a valid case of neglect with one of those children.

- **State regulations require DCFS to expunge certain valid cases of abuse or neglect from the State Central Registry, which means the cases are not available for caseworkers to consider prior to placing children with providers.**

- **DCFS did not always ensure that children in foster care received services to address their physical and behavioral health needs.** According to Medicaid data, of the 2,808 foster children who entered care in 2016, 1,077 (38.4%) did not receive an initial medical visit within seven days, as required by policy. In addition, DCFS management does not have an efficient method to ensure that caseworkers are conducting initial behavioral health assessments of foster children and coordinating services for those children with identified behavioral health needs.

- **DCFS should improve the placement stability of children in foster care.** During fiscal year 2016, 17.9% of foster children in care for less than 12 months had three or more placements, compared to the national median of 14.4%.

- **DCFS should use internal CQI results to identify statewide trends and regional disparities, and to develop initiatives and training to improve caseworker performance.** From fiscal years 2014 to 2016, DCFS's overall performance either improved or remained stable in 11 of the 18 areas evaluated on the CQI that relate to foster care. However, DCFS's performance declined or the percentages of areas needing improvement increased statewide from fiscal years 2014 to 2016 in seven areas.

These issues are explained in more detail throughout the remainder of the report along with recommendations to strengthen DCFS's oversight of the Foster Care Program.

## DCFS faces significant challenges in performing its required duties, including low staffing levels, high caseloads, frequent turnover of staff, retention of foster parents, and ineffective data systems. These challenges may impact DCFS's ability to ensure the safety and well-being of children in foster care in Louisiana.

According to caseworkers and foster parents, DCFS faces a variety of challenges. These challenges range from budget cuts and staffing shortages to worker turnover and ineffective data systems, which impact DCFS's ability to ensure the safety and well-being of children in foster care. We conducted a statewide survey of 5,446 past and present foster parents and received 632 responses (11.6%) on DCFS's oversight of the Foster Care Program. In addition, we analyzed survey responses from 261 foster care caseworkers from our 2013 survey of child welfare caseworkers on job satisfaction and the challenges they face in providing appropriate and effective services. Based on foster parent and caseworker comments, we identified the challenges discussed below.

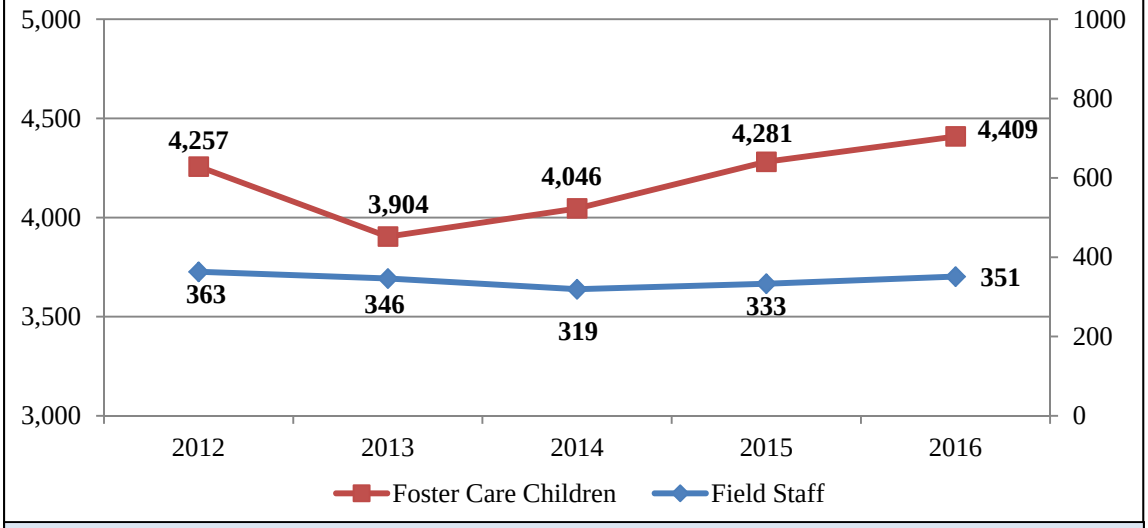
**While the number of children in foster care has increased since 2012, DCFS staffing levels have decreased.** According to the Child Welfare Policy and Practice Group[3] that conducted a review of the DCFS Child Welfare Division, the department did not have adequate numbers of experienced staff to consistently comply with internal performance expectations and program requirements set by the U.S. Department of Health and Human Services' Children's Bureau. From calendar years 2012 to 2016, the number of children in foster care increased by 152 (3.6%), while the number of foster care field staff decreased by 12 (3.3%). According to DCFS management, it has requested

> "I have noticed that the caseworkers are overloaded with cases. This makes it hard for them to give the care and attention needed to each child, parent, foster parent, etc."
>
> **Source:** LLA Foster Parent Survey (conducted August 2016)

[3] *A Review of Child Welfare the Louisiana Department of Children and Family Services*, Child Welfare Policy and Practice Group, January 2016. www.unitedwaysela.org/sites/unitedwaysela.org/files/Louisiana%20Child%20Welfare%20Report.pdf

funding each year since fiscal year 2012 to hire additional caseworkers; however, funding has never been granted. Exhibit 2 shows the number of children in foster care and the number of field staff as of January 1 for calendar years 2012 through 2016.

**Exhibit 2**
**Number of Foster Care Children and Field Staff***
**Calendar Years 2012 through 2016**



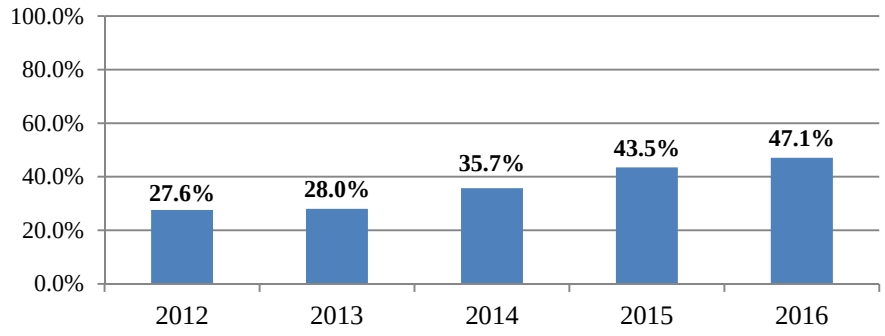

* Counts are all children in care/field staff on January 1 for each calendar year.
**Source:** Prepared by legislative auditor's staff using information provided by DCFS.

**Foster care caseworkers carried an average of 16 cases in 2016, which is higher than the maximum of 10 cases established in DCFS's policy.**[4] According to our foster care caseworker survey, high caseload was cited most frequently by caseworkers as their greatest challenge in providing appropriate and effective foster care services. For instance, caseworkers reported that providing quality services to foster children and families, transporting children to appointments, entering documentation in the systems timely, submitting court reports timely, and effectively planning cases all suffer due to their high caseloads. In addition, a total of 194 (77.3%) of 251 foster care caseworkers either disagreed or strongly disagreed with the statement that their caseload allows them sufficient time to provide children and families with quality services they need.

The present caseload standard established in DCFS policy for foster care caseworkers is a total of 10 open cases.[5] However, we found that the percentage of workers assigned 11 or more cases increased from 27.6% in 2012 to 47.1% in 2016. Exhibit 3 shows the percentage of workers assigned 11 or more cases from calendar years 2012 through 2016.

[4] This average does not include trainee caseworkers, who cannot be assigned a caseload that exceeds seven cases.
[5] In circumstances where a caseworker is only assigned children placed in facilities, the caseload standard is 15.

**Exhibit 3**
**Percentage of Foster Care Caseworkers Carrying More than 10 Cases**
**Calendar Years 2012 through 2016***



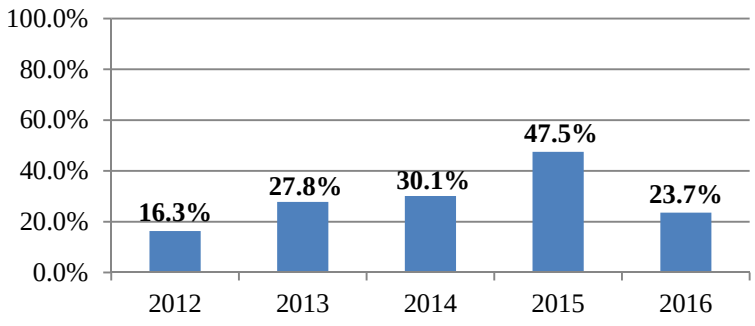

*Caseloads are snapshots as of September 30 for each calendar year and only include staff with assignments in foster care program.
**Source:** Prepared by legislative auditor's staff using information provided by DCFS.

**Foster care field staff turnover increased from 16.3% in calendar year 2012 to 23.7% in calendar year 2016, which presents a significant challenge for caseworkers in providing appropriate and effective services.** According to DCFS management, retention of qualified staff is also a significant problem, with some new staff leaving before they even finish training. The Child Welfare Policy and Practice Group noted that the stress of high workloads leads to high turnover, which in turn keeps workloads high since new caseworkers can only carry a limited number of cases. Exhibit 4 shows the turnover of foster care field staff from calendar years 2013 through 2016.

"Build a retention program. Build an incentive program for workers. Invest in caseworkers. They deserve better pay. Decrease their caseloads to minimize burnout and turnover."

**Source:** LLA Foster Parent Survey (conducted August 2016)

**Exhibit 4**
**Foster Care Field Staff* Turnover**
**Calendar Years 2012 through 2016**

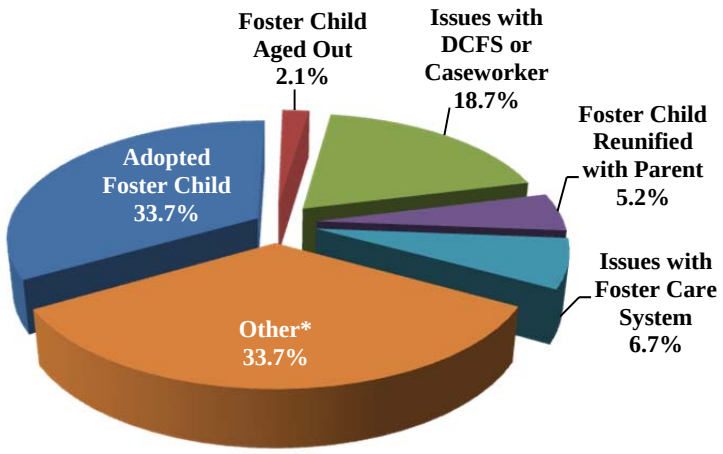



* Includes Program Operations/Field Managers and lower (clerical excluded).
**Source:** Prepared by legislative auditor's staff using information provided by DCFS.

The Governor's 2016 Transition Committee on Children and Family Services reported that because of an 18% increase in caseload coupled with a 20% staff reduction across all child welfare programs, child welfare caseworkers are "overwhelmed." The caseload issue is further intensified by high staff turnover because new hires can only carry limited caseloads. As a result, experienced staff must carry more cases, ultimately increasing burnout and turnover of trained caseworkers. Staff turnover also negatively impacts children. According to DCFS, a child who has one caseworker throughout their time in the child welfare system has a 74.5% chance of finding a permanent family. This decreases to a 17.5% chance if they have two caseworkers, and to only 0.3% if they have five or more caseworkers.

**Another challenge DCFS faces is retaining a sufficient number of foster care providers as it certifies between 700 and 800 regular foster family homes each year and closes about the same number.** Foster families leave the program for various reasons, such as when the children are reunified with their parents or age out of the system, or the foster parents reach their goal of adopting the children. Based on our survey results, foster parents in Louisiana also left the program because of issues with DCFS or their caseworkers, such as lack of professionalism or insufficient communication, or issues with the foster care system in general, such as disagreeing with judges' decisions to reunify children with parents or the lengthy adoption process. Exhibit 5 shows the reasons 193 former foster parents gave in August 2016 when asked why they left the program.

**Exhibit 5**
**Reasons Foster Care Families Left the Program**
**Foster Parent Survey**




*Other includes health/age issues, personal and financial reasons, moved, too many children in home, etc.
**Source:** Prepared by legislative auditor's staff using responses from foster parent survey.

DCFS may also close a home because a foster parent is not meeting program requirements such as mandatory training hours, exceeds the age limit for foster parents, or has a validated case of neglect or abuse. According to data from DCFS's Tracking, Information, and Payment System (TIPS), approximately 24 family foster homes were closed during fiscal year 2016 due to validated cases of neglect or abuse, and approximately 60 family foster homes were closed because DCFS determined the provider did not meet requirements, such as those listed above. However, DCFS does not consistently track the reason that homes close, so management does not always know if the agency proactively closed a home or the parent voluntarily left the program for a specific reason.

"I am unhappy with the way I was treated as a foster parent by the caseworkers and DCFS staff. Foster parents are not part of any team in reality. We have no rights, while our lives are turned upside down – voluntarily. I'm not sure I want to continue to subject myself to the system, although I would love to continue to foster and help children as well as their birth families."

**Source:** LLA Foster Parent Survey (conducted August 2016)

The Governor's 2016 Transition Committee on Children and Family Services recommended that DCFS explore new options for generating new foster homes because the department is currently "churning through new foster homes at a high rate." According to DCFS, on the last day of federal fiscal year 2016 there were approximately 2,479 placement resources in use for approximately 4,423 foster children. DCFS has recently participated in two initiatives to increase recruitment and retention of foster parents. In 2016, DCFS partnered with Louisiana's Foster/Adoptive Parent Association and the Faith Based Collaborative to assist with the recruitment, certification, and retention of foster/adoptive parents. Foster parents were offered support through parent's night out, training opportunities, family days, and other support services. In addition, beginning in July 2016 DCFS implemented the Quality Parenting Initiative (QPI), which is an effort to rebrand foster care by defining the expectations of foster parents, clearly articulating these expectations, and aligning the foster care system so expectations can be met. This initiative involves foster parents, DCFS staff, and birth parents working as a team to support foster children. According to DCFS, they anticipate QPI will improve the recruitment and retention of foster parents by giving them the support and training they need to work with children and their families. QPI will also clarify what DCFS expects from foster parents and what foster parents can expect from DCFS.

**DCFS's board rate paid to foster parents is less than the cost to care for children two years and older as reported by the U.S. Department of Agriculture (USDA) for the Southeastern United States.** According to DCFS, Louisiana's board rate for foster children makes it difficult for the agency to recruit and retain foster parents. Board rates are paid to certified foster parents to help them meet the daily needs of the child for shelter, food, clothing, allowance, and incidental expenses. This compensation does not cover healthcare, transportation, or child care, as these costs are separately covered or reimbursed to foster parents. In addition, 187 (31.6%) of 592 foster parents in our survey either disagreed or strongly disagreed that DCFS's board payment is adequate to meet the daily needs of children. Louisiana's average board rate paid to foster parents is $15.20 per day but varies based on the age of the foster child and has not been increased since 2007. According to R.S. 46:286, DCFS is to

"It is necessary to increase board payments. Foster parents should not have to come out of pocket to pay for things that the child needs. Foster children should be afforded all the same opportunities as non-foster children."

**Source:** LLA Foster Parent Survey (conducted August 2016)

recommend each year through the budgetary process funds sufficient to reimburse foster parents at a rate at least equal to the cost to care for a child as reported and published by the USDA for the Southeastern United States. According to DCFS, it has requested additional funding since 2012, but budget constraints have prevented the legislature from approving additional funding. As shown in Exhibit 6, DCFS's board rates for children two years and older are lower than both the 2013 USDA cost estimates and the updated estimates for 2015 that were released in January 2017.

**Exhibit 6**
**DCFS Monthly Board Rates Compared to USDA Estimated Cost to Care for a Child**

| Age of Child | DCFS Monthly Board Rate | USDA Estimated Monthly Cost (2013)* | USDA Estimated Monthly Cost (2015)* | Difference Between DCFS Rate and 2015 Cost |
|---|---|---|---|---|
| 0-1 | $467.40 | $414.17 | $452.50 | $14.90 |
| 2-5 | $407.10 | $429.17 | $455.00 | ($47.90) |
| 6-8 | $448.80 | $475.83 | $514.17 | ($65.37) |
| 9-11 | $448.80 | $499.17 | $555.00 | ($106.20) |
| 12-14 | $501.00** | $530.00 | $555.00 | ($54.00) |
| 15-17 | $501.00 | $522.50 | $550.83 | ($49.83) |

* USDA cost estimates are for lowest family income level and exclude transportation, healthcare, and childcare and education.
** DCFS categorizes board rates by ages 6-12 and 13-17, so the monthly board rate for a 12-year-old is $448.80.
**Source:** Prepared by legislative auditor's staffing using information provided by DCFS and the USDA.

**DCFS management does not have accurate or complete data to sufficiently oversee the foster care program.** Data issues including accuracy and completeness limit the ability of DCFS management to use TIPS data to monitor caseworker performance and compliance with required activities. For example, we found that 1,918 (63.0%) of 3,043 children who entered foster care during 2016[6] had no documentation in TIPS of a required initial behavioral health assessment. According to DCFS, caseworkers may not have had time to enter information in TIPS due to high caseloads. However, because the data is incomplete, management has no way of knowing if caseworkers conduct these assessments without reviewing the case files.

In addition, DCFS uses multiple information systems to collect case-level information on foster children. As a result, staff must enter the same information in more than one location, which increases the risk for incorrect data entry. According to a 2014 AFCARS[7] assessment review report issued by the federal Children's Bureau,[8] there are other issues with TIPS that impact data accuracy and completeness, including underreported data elements, such as

[6] Total includes children who remained in foster care for at least 15 days.
[7] AFCARS is the Adoption and Foster Care Analysis and Reporting System used by the federal Children's Bureau to collect case-level data on children in foster care.
[8] U.S. Department of Health and Human Services' Children's Bureau, *Louisiana's Adoption and Foster Care Analysis and Reporting System Assessment Review*, January 2014.
www.acf.hhs.gov/sites/default/files/cb/la_aar_2013.pdf

diagnosed disability information, incomplete data elements, such as medical visits, and incorrect data elements, such as placement dates.

The Governor's 2016 Transition Committee on Children and Family Services recommended that DCFS explore effective case management software because the current software configuration does not accurately and efficiently capture data. In addition, the report recommended that all systems within DCFS be evaluated for effectiveness and duplication of information. In its December 2016 Annual Progress and Service Report submitted to the U.S. Department of Health and Human Services,[9] DCFS noted that it does not have a comprehensive child welfare information system. However, federal funding has been approved for the development and implementation of a comprehensive solution to modernize and replace its legacy systems. The implementation period for a new child welfare data system has been targeted for June 2018.

**Recommendation 1:** DCFS management should determine whether staffing levels are sufficient to provide quality services to foster children, and if not, continue to request funding to hire additional caseworkers.

**Summary of Management's Response:** DCFS agrees with this recommendation and stated that it includes additional staff each year in the budget request so that the workload can be more manageable and service delivery can be more successful. See Appendix A for DCFS's full response.

**Recommendation 2:** DCFS management should consistently track the reason that foster parents leave the program in order to address those issues and improve foster parent retention.

**Summary of Management's Response:** DCFS agrees with this recommendation and will revise the foster parent exit survey process to allow foster parents the opportunity to provide feedback to DCFS about their experiences with the system. In addition, a statewide tracking process will be implemented that will capture the reasons foster parents leave the system. Both processes will be implemented by the end of September 2017. See Appendix A for DCFS's full response.

**Recommendation 3:** DCFS management should evaluate its current board rates to ensure they are at least equal to the most recent costs to care for children as reported and published by the USDA and request additional funding through the budgetary process if necessary, in accordance with R.S. 46:286.

**Summary of Management's Response:** DCFS agrees with this recommendation and will continue to include requests in budget documents to increase the board rates for foster parents. See Appendix A for DCFS's full response.

[9] *Annual Progress and Service Report*, DCFS, December 2016
www.dcfs.louisiana.gov/assets/docs/searchable/Child%20Welfare/APSR/2016APSR.pdf

**Recommendation 4:** DCFS management should continue to work towards using federal funds as approved for the development and implementation of a comprehensive child welfare information system.

**Summary of Management's Response:** DCFS agrees with this recommendation. The budgetary request for the Child Welfare Information System was allocated in the recent legislative session and DCFS has begun the work involved in the designing and implementation of this system. See Appendix A for DCFS's full response.

## DCFS did not always ensure that non-certified foster care providers received required criminal background checks. In fiscal year 2016, 158 (34.1%) of 464 non-certified providers did not receive timely criminal background checks, and 134 (28.9%) received no background checks as of December 31, 2016.

To ensure the safety and well-being of children in foster care, caseworkers are required to conduct criminal background checks on all providers, check for prior valid cases of abuse or neglect, conduct monthly face-to-face visits with foster children, and assess and address safety concerns. However, we found that DCFS did not always ensure that non-certified foster care providers had mandatory criminal background checks.[10] According to R.S. 46:282, DCFS is required to conduct a fingerprint-based criminal background check prior to certifying a foster care provider. In emergency cases, DCFS policy allows caseworkers to place children with family or a person known to the child who is not a certified foster care provider, such as a grandmother or neighbor. While DCFS is allowed to request a *name-based* criminal background check on the provider during these emergency situations, the provider must clear a *fingerprint-based* background check within 15 days.[11]

**In fiscal year 2016, 158 (34.1%) of 464 non-certified providers did not receive timely criminal background checks and 134 (28.9%) received no background checks as of December 31, 2016, prior to caring for foster children.[12]** Using Louisiana State Police (LSP) data, we matched 464 non-certified providers from fiscal year 2016 and found that 158 (34.1%) did not clear a fingerprint-based check within 15 days of a child being placed in their home; on average it took 46 days. In addition, 134 providers (28.9%) did not receive a fingerprint background check as of December 31, 2016. During fiscal year 2016, DCFS placed 134 foster children with these 134 non-certified providers without ensuring that the providers cleared a criminal background check.

[10] Our preliminary testing of TIPS and LSP fingerprint data indicated that DCFS's certification process sufficiently reduced the risk that certified providers did not receive criminal background checks during fiscal years 2012 through 2014.

[11] According to LSP, name-based background checks cannot replace fingerprint-based background checks because of data errors associated with name variations and limited available arrest information.

[12] This analysis includes placements that lasted at least 30 days and began 30 days prior to the end of fiscal year 2016, but the provider had no fingerprint check as of June 30, 2016.

State law requires that DCFS remove a child from the foster home immediately if the non-certified provider fails to provide fingerprints as required. However, we found instances where DCFS allowed children to remain with non-certified providers without clearing a fingerprint-based criminal background check for more than a year.

DCFS policy also requires that certified providers have a subsequent criminal record clearance every three years. However, DCFS may not be aware of arrests that occur during the three years between the initial and subsequent background checks. In addition, DCFS policy does not require caseworkers to recheck the criminal background of non-certified providers after a child is initially placed in their care. LSP offers a weekly "rap back" service which would alert DCFS if any provider is arrested after the initial criminal clearance. If DCFS subscribed to this service, caseworkers could review any new arrest information, determine if the individual is still an appropriate foster care provider, and remove any foster children from the home, if necessary.

**Recommendation 5:** DCFS management should identify all current non-certified providers who are not in compliance with the fingerprint-based criminal background check requirement and complete a fingerprint-based background check.

**Summary of Management's Response:** DCFS agrees with this recommendation and will identify all non-certified providers out of compliance with the fingerprint-based background check and require that they be completed by the end of August 2017. If any provider refuses the background check, staff will move the children placed within five working days. See Appendix A for DCFS's full response.

**Recommendation 6:** DCFS management should ensure that non-certified providers receive fingerprint-based criminal background checks within 15 days of a placement or remove the foster child immediately, in accordance with state law.

**Summary of Management's Response:** DCFS agrees with this recommendation and stated that if any provider refuses the background check, staff will move the child within the required five working days. In addition, DCFS will implement an internal monitoring process to ensure that all non-certified providers receive fingerprint-based clearances within the required timeframe by October 1, 2017. See Appendix A for DCFS's full response.

**Recommendation 7:** DCFS management should request "rap backs" from LSP so that it is notified of new arrests of current providers and determine whether they should still be approved to care for foster children.

**Summary of Management's Response:** DCFS agrees with this recommendation and has already implemented the "rap back" process with LSP to ensure any information on future crimes committed by individuals originally fingerprinted by DCFS as potential caretakers for children in foster care will be available to the department for ongoing assessment. See Appendix A for DCFS's full response.

**DCFS allowed nine certified providers with prior valid cases of abuse or neglect to care for children during fiscal years 2012 to 2016 without obtaining the required waivers. In addition, DCFS management does not have a formal process to ensure that caseworkers assessed the safety of children placed with 68 non-certified providers, as required by policy.**

In addition to conducting criminal background checks, DCFS ensures the safety of foster children by determining whether potential foster care providers had prior valid findings of child abuse or neglect by searching the Louisiana State Central Registry (SCR).[13] Based on a review of any prior cases of abuse or neglect, DCFS determines if children can be placed in the home without risk to their health or safety. Individuals with prior valid cases of abuse or neglect applying to be certified providers must obtain a waiver from the DCFS Secretary, as required by R.S. 46:1407. The determination for non-certified providers is made at the regional level and documented in case notes.

**DCFS allowed nine certified providers with prior valid cases of abuse or neglect to care for children during fiscal years 2012 to 2016 without obtaining the required waivers.** During this time, caseworkers requested 19 waivers from the DCFS Secretary to approve individuals with prior cases of abuse or neglect as certified foster care providers. Eight were granted. However, we found that caseworkers did not request waivers for nine certified providers who had prior valid cases of abuse or neglect and cared for foster children.[14] According to DCFS, caseworkers failed to obtain waivers for these providers due to lack of communication and supervisor oversight. One of the certified providers we found had multiple prior valid cases of abuse and neglect, did not receive a waiver, was allowed to continue caring for children, and subsequently physically abused another foster child in their care. According to DCFS management, it has since removed all children from all nine homes, and the providers are no longer approved as foster parents.

**DCFS management does not have a formal process to ensure that caseworkers assessed the safety of foster children by the end of the first working day after placing them with 68 non-certified providers with prior valid cases of abuse or neglect.** While DCFS does not require waivers for non-certified providers who have prior valid cases of child abuse or neglect, caseworkers must search the SCR by the end of first working day after a child is placed in a non-certified home. If a valid finding of abuse or neglect exists in the registry, DCFS policy requires that the caseworker discuss this finding with their supervisor to determine if the placement is safe for the specific child and document this decision in the case notes. However, DCFS management does not have a formal tracking process to ensure that caseworkers are consistently identifying non-certified providers with prior valid cases of abuse or neglect and

[13] The SCR is a centralized database of child abuse and neglect investigation records maintained by DCFS.
[14] There were a total of 176,963 valid perpetrators in TIPS with cases of abuse or neglect opened prior to June 30, 2016; however, we had to eliminate 112,544 (63.6%) of these perpetrators from this analysis due to missing or invalid Social Security numbers in TIPS. Therefore, there may be more providers with valid cases of abuse or neglect who cared for foster children during our scope.

then assessing and documenting the safety of foster children placed in their care. For example, we found one non-certified provider with a prior valid case of neglect was allowed to care for three children during our scope and subsequently had a valid case of neglect with those children. According to DCFS, there was no evidence in the case file that the caseworker searched the SCR for the provider or discussed the prior valid case and the children's safety with their supervisor.

**Recommendation 8:** DCFS management should ensure that caseworkers request waivers for all providers with prior valid cases of child abuse or neglect prior to certification as foster care providers, as required by state law.

**Summary of Management's Response:** DCFS agrees with this recommendation and is assessing current practice and the process for ensuring the safe caregiver environment in foster homes. See Appendix A for DCFS's full response.

**Recommendation 9:** DCFS management should develop and implement a formal tracking process to ensure that regional staff are conducting and documenting an assessment of a child's safety when placed with non-certified providers with prior valid cases of abuse or neglect.

**Summary of Management's Response:** DCFS agrees with this recommendation and will implement a process to review cases where children are placed with providers with prior valid findings to ensure that assessment has occurred and that documentation exists to support decisions. See Appendix A for DCFS's full response.

## State regulations require DCFS to expunge certain valid cases of abuse or neglect from the State Central Registry, which means the cases are not available for caseworkers to consider prior to placing children with providers.

Louisiana Administrative Code (LAC)[15] requires that DCFS expunge valid cases of non-fatal abuse or neglect from the SCR after 10 years or when the perpetrator's youngest child turns 18. As a result of this regulation, caseworkers are not able to obtain the complete history of potential foster care providers. If DCFS were to amend LAC to require that all valid cases of abuse or neglect be retained in the SCR, caseworkers would be able to consider this information in future risk and safety assessments of potential foster care providers.

Regulations regarding the expungement of valid cases of abuse or neglect vary across the nation. Some states have regulations similar to Louisiana, such as New Hampshire, where valid cases are retained for seven years. However, others have longer retention regulations, such as Arizona, where valid reports are retained for 25 years. In addition, some states do not expunge valid cased of abuse or neglect, such as Delaware, where information regarding valid cases remains in its internal information system to assist in making decisions about foster and adoptive parents.

[15] LAC 67:1103(B)(1)

**Recommendation 10:** DCFS management should re-evaluate the expungement requirements and determine whether it should amend LAC 67:1103(B)(1) to only require the expungement of invalid cases of abuse and neglect.

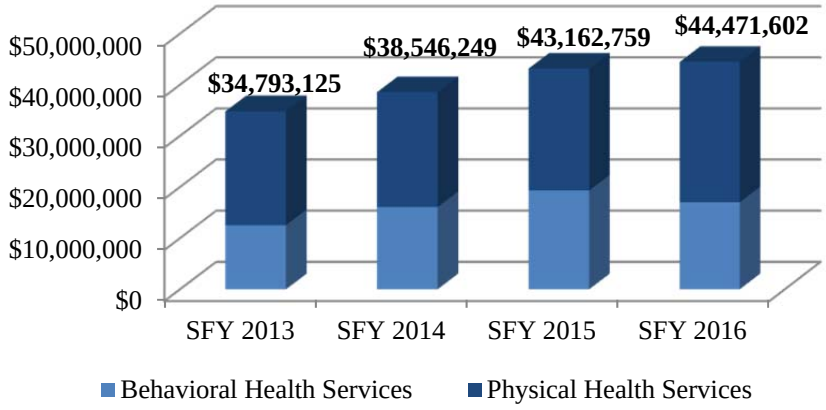
**Summary of Management's Response:** DCFS agrees with this recommendation and is reviewing criteria that place an individual on the child abuse and neglect SCR and the expungement rules associated with how long an individual is to be maintained on the SCR. Once expungement expectations are defined, policies and procedures will be implemented to support the new expectations. See Appendix A for DCFS's full response.

## DCFS did not always ensure that children in foster care received services to address their physical and behavioral health needs. For example, 1,077 (38.4%) of the 2,808 foster children who entered care in 2016 did not receive an initial medical visit within seven days, as required by policy.

DCFS is charged with ensuring the physical health, behavioral health,[16] and overall development and well-being of foster children by assessing needs and providing services. According to DCFS policy, caseworkers are responsible for initiating plans for medical care and for maintaining medical records in the child's case file. Although children in foster care received approximately $44.5 million in healthcare (physical and behavioral health) services in fiscal year 2016, we found that DCFS did not always ensure that children received services to address their needs. Exhibit 7 shows total expenditures for healthcare services for foster children for fiscal years 2013 through 2016.

[16] For the purposes of this report, "behavioral health" terminology includes behavioral health, mental health, and addiction services.

**Exhibit 7**
**Healthcare Services for Foster Children**
**Fiscal Years 2013 through 2016**




**Note:** Payment sources include Medicaid, Medicare, private insurance, and DCFS, but exclude Medicaid per member per month (PMPM).
**Source:** Prepared by legislative auditor's staff using Medicaid and TIPS data.

**According to Medicaid and TIPS data, of the 2,808 children who entered foster care in 2016, 1,077 (38.4%) did not receive an initial medical visit within seven days, as required by policy.**[17] According to DCFS policy, a child entering foster care is required to have an initial medical examination within seven days. According to the American Academy of Pediatrics, children typically enter foster care with a high prevalence of undiagnosed or under-treated chronic medical problems as well as fractures, infections, burns, and other acute illnesses. We found that 1,077 (38.4%) of the 2,808 foster children who entered care in 2016 did not receive an initial medical visit within seven days, as required by policy; on average it took 32 days. Exhibit 8 shows the number of children who received an initial medical visit within seven days, as required by policy, during fiscal years 2013 through 2016.

**Exhibit 8**
**Initial Medical Examinations**
**Fiscal Years 2013 through 2016**

| | FY2013 | | FY2014 | | FY2015 | | FY2016 | |
|---|---|---|---|---|---|---|---|---|
| Received an initial medical visit within 7 days | 1,290 | 49.1% | 1,549 | 51.2% | 1,824 | 58.0% | 1,731 | 61.6% |
| Did not receive an initial medical visit within 7 days (late) | 1,337 | 50.9% | 1,478 | 48.8% | 1,323 | 42.0% | 1,077 | 38.4% |
| **Total*** | **2,627** | | **3,027** | | **3,147** | | **2,808** | |

***Total number includes children who entered foster care in each fiscal year, remained in care for more than seven days, and had a paid Medicaid claim but does not include children who were not enrolled in Medicaid or did not match to Medicaid data.
**Source:** Prepared by legislative auditor's staff using Medicaid data and TIPS data provided by DCFS.

[17] Total number includes children who entered foster care in 2016, remained in care for more than seven days, and had a paid Medicaid claim but does not include children who were not enrolled in Medicaid or did not match to Medicaid data.

DCFS's 2016 internal Continuous Quality Improvement (CQI) review identified issues with 69 (46.0%) of 150 cases in the area of assessing and meeting foster children's physical health needs. Reviewers found caseworkers failed to assess and provide appropriate and timely physical and dental care, missing documentation of medical exams, and a lack of evidence of appropriate oversight of prescription medication.

**DCFS management does not have an efficient method to ensure that caseworkers are conducting initial behavioral health assessments of foster children and coordinating services for those children with identified behavioral health needs.** Children in foster care are at a greater risk of having psychological, social, and developmental delays as compared to children in the general population, and research suggests that the majority of children in foster care have significant behavioral health issues.[18] DCFS caseworkers are responsible for conducting an initial behavioral health assessment and coordinating relevant services. However, we found that DCFS cannot efficiently determine whether caseworkers performed these assessments because, as mentioned earlier, there was no documentation in TIPS for the required behavioral health assessment for 63% of children who entered care in 2016. In addition, management is not able to readily ensure that foster children who needed behavioral health services actually received those services. DCFS management would have to review individual regional case files to determine the results of behavioral health assessments and whether services were provided. We used Medicaid data to determine if foster children received behavioral health services and found that 180 (6.7%) of 2,668 children who entered foster care during fiscal year 2016 did not receive behavioral health services as of December 31, 2016.[19] Specifically, 7 (9.0%) of 78 children who entered foster care in 2016 as a result of sexual abuse did not receive behavioral health services.

> "There is a significant need for the mental rehabilitation of ALL foster children. They come from very broken and dark pasts. Some children will flourish with just counseling sessions (which are very hard to come by as there are not enough counselors) and some need serious mental help."
>
> **Source:** LLA Foster Parent Survey (conducted August 2016)

Although children in foster care received approximately $17 million in behavioral health services in fiscal year 2016, DCFS's internal CQI review identified issues with 29 (25.2%) of 115 cases in the area of assessing and providing behavioral health services for children. For example, some case files showed caseworkers did not conduct assessments to determine behavioral health needs, and there was no evidence to support a diagnosis of Attention Deficit Hyperactivity Disorder. In more severe cases, a child did not receive counseling for sexual abuse despite exhibiting sexually inappropriate behavior, and a child who was diagnosed with depression had no follow up services for more than five months.

**In addition, according to our foster parent survey, 146 (23.1%) of 632 respondents indicated that they faced challenges in obtaining needed physical and behavioral health services for the children they care for.** The foster parents surveyed stated that there are not enough Medicaid providers in Louisiana to serve children. When asked what challenges they faced in securing physical and behavioral health services for foster children, 40.8% of foster

[18] "Mental Health Care Issues of Children and Youth in Foster Care," National Resource Center for Family-Centered Practice and Permanency Planning, April 2008.
[19] Total number includes children who entered foster care in 2016 and remained in care for more than 30 days.

parents cited limited and timely availability of services. Exhibit 9 summarizes challenges cited by foster parents related to services.

**Exhibit 9**
**Challenges Faced in Securing Services for Foster Children**
**2016 Survey Results**

| | | |
|---|---|---|
| Limited Services and Timely Availability | 67 | 40.8% |
| Lack of Support from DCFS | 39 | 23.8% |
| Quality of Care by Healthcare Provider | 18 | 11.0% |
| Insurance/Medicaid Enrollment Issues | 13 | 7.9% |
| Other (Age-Related or Unable to Determine Issues) | 27 | 16.5% |
| **Total*** | **164** | **100%** |

***146** foster parents provided a response, but some provided responses that fit in more than one category, totaling 164 challenges.
**Source**: Prepared by legislative auditor's staff using results of foster parent survey.

According to DCFS, the state's transition to the Medicaid managed care system in 2012 significantly reduced the number of providers for physical and behavioral health services. With managed care, DCFS lost many specialized providers due to low reimbursement rates or providers electing not to join the managed care network. This transition has resulted in delays in service, fewer providers, and a lack of providers that specialize in foster care issues.

**Recommendation 11:** DCFS management should ensure that all foster children receive initial medical visits within seven days of entering foster care, as required by policy.

**Summary of Management's Response:** DCFS agrees with this recommendation and will assess issues impacting timely medical exam completion and offer targeted solutions to staff. Staff shortage and utilization of managed care have both contributed to delays in compliance in this area. The assessment of issues will be completed by October 1, 2017, and a plan to address corrective action will be implemented by November 1, 2017. See Appendix A for DCFS's full response.

**Recommendation 12:** DCFS management should develop a method to ensure that caseworkers conduct initial behavioral health assessments of foster children and coordinate services for those children that are identified as having behavioral health needs. This may include changes to its data system that allow caseworkers to record this information.

**Summary of Management's Response:** DCFS agrees with this recommendation and will assess issues impacting timely behavioral health assessment completion. DCFS will also work to ensure the data system captures initial assessment completion so that compliance can be monitored. In addition, DCFS will conduct case reviews to ensure the practice of assessment and referral for service is evident. The assessment of issues will be completed by October 1, 2017, and a plan to address corrective action will be implemented by November 1, 2017. See Appendix A for DCFS's full response.

## DCFS should improve the placement stability of children in foster care. During fiscal year 2016, 17.9% of foster children in care for less than 12 months had three or more placements, compared to the national median of 14.4%.

According to the federal Children's Bureau Outcomes Report to Congress,[20] adequate placement stability is defined as limiting a child's placements to no more than two while in foster care. While there may be circumstances where a placement change is in the best interest of a child, DCFS management states that it strives to keep placements at a minimum. In fiscal year 2016, 17.9% of foster children in Louisiana in care for less than 12 months had three or more placements, compared to the national median of 14.4%. Exhibit 10 shows DCFS's placement stability performance by time in care for federal fiscal year 2016.

**Exhibit 10**
**Placement Stability in Time by Care**
**Federal Fiscal Year 2016**

| | In Care Less Than 12 Months | | In Care 12-24 Months | | In Care More Than 24 Months | |
|---|---|---|---|---|---|---|
| # of Placements | DCFS 2016 | National Median 2013* | DCFS 2016 | National Median 2013* | DCFS 2016 | National Median 2013* |
| 2 or fewer | 82.1% | 85.6% | 65.3% | 64.8% | 40.6% | 34.7% |
| 3 or more | 17.9% | 14.4% | 34.7% | 35.2% | 59.4% | 65.3% |

***Used the most recent national median published by the federal Children's Bureau.
**Source:** Prepared by legislative auditor's staff using information provided by DCFS and the federal Children's Bureau.

In addition, our review of TIPS data showed instances of foster children with high numbers of placements. For example, a child who was seven months old when they entered care had seven placements in less than three years, and a five-year-old had nine placements in less than four years of care.

According to the Child Welfare Policy and Practice Group, high placement instability usually occurs because of a lack of supportive resources for foster parents, insufficient matching of children with foster parents, poor case planning, and high caseloads. In 2016, this group reported that although DCFS had improved its placement stability from fiscal years 2008 to 2014, the department did not meet the national standard[21] in any of these years. In 2008, DCFS was ranked 35 out of 51 states, and in 2014 was ranked 29 out of 51 states for placement stability. According to DCFS, placement stability is adversely affected by high caseworker and foster parent turnover, which are two significant challenges discussed earlier in this report.

[20] *Child Welfare Outcomes 2010-2013: Report to Congress*, U.S. Department of Health and Human Services' Children's Bureau, February 2016 www.acf.hhs.gov/cb/resource/cwo-10-13
[21] The federal Children's Bureau standard is the 69th percentile, or a placement stability score of 101.5 or higher.

**Recommendation 13:** To improve placement stability, DCFS should limit the number of placement settings to those in the child's best interests by increasing supportive resources for foster parents and making more appropriate placement decisions for children.

**Summary of Management's Response:** DCFS agrees with this recommendation and has defined key areas to target placement stability, including implementing Quality Parenting, training of staff and foster parents in Trust-Based Relational Intervention, and a new foster parent pre-service training program called "The Journey Home." See Appendix A for DCFS's full response.

## DCFS should use internal CQI results to identify statewide trends and regional disparities, and to develop initiatives and training to improve caseworker performance.

According to DCFS, the primary goal of CQI is to improve overall agency functioning and ensure positive outcomes. The current CQI review process involves reviewing a random sample of a minimum of 63 foster care cases from all nine DCFS regions twice a year. Case reviews are conducted using an instrument that evaluates caseworkers' performance in 18 areas related to foster care services and mimics the federal review process. This process requires a 90% passing rate, or 10% or fewer cases identified by DCFS as having issues. At the end of each review period, CQI staff meets with regional staff to discuss the results of the review and areas needing improvement. However, DCFS does not have a formal process for incorporating CQI results to make systematic improvements statewide or within regions. If DCFS required regions to submit performance improvement plans for CQI areas needing improvement, management could hold the regions and specific caseworkers accountable for improving in a specific timeframe. An effective CQI process should help improve caseworker performance and decrease the number of cases with issues.

DCFS should review CQI results to determine areas that have continued to decline in performance statewide over the years and incorporate these areas into its initiatives and trainings. For example, DCFS has recently focused on improving in the area of caseworker visits with children. As a result, the number of cases where DCFS identified issues with foster child visits declined from 21.3% in 2014 to 8.7% in 2016. From fiscal years 2014 to 2016, DCFS's overall performance either improved or remained stable in 11 of the 18 areas evaluated on the CQI that relate to foster care. However, DCFS's performance declined or the percentages of cases with issues increased statewide from fiscal years 2014 to 2016 in seven areas that affect foster children, as shown in Exhibit 11.

| Exhibit 11<br>CQI Foster Care Areas Reviewed<br>Percentage of Cases With Issues<br>Fiscal Years 2014 through 2016 | | | | | |
|---|---|---|---|---|---|
| **Area** | **Examples of Deficiencies** | **2014** | **2015** | **2016** | **Progress since 2014** |
| **Safety** | | | | | |
| Risk Assessments and Safety Management | Failure to address domestic violence in the home; safety threats identified but no safety plan implemented; no concerted efforts to conduct ongoing assessments to ensure child's safety after returning home | 32.7% | 26.4% | 28.7% | Improved |
| **Permanency** | | | | | |
| Stability of Foster Care Placement | Child's placement not considered stable because of ongoing mental and behavioral health needs; child had four placements during period of review, all unplanned and did not meet child's needs | 18.7% | 20.8% | 22.7% | Declined |
| Establishing Permanency Goals | Reunification goal not appropriate given parent's history, lack of compliance, and high risk level; adoption goal not established in a timely manner | 31.3% | 30.9% | 39.3% | Declined |
| Achieving Permanency Goals | Parental rights terminated but case not transferred to Adoption Unit; paternity not established until 17 months after child entered care | 36.3% | 31.3% | 42.7% | Declined |
| Placement with Siblings | No documentation supporting why siblings not placed together; no concerted efforts made to place siblings together | 7.9% | 6.3% | 8.6% | Declined |
| Visiting with Parents and Siblings | Region did not ensure child had frequent visits with twin; no face-to-face visits with parents who resided in another region; no evidence that visitation plan for incarcerated father was developed | 45.7% | 36.2% | 31.6% | Improved |
| Preserving Connections | No evidence of efforts made to preserve child's ties to community, school, friends, or extended family members; no evidence agency assisted child in maintaining contact with two older siblings | 27.0% | 21.6% | 23.6% | Improved |
| Relative Placement | No concerted efforts to locate or evaluate maternal and paternal relatives as potential placements; region did not initiate relative home study in timely manner | 35.0% | 22.2% | 19.2% | Improved |
| Relationship with Parents | Parents not involved in child's counseling, school activities, medical appointments, and foster parent not encouraged to act as role model for demonstrating parenting skills | 71.2% | 43.5% | 36.4% | Improved |
| **Well-Being** | | | | | |
| Needs Assessment and Services to Foster Child | Agency did not formally or informally assess children's needs; child not referred to Early Steps for assessment of physical needs and/or development delays; unidentified need for personal family contact not met, despite child's verbal requests for contact | 16.7% | 12.0% | 16.7% | Stable |
| Needs Assessment and Services to Parents | No services provided to meet parent's identified need for mental health treatment, stable housing, and developing support system; initial assessment on parents not comprehensive | 52.2% | 42.1% | 50.0% | Improved |
| Needs Assessment and Services to Foster Parents | No visits to foster home for six days after caseworker made initial placement at hospital to assess needs and provide any services to first-time foster; delay with daycare payment created hardship on single-parent household | 16.1% | 10.6% | 19.7% | Declined |

| Area | Examples of Deficiencies | 2014 | 2015 | 2016 | Progress since 2014 |
|---|---|---|---|---|---|
| **Well-Being (Cont.)** | | | | | |
| Child and Family Involvement in Case Planning | No efforts to actively involve mother or father in case planning process on ongoing basis; child not adequately involved in case planning discussions of case goals, family strengths, or understanding permanency goals | 45.5% | 35.4% | 37.6% | Improved |
| Caseworker Visits with Children | Children not seen privately or interviewed separately; frequency and quality of visits insufficient to address safety and well-being of child | 21.3% | 13.4% | 8.7% | Improved |
| Caseworker Visits with Parents | No visits for three months except phone calls; agency did not make concerted efforts to locate father once released from jail | 64.0% | 50.0% | 56.2% | Improved |
| Educational Needs of Foster Child | No documentation of child's current IEP evaluation, school progress reports, or report cards to monitor and address what services child could have benefitted from to improve grades of D's and F's; child in need of speech assessment but no services provided | 14.5% | 13.6% | 14.0% | Improved |
| Physical Health of Foster Child | Child not provided with needed corrective eyewear; medical needs of substance-exposed infant not assessed; no evidence of completion of initial physical or dental exam in child's record | 38.0% | 32.1% | 46.0% | Declined |
| Mental Health of Foster Child | Therapeutic services for child diagnosed with Bipolar Disorder not provided; child did not receive counseling for sexual abuse; lack of oversight for psychotropic medications | 24.0% | 12.4% | 25.2% | Declined |

**Source:** Prepared by legislative auditor's staff using CQI results from 2014 to 2016.

While DCFS has improved in 10 areas statewide from fiscal years 2014 to 2016, not all regions improved individually in these areas during this time. For instance, while DCFS improved its performance in making concerted efforts to assess the needs of parents and to provide appropriate services to address those needs, not all regions improved individually. Appendix C details CQI results for all regions in all areas for 2014 through 2016. Exhibit 12 on the following page shows an example of performance decreasing in four regions from fiscal years 2014 to 2016, while overall performance improved statewide in needs assessments and services to parents.

In addition, since DCFS is unable to globally monitor performance using existing data systems, DCFS should use CQI results to make targeted initiatives and training where necessary. For instance, DCFS could provide focused training to the four regions with declining performance in needs assessment and services to parents to ensure that all regions improve on future reviews.

| Exhibit 12<br>Needs Assessment and Services to Parents<br>CQI - Percent of Cases Reviewed with Issues<br>Fiscal Years 2014 through 2016 | | | |
|---|---|---|---|
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 50.0%<br>(8 of 16 cases) | 37.0%<br>(10 of 27 cases) | 78.6%<br>(11 of 14 cases) |
| Baton Rouge | 33.3%<br>(3 of 9 cases) | 78.9%<br>(15 of 19 cases) | 100.0%<br>(8 of 8 cases) |
| Covington | 28.6%<br>(4 of 14 cases) | 29.6%<br>(8 of 27 cases) | 33.3%<br>(5 of 15 cases) |
| Lafayette | 57.1%<br>(8 of 14 cases) | 29.6%<br>(8 of 27 cases) | 16.7%<br>(2 of 12 cases) |
| Lake Charles | 33.3%<br>(4 of 12 cases) | 22.7%<br>(5 of 22 cases) | 50.0%<br>(6 of 12 cases) |
| Monroe | 69.2%<br>(9 of 13 cases) | 56.5%<br>(13 of 23 cases) | 45.5%<br>(5 of 11 cases) |
| Orleans | 77.8%<br>(7 of 9 cases) | 23.8%<br>(5 of 21 cases) | 45.5%<br>(5 of 11 cases) |
| Shreveport | 85.7%<br>(12 of 14 cases) | 83.3%<br>(25 of 30 cases) | 57.1%<br>(8 of 14 cases) |
| Thibodaux | 35.7%<br>(5 of 14 cases) | 10.0%<br>(2 of 20 cases) | 33.3%<br>(3 of 9 cases) |
| **State Total** | **52.2%<br>(60 of 115 cases)** | **42.1%<br>(91 of 216 cases)** | **50.0%<br>(53 of 106 cases)** |
| **Source:** Prepared by legislative auditor's staff using 2014-2016 CQI results. | | | |

**Recommendation 14:** DCFS management should use CQI results to make targeted initiatives and training both statewide and at the regional level where needed.

**Summary of Management's Response:** DCFS agrees with this recommendation and has tasked regional and state CQI committees with developing and implementing action steps to improve deficit practice from the case review process. See Appendix A for DCFS's full response.

# APPENDIX A: MANAGEMENT'S RESPONSE

Department of Children & Family Services
Building a Stronger Louisiana

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John Bel Edwards, Governor
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July 31, 2017

Mr. Daryl G. Purpera, CPA, CFE
Legislative Auditor
Office of the Legislative Auditor
P.O. Box 94397
Baton Rouge, LA 70804-9397
Attn: Nicole B. Edmonson, CIA, CGAP, MPA

RE: DCFS Child Welfare

Dear Mr. Purpera:

The following is submitted in response to the recent audit conducted on the Department of Children and Family Services' (DCFS) Foster Care program. Please know that DCFS is committed to continuously evaluating ways to improve the system that protects our most vulnerable citizens. We work in partnership with state, local, and national organizations to identify and implement best-practice solutions to ensure that children are safe, that families are strengthened and that permanency for children is prioritized.

While the audit captures performance from FFY 2012-16, the department has made significant restructuring changes that will enable the child welfare division to provide more effective services through trained and qualified staff. The structure for the past several years aimed to streamline services, decrease staff numbers, and expected Child Welfare, Family Support and Child Support Enforcement staff to manage programs in which they did not have experience or expertise. This structure was proven to be ineffective for Child Welfare and highlighted as an area to address in the Governor's Transition Team Report for DCFS. We are confident that the current structure will allow for a more effective delivery of services.

In the area of Child Welfare, several areas of focus will drive efforts going forward. Two of these areas will be assist in addressing many of the findings in this audit. These areas include: increasing the number of foster families willing and able to meet the unique needs of children in foster care and providing necessary supportive services to the families, and maintaining a stable and competent workforce. The second area alone, if improved, will have significant impact in improving all work performance. Staffing issues have permeated the department for the past nine years and have impacted compliance in many areas. According to recent research on DCFS Child Welfare which was conducted by consultant, Betsy Reveal, and funded by Casey Family Programs, it was determined that if all positions in Child Welfare were filled, an additional 80 positions are needed to meet the demands of the work and to meet caseload standards.

DCFS concurs with the findings of the audit for FFY 2012-16. Below is a response to each recommendation and the plans to address each area.

**Recommendation 1: DCFS management should determine whether staffing levels are sufficient to provide quality services to foster children, and if not, continue to request funding to hire additional caseworkers.**

*DCFS does concur with this recommendation. As noted in your report, the average foster care caseload is 16. This count does not accurately capture all case activities involved in foster care nor does it reflect that new staffs carry reduced caseloads for up to six months upon hire. DCFS does include additional staff each year in the budget request so that the workload can be more manageable and service delivery can be more successful.*

**Recommendation 2: DCFS management should consistently track the reason that foster parents leave the program in order to address those issues and improve foster parent retention.**

*DCFS does concur with this recommendation. DCFS will revise the foster parent exit survey process. This process will allow foster parents the opportunity to provide feedback to DCFS about their experiences with the system. In addition, a statewide tracking process will be implemented that will capture the reasons foster parents leave the system. Both processes will be implemented by the end of September 2017.*

**Recommendation 3: DCFS management should evaluate its current board rates to ensure that they are at least equal to the most recent costs to care for children as reported and published by the USDA and request additional funding through the budgetary process if necessary, in accordance with LA R.S. 46:286.**

DCFS does concur with this recommendation. DCFS evaluates the current board rate annually to assess whether basic board rates are at least equal to the most recent costs to care for children in the Urban South published by the USDA. Requests to increase the board rates for foster parents have been included in budget documents for all years in this audit timeframe. DCFS will continue this practice.

**Recommendation 4: DCFS management should continue to work towards using federal funds as approved for the development and implementation of a comprehensive child welfare information system.**

*DCFS does concur with this recommendation. The budgetary request for the Child Welfare Information System was allocated in the recent legislative session. The department has begun the work involved in the designing and implementation of this system. DCFS feels strongly that having an effective data system is key to improving performance.*

**Recommendation 5: DCFS management should identify all current non-certified providers that are not in compliance with the fingerprint-based criminal background check requirement and complete a fingerprint based background check.**

*DCFS will identify all non-certified providers out of compliance with the fingerprint based background check and require that they be completed by the end of August 2017. If any provider refuses the background check, staff will move the children placed within 5 working days.*

**Recommendation 6: DCFS management should ensure that non-certified providers receive fingerprint based criminal background checks within 15 days of a placement or remove the foster child immediately, in accordance with law.**

*DCFS does concur with this recommendation. DCFS current policy will be enforced to ensure that all providers comply with the background check requirement within 15 days of placement. If any provider refuses the background check, staff will move the child within the required 5 working days. DCFS will implement an internal monitoring process to ensure that all non-certified providers receive fingerprint based clearances within the required timeframe. This process will be implemented by October 1, 2017.*

**Recommendation 7: DCFS management should request "rap backs" from Louisiana State Police so that it is notified of new arrests of current providers and determine whether they should still be approved to care for children.**

*DCFS does concur with this recommendation. DCFS has already implemented the "rap-back" process with the Louisiana State Police to ensure any information on future crimes committed by individuals originally fingerprinted by DCFS as potential caretakers for children in foster care will be available to the department for ongoing assessment.*

**Recommendation 8: DCFS management should ensure that caseworkers request waivers for all providers with prior valid cases of child abuse or neglect prior to certification as foster care providers, as required by state law.**

*DCFS does concur with this recommendation. DCFS is in the process of implementing HB 486 which requires a State Central Registry (SCR) due process for valid cases of abuse and neglect. As the department implements this legislation, the policies around certification and valid findings will be defined to support implementation. The assessment of current practice and the process for ensuring the safe caregiving environment in foster homes will guide program development to enhance the SCR review process. The SCR process will be implemented in January 2018.*

**Recommendation 9: DCFS management should develop and implement a formal tracking process to ensure that regional staff are conducting and documenting an assessment of a child's safety when placed with non-certified providers with prior valid cases of abuse or neglect.**

*DCFS does concur with this recommendation. DCFS will enforce existing policy regarding conducting and documenting assessment of a child's safety when placed with non-certified providers with prior valid cases. In addition, DCFS will implement a process to review cases where children are placed with providers with prior valid findings to ensure that assessment has occurred and that documentation exists to support decisions.*

**Recommendation 10: DCFS management should reevaluate the expungement requirements and determine whether it should amend LAC 67:1103(B)(1) to only require the expungement of unsubstantiated cases of abuse and neglect.**

*DCFS does concur with this recommendation. Due to recent legislation, HB 486, DCFS is reviewing finding criteria that places an individual on the child abuse and neglect State Central Registry (SCR) and the expungement rules associated with how long an individual is to be maintained on the SCR. As part of this review, other state's timeframes will be researched and considered. Once expungement expectations are defined, policies and procedures will be implemented to support the new expectations.*

**Recommendation 11: DCFS management should ensure that all foster children receive initial medical visits within seven days of entering foster care as required by policy.**

*DCFS does concur with this recommendation. DCFS will assess issues impacting timely medical exam completion and offer targeted solutions to staff. Staff shortage and utilization of managed care have both contributed to delays in compliance in this area. The assessment of issues will be completed by October 1, 2017 and a plan to address corrective action will be implemented by November 1, 2017.*

**Recommendation 12: DCFS management should develop a method to ensure that caseworkers conduct initial behavioral health assessments of foster children and coordinate services for those children that are identified as having behavioral health needs. This may include changes to its data system that allow caseworkers to record this information.**

*DCFS does concur with this recommendation. DCFS will assess issues impacting timely behavioral health assessment completion. DCFS will work to ensure the data system captures initial assessment completion. Once the system captures the data, compliance can be monitored. In addition, DCFS will conduct case reviews to ensure the practice of assessment and referral for service is evident. The assessment of issues will be completed by October 1, 2017, and a plan to address corrective action will be implemented by November 1, 2017.*

**Recommendation 13: To improve placement stability, DCFS should limit the number of placement settings to those in the child's best interests by increasing supportive resources for foster parents and making more appropriate placement decisions for children.**

*DCFS does concur with this recommendation. DCFS has defined key areas to target placement stability: implementation of Quality Parenting to build stronger professional partnerships between foster families, department staff and biological families by developing a support network for the safe care of children while in foster care; training of staff and foster parents in Trust Based Relational Intervention (TBRI) so skills can be developed to modify children's behaviors through consistent, caring responses which build stronger parent/child relationships; and implementation of a new foster parent pre-service training program called "The Journey Home" which targets foster family skill development and foster family capacity to cope with the unique care and behavioral needs of the children in foster care.*

**Recommendation 14: DCFS management should use CQI results to make targeted initiatives and training both statewide and at the regional level where needed.**

*DCFS does concur with this recommendation. DCFS has successfully implemented a Continuous Quality Improvement (CQI) program over the past several years. The expectations of this program are defined by the Administration for Children and Families and are expectations of all states as the next rounds of federal review occur. The CQI process involves several tasks: case review utilizing a standardized instrument, interviews with staff and stakeholders involved in reviewed cases, distribution of review findings, and implementation of processes to improve practice. DCFS experienced challenges in early implementation due to the structure of the department and the division of Field Operations and Program staff. This division posed challenges for the implementation and enforcement of corrective action to address deficit practice. With the department's restructure into one division, the statewide implementation of the entire CQI process is expected and has begun.*

*DCFS has complied with federal expectations around implementation of the CQI program. Regional and state CQI committees are functioning in DCFS and are tasked with developing and implementing action steps to improve deficit practice from the case review process. DCFS will continue work in this area as we prepare for the 2018 federal review.*

Please ensure DCFS has information regarding any particular case discussed within the audit in order to complete an additional review. We appreciate the opportunity to partner with the Louisiana Legislative Auditor regarding this performance evaluation. Please advise if additional clarification and/or information are requested.

Sincerely,

Marketa Garner Walters
Secretary

Enclosure

cc: Terri Ricks, Deputy Secretary
Rhenda Hodnett, Assistant Secretary of Child Welfare

# APPENDIX B: SCOPE AND METHODOLOGY

We conducted this performance audit under the provisions of Title 24 of the Louisiana Revised Statutes of 1950, as amended. The purpose of this audit was to evaluate the Department of Children and Family Services' (DCFS) oversight of the safety and well-being of children in the custody of the state. Our audit covered the time period of fiscal years 2012 through 2016. The audit objective was:

**To evaluate DCFS's oversight of Louisiana's Foster Care Program.**

We conducted this performance audit in accordance with generally-accepted *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain sufficient, appropriate evidence to provide reasonable basis for our findings and conclusions based on our audit objective. We believe the evidence obtained provides a reasonable basis for our findings and conclusions based on our audit objective. To answer our objective, we reviewed internal controls relevant to the audit objective and performed the following audit steps:

- Researched and reviewed relevant state legal statutes, agency policies, training materials, and best practices criteria related to the foster care program, including *Onward Louisiana: Transition Committee on Children and Family Services*, January 21, 2016; and *A Review of Child Welfare: The Louisiana Department of Children and Family Services*, Child Welfare Policy and Practice Group, January 5, 2016.

- Interviewed DCFS management, program, and field staff at state and local levels, as well as other stakeholders in the foster care system including foster care providers, representatives of court systems such as judges and legal advocates, and law enforcement to identify issues and challenges in the foster care process.

- Developed and conducted a statewide survey of 5,446 current and former foster parents to identify their perceptions regarding issues, challenges, and management practices; received 632 (11.6%) responses. Analyzed responses from our 2013 survey of child welfare caseworkers on caseworker perceptions regarding challenges, workload, and management practices.

- Obtained results from DCFS's internal Continuous Quality Improvement (CQI) process, including completed reviews from January 2014 through June 2016, and reported results on a fiscal year basis to align with our audit scope.

- Obtained Tracking, Information, and Payment System (TIPS) data from DCFS regarding client and program records as well as expenses from their foster care

activities. Performed limited data reliability testing and analyzed data to test for compliance with law and policy.

- Obtained and analyzed Adoption and Foster Care Analysis Reporting System (AFCARS) data from the U.S. Department of Health and Human Services' Children's Bureau Outcomes Report to Congress and DCFS.

- Obtained Medicaid claims data for foster children for January 1, 2012, to December 30, 2016, to test healthcare services provided to foster children using auditor judgment of Medicaid codes.

- Obtained fingerprint-based criminal background check data from Louisiana State Police and Office of Motor Vehicles for fiscal year 2016 to test if foster care providers received a criminal background check. Additionally, obtained and analyzed waiver information provided by DCFS.

- Obtained and analyzed foster care caseworker staffing, turnover, and caseload data.

# APPENDIX C: CONTINUOUS QUALITY IMPROVEMENT (CQI)

## PERCENTAGE OF CASES REVIEWED WITH ISSUES, BY REGION

## FISCAL YEARS 2014 THROUGH 2016

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

**Risk Assessments and Safety Management**

| Region | 2014 | 2015 | 2016 |
|---|---|---|---|
| Alexandria | 56.3% (9 of 16) | 31.3% (10 of 32) | 37.5% (6 of 16) |
| Baton Rouge | 0.0% (0 of 16) | 37.5% (12 of 32) | 50.0% (8 of 16) |
| Covington | 22.2% (4 of 18) | 11.1% (4 of 36) | 16.7% (3 of 18) |
| Lafayette | 33.3% (6 of 18) | 5.6% (2 of 36) | 5.6% (1 of 18) |
| Lake Charles | 25.0% (4 of 16) | 21.9% (7 of 32) | 31.3% (5 of 16) |
| Monroe | 43.8% (7 of 16) | 45.2% (14 of 31) | 18.8% (3 of 16) |
| Orleans | 50.0% (8 of 16) | 31.3% (10 of 32) | 31.3% (5 of 16) |
| Shreveport | 55.6% (10 of 18) | 44.4% (16 of 36) | 55.6% (10 of 18) |
| Thibodaux | 6.3% (1 of 16) | 12.5% (4 of 32) | 12.5% (2 of 16) |
| **State Total** | **32.7% (49 of 150 cases)** | **26.4% (79 of 299 cases)** | **28.7% (43 of 150 cases)** |

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

**Stability of Foster Care Placement**

| Region | 2014 | 2015 | 2016 |
|---|---|---|---|
| Alexandria | 25.0% (4 of 16) | 19.4% (6 of 31) | 12.5% (2 of 16) |
| Baton Rouge | 12.5% (2 of 16) | 40.6% (13 of 32) | 31.3% (5 of 16) |
| Covington | 27.8% (5 of 18) | 13.9% (5 of 36) | 33.3% (6 of 18) |
| Lafayette | 5.6% (1 of 18) | 5.6% (2 of 36) | 27.8% (5 of 18) |
| Lake Charles | 25.0% (4 of 16) | 9.4% (3 of 32) | 18.8% (3 of 16) |
| Monroe | 37.5% (6 of 16) | 38.7% (12 of 31) | 25.0% (4 of 16) |
| Orleans | 0.0% (0 of 16) | 18.8% (6 of 32) | 6.3% (1 of 16) |
| Shreveport | 16.7% (3 of 18) | 25.0% (9 of 36) | 38.9% (7 of 18) |
| Thibodaux | 18.8% (3 of 16) | 18.8% (6 of 32) | 6.3% (1 of 16) |
| **State Total** | **18.7% (28 of 150 cases)** | **20.8% (62 of 298 cases)** | **22.7% (34 of 150 cases)** |

**Establishing Permanency Goals**

| Region | 2014 | 2015 | 2016 |
|---|---|---|---|
| Alexandria | 37.5% (6 of 16) | 28.1% (9 of 32) | 56.3% (9 of 16) |
| Baton Rouge | 37.5% (6 of 16) | 40.6% (13 of 32) | 43.8% (7 of 16) |
| Covington | 0.0% (0 of 18) | 30.6% (11 of 36) | 50.0% (9 of 18) |
| Lafayette | 33.3% (6 of 18) | 27.8% (10 of 36) | 16.7% (3 of 18) |
| Lake Charles | 25.0% (4 of 16) | 31.3% (10 of 32) | 25.0% (4 of 16) |
| Monroe | 56.3% (9 of 16) | 22.6% (7 of 31) | 62.5% (10 of 16) |
| Orleans | 37.5% (6 of 16) | 25.0% (8 of 32) | 25.0% (4 of 16) |
| Shreveport | 44.4% (8 of 18) | 50.0% (18 of 36) | 61.1% (11 of 18) |
| Thibodaux | 12.5% (2 of 16) | 19.4% (6 of 31) | 12.5% (2 of 16) |
| **State Total** | **31.3% (47 of 150 cases)** | **30.9% (92 of 298 cases)** | **39.3% (59 of 150 cases)** |

**Achieving Permanency Goals**

| Region | 2014 | 2015 | 2016 |
|---|---|---|---|
| Alexandria | 36.4% (8 of 22) | 40.5% (15 of 37) | 43.8% (7 of 16) |
| Baton Rouge | 36.8% (7 of 19) | 37.1% (13 of 35) | 18.8% (3 of 16) |
| Covington | 25.9% (7 of 27) | 9.3% (4 of 43) | 44.4% (8 of 18) |

| | | | |
|---|---|---|---|
| Lafayette | 46.4% (13 of 28) | 32.6% (14 of 43) | 38.9% (7 of 18) |
| Lake Charles | 14.3% (3 of 21) | 18.4% (7 of 38) | 43.8% (7 of 16) |
| Monroe | 62.5% (15 of 24) | 42.5% (17 of 40) | 50.0% (8 of 16) |
| Orleans | 31.6% (6 of 19) | 24.3% (9 of 37) | 31.3% (5 of 16) |
| Shreveport | 50.0% (11 of 22) | 57.5% (23 of 40) | 72.2% (13 of 18) |
| Thibodaux | 18.2% (4 of 22) | 20.0% (7 of 35) | 37.5% (6 of 16) |
| **State Total** | **36.3% (74 of 204 cases)** | **31.3% (109 of 348 cases)** | **42.7% (64 of 150 cases)** |
| ***Permanency Outcome #2: The continuity of family relationships and connections is preserved for children.*** | | | |
| **Placement with Siblings** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 10.0% (1 of 10) | 4.5% (1 of 22) | 22.2% (2 of 9) |
| Baton Rouge | 16.7% (1 of 6) | 7.1% (1 of 14) | 0.0% (0 of 8) |
| Covington | 11.1% (1 of 9) | 5.3% (1 of 19) | 0.0% (0 of 7) |
| Lafayette | 0.0% (0 of 9) | 11.1% (2 of 18) | 30.0% (3 of 10) |
| Lake Charles | 0.0% (0 of 12) | 10.5% (2 of 19) | 11.1% (1 of 9) |
| Monroe | 18.2% (2 of 11) | 7.1% (1 of 14) | 8.3% (1 of 12) |
| Orleans | 0.0% (0 of 8) | 5.6% (1 of 18) | 0.0% (0 of 6) |
| Shreveport | 0.0% (0 of 10) | 0.0% (0 of 22) | 0.0% (0 of 11) |
| Thibodaux | 14.3% (2 of 14) | 7.7% (1 of 13) | 0.0% (0 of 9) |
| **State Total** | **7.9% (7 of 89 cases)** | **6.3% (10 of 159 cases)** | **8.6% (7 of 81 cases)** |
| **Visiting with Parents and Siblings in Foster Care** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 50.0% (8 of 16) | 31.0% (9 of 29) | 57.1% (8 of 14) |
| Baton Rouge | 30.0% (3 of 10) | 68.2% (15 of 22) | 33.3% (3 of 9) |
| Covington | 56.3% (9 of 16) | 14.8% (4 of 27) | 0.0% (0 of 15) |
| Lafayette | 42.9% (6 of 14) | 20.7% (6 of 29) | 21.4% (3 of 14) |
| Lake Charles | 15.4% (2 of 13) | 17.4% (4 of 23) | 33.3% (4 of 12) |
| Monroe | 53.3% (8 of 15) | 54.2% (13 of 24) | 23.1% (3 of 13) |
| Orleans | 41.7% (5 of 12) | 36.0% (9 of 25) | 18.2% (2 of 11) |
| Shreveport | 53.3% (8 of 15) | 65.6% (21 of 32) | 60.0% (9 of 15) |
| Thibodaux | 56.3% (9 of 16) | 16.7% (4 of 24) | 36.4% (4 of 11) |
| **State Total** | **45.7% (58 of 127 cases)** | **36.2% (85 of 235 cases)** | **31.6% (36 of 114 cases)** |
| **Preserving Connections** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 50.0% (8 of 16) | 29.0% (9 of 31) | 31.3% (5 of 16) |
| Baton Rouge | 31.3% (5 of 16) | 33.3% (10 of 30) | 26.7% (4 of 15) |
| Covington | 23.5% (4 of 17) | 11.1% (4 of 36) | 11.1% (2 of 18) |
| Lafayette | 11.1% (2 of 18) | 14.3% (5 of 35) | 16.7% (3 of 18) |
| Lake Charles | 18.8% (3 of 16) | 12.9% (4 of 31) | 25.0% (4 of 16) |
| Monroe | 31.3% (5 of 16) | 35.5% (11 of 31) | 18.8% (3 of 16) |
| Orleans | 13.3% (2 of 15) | 19.4% (6 of 31) | 20.0% (3 of 15) |
| Shreveport | 27.8% (5 of 18) | 31.4% (11 of 35) | 16.7% (3 of 18) |
| Thibodaux | 37.5% (6 of 16) | 9.7% (3 of 31) | 50.0% (8 of 16) |
| **State Total** | **27.0% (40 of 148 cases)** | **21.6% (63 of 291 cases)** | **23.6% (35 of 148 cases)** |
| **Relative Placement** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 40.0% (6 of 15) | 17.2% (5 of 29) | 20.0% (3 of 15) |
| Baton Rouge | 40.0% (6 of 15) | 31.3% (10 of 32) | 33.3% (5 of 15) |

| | | | |
|---|---|---|---|
| Covington | 31.3% (5 of 16) | 8.3% (3 of 36) | 11.1% (2 of 18) |
| Lafayette | 29.4% (5 of 17) | 31.4% (11 of 35) | 27.8% (5 of 18) |
| Lake Charles | 6.3% (1 of 16) | 22.6% (7 of 31) | 12.5% (2 of 16) |
| Monroe | 62.5% (10 of 16) | 31.0% (9 of 29) | 18.8% (3 of 16) |
| Orleans | 0.0% (0 of 11) | 13.8% (4 of 29) | 7.1% (1 of 14) |
| Shreveport | 44.4% (8 of 18) | 27.8% (10 of 36) | 33.3% (6 of 18) |
| Thibodaux | 50.0% (8 of 16) | 16.1% (5 of 31) | 6.3% (1 of 16) |
| **State Total** | **35.0% (49 of 140 cases)** | **22.2% (64 of 288 cases)** | **19.2% (28 of 146 cases)** |
| **Relationship of Children in Foster Care with Parents** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 73.3% (11 of 15) | 42.3% (11 of 26) | 42.9% (6 of 14) |
| Baton Rouge | 75.0% (6 of 8) | 52.4% (11 of 21) | 28.6% (2 of 7) |
| Covington | 84.6% (11 of 13) | 33.3% (9 of 27) | 15.4% (2 of 13) |
| Lafayette | 61.5% (8 of 13) | 40.7% (11 of 27) | 18.2% (2 of 11) |
| Lake Charles | 50.0% (6 of 12) | 42.9% (9 of 21) | 25.0% (3 of 12) |
| Monroe | 84.6% (11 of 13) | 47.8% (11 of 23) | 50.0% (5 of 10) |
| Orleans | 70.0% (7 of 10) | 40.0% (8 of 20) | 27.3% (3 of 11) |
| Shreveport | 69.2% (9 of 13) | 63.3% (19 of 30) | 78.6% (11 of 14) |
| Thibodaux | 71.4% (10 of 14) | 21.1% (4 of 19) | 28.6% (2 of 7) |
| **State Total** | **71.2% (79 of 111 cases)** | **43.5% (93 of 214 cases)** | **36.4% (36 of 99 cases)** |
| ***Well-Being Outcome #1: Families have enhanced capacity to provide for children's needs.*** | | | |
| **Needs Assessment and Services to Children in Foster Care** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 50.0% (8 of 16) | 12.5% (4 of 32) | 18.8% (3 of 16) |
| Baton Rouge | 6.3% (1 of 16) | 34.4% (11 of 32) | 56.3% (9 of 16) |
| Covington | 16.7% (3 of 18) | 2.8% (1 of 36) | 0.0% (0 of 18) |
| Lafayette | 11.1% (2 of 18) | 5.6% (2 of 36) | 5.6% (1 of 18) |
| Lake Charles | 6.3% (1 of 16) | 6.3% (2 of 32) | 12.5% (2 of 16) |
| Monroe | 25.0% (4 of 16) | 22.6% (7 of 31) | 18.8% (3 of 16) |
| Orleans | 6.3% (1 of 16) | 9.4% (3 of 32) | 12.5% (2 of 16) |
| Shreveport | 16.7% (3 of 18) | 11.1% (4 of 36) | 22.2% (4 of 18) |
| Thibodaux | 12.5% (2 of 16) | 6.3% (2 of 32) | 6.3% (1 of 16) |
| **State Total** | **16.7% (25 of 150 cases)** | **12.0% (36 of 299 cases)** | **16.7% (25 of 150 cases)** |
| **Needs Assessment and Services to Parents** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 50.0% (8 of 16) | 37.0% (10 of 27) | 78.6% (11 of 14) |
| Baton Rouge | 33.3% (3 of 9) | 78.9% (15 of 19) | 100.0% (8 of 8) |
| Covington | 28.6% (4 of 14) | 29.6% (8 of 27) | 33.3% (5 of 15) |
| Lafayette | 57.1% (8 of 14) | 29.6% (8 of 27) | 16.7% (2 of 12) |
| Lake Charles | 33.3% (4 of 12) | 22.7% (5 of 22) | 50.0% (6 of 12) |
| Monroe | 69.2% (9 of 13) | 56.5% (13 of 23) | 45.5% (5 of 11) |
| Orleans | 77.8% (7 of 9) | 23.8% (5 of 21) | 45.5% (5 of 11) |
| Shreveport | 85.7% (12 of 14) | 83.3% (25 of 30) | 57.1% (8 of 14) |
| Thibodaux | 35.7% (5 of 14) | 10.0% (2 of 20) | 33.3% (3 of 9) |
| **State Total** | **52.2% (60 of 115 cases)** | **42.1% (91 of 216 cases)** | **50.0% (53 of 106 cases)** |
| **Needs Assessment and Services to Foster Parents** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 21.4% (3 of 14) | 10.0% (3 of 30) | 28.6% (4 of 14) |
| Baton Rouge | 6.3% (1 of 16) | 20.0% (6 of 30) | 23.1% (3 of 13) |

| | | | |
|---|---|---|---|
| Covington | 12.5% (2 of 16) | 5.7% (2 of 35) | 5.6% (1 of 18) |
| Lafayette | 11.8% (2 of 17) | 6.3% (2 of 32) | 0.0% (0 of 16) |
| Lake Charles | 13.3% (2 of 15) | 0.0% (0 of 31) | 26.7% (4 of 15) |
| Monroe | 23.1% (3 of 13) | 20.7% (6 of 29) | 25.0% (4 of 16) |
| Orleans | 35.7% (5 of 14) | 16.1% (5 of 31) | 23.1% (3 of 13) |
| Shreveport | 12.5% (2 of 16) | 11.4% (4 of 35) | 29.4% (5 of 17) |
| Thibodaux | 12.5% (2 of 16) | 6.9% (2 of 29) | 20.0% (3 of 15) |
| **State Total** | **16.1% (22 of 137 cases)** | **10.6% (30 of 282 cases)** | **19.7% (27 of 137 cases)** |
| **Child and Family Involvement in Case Planning** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 75.0% (12 of 16) | 37.5% (12 of 32) | 62.5% (10 of 16) |
| Baton Rouge | 14.3% (2 of 14) | 51.9% (14 of 27) | 35.7% (5 of 14) |
| Covington | 41.2% (7 of 17) | 29.4% (10 of 34) | 22.2% (4 of 18) |
| Lafayette | 38.9% (7 of 18) | 23.5% (8 of 34) | 16.7% (3 of 18) |
| Lake Charles | 20.0% (3 of 15) | 22.2% (6 of 27) | 42.9% (6 of 14) |
| Monroe | 40.0% (6 of 15) | 44.4% (12 of 27) | 20.0% (3 of 15) |
| Orleans | 50.0% (7 of 14) | 36.7% (11 of 30) | 64.3% (9 of 14) |
| Shreveport | 66.7% (12 of 18) | 61.1% (22 of 36) | 44.4% (8 of 18) |
| Thibodaux | 56.3% (9 of 16) | 10.0% (3 of 30) | 35.7% (5 of 14) |
| **State Total** | **45.5% (65 of 143 cases)** | **35.4% (98 of 277 cases)** | **37.6% (53 of 141 cases)** |
| **Caseworker Visits with Children in Foster Care** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 37.5% (6 of 16) | 12.5% (4 of 32) | 18.8% (3 of 16) |
| Baton Rouge | 0.0% (0 of 16) | 28.1% (9 of 32) | 25.0% (4 of 16) |
| Covington | 16.7% (3 of 18) | 2.8% (1 of 36) | 0.0% (0 of 18) |
| Lafayette | 16.7% (3 of 18) | 5.6% (2 of 36) | 0.0% (0 of 18) |
| Lake Charles | 12.5% (2 of 16) | 9.4% (3 of 32) | 18.8% (3 of 16) |
| Monroe | 25.0% (4 of 16) | 29.0% (9 of 31) | 0.0% (0 of 16) |
| Orleans | 56.3% (9 of 16) | 18.8% (6 of 32) | 0.0% (0 of 16) |
| Shreveport | 11.1% (2 of 18) | 16.7% (6 of 36) | 16.7% (3 of 18) |
| Thibodaux | 18.8% (3 of 16) | 0.0% (0 of 32) | 0.0% (0 of 16) |
| **State Total** | **21.3% (32 of 150 cases)** | **13.4% (40 of 299 cases)** | **8.7% (13 of 150 cases)** |
| **Caseworker Visits with Parents** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 60.0% (9 of 15) | 44.4% (12 of 27) | 71.4% (10 of 14) |
| Baton Rouge | 44.4% (4 of 9) | 78.9% (15 of 19) | 87.5% (7 of 8) |
| Covington | 69.2% (9 of 13) | 32.1% (9 of 28) | 53.3% (8 of 15) |
| Lafayette | 84.6% (11 of 13) | 44.4% (12 of 27) | 33.3% (4 of 12) |
| Lake Charles | 25.0% (3 of 12) | 38.1% (8 of 21) | 36.4% (4 of 11) |
| Monroe | 61.5% (8 of 13) | 60.9% (14 of 23) | 36.4% (4 of 11) |
| Orleans | 80.0% (8 of 10) | 52.4% (11 of 21) | 54.5% (6 of 11) |
| Shreveport | 84.6% (11 of 13) | 80.0% (24 of 30) | 78.6% (11 of 14) |
| Thibodaux | 61.5% (8 of 13) | 15.0% (3 of 20) | 55.6% (5 of 9) |
| **State Total** | **64.0% (71 of 111 cases)** | **50.0% (108 of 216 cases)** | **56.2% (59 of 105 cases)** |
| ***Well-Being Outcome #2: Children receive appropriate services to meet their educational needs.*** | | | |
| **Educational Needs of Children in Foster Care** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 42.9% (6 of 14) | 29.6% (8 of 27) | 10.0% (1 of 10) |
| Baton Rouge | 0.0% (0 of 14) | 12.0% (3 of 25) | 25.0% (4 of 16) |

| | | | |
|---|---|---|---|
| Covington | 15.4% (2 of 13) | 3.7% (1 of 27) | 7.1% (1 of 14) |
| Lafayette | 7.1% (1 of 14) | 11.1% (3 of 27) | 21.4% (3 of 14) |
| Lake Charles | 0.0% (0 of 11) | 0.0% (0 of 27) | 14.3% (2 of 14) |
| Monroe | 7.1% (1 of 14) | 24.0% (6 of 25) | 18.2% (2 of 11) |
| Orleans | 0.0% (0 of 13) | 3.4% (1 of 29) | 13.3% (2 of 15) |
| Shreveport | 12.5% (2 of 16) | 19.4% (6 of 31) | 14.3% (2 of 14) |
| Thibodaux | 40.0% (6 of 15) | 20.0% (5 of 25) | 0.0% (0 of 13) |
| **State Total** | **14.5% (18 of 124 cases)** | **13.6% (33 of 243 cases)** | **14.0% (17 of 121 cases)** |
| ***Well-Being Outcome #3: Children receive adequate services to meet their physical and mental health needs.*** | | | |
| **Physical Health of Children in Foster Care** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 68.8% (11 of 16) | 53.1% (17 of 32) | 31.3% (5 of 16) |
| Baton Rouge | 25.0% (4 of 16) | 31.3% (10 of 32) | 56.3% (9 of 16) |
| Covington | 38.9% (7 of 18) | 5.6% (2 of 36) | 55.6% (10 of 18) |
| Lafayette | 27.8% (5 of 18) | 33.3% (12 of 36) | 16.7% (3 of 18) |
| Lake Charles | 0.0% (0 of 16) | 15.6% (5 of 32) | 50.0% (8 of 16) |
| Monroe | 68.8% (11 of 16) | 54.8% (17 of 31) | 62.5% (10 of 16) |
| Orleans | 31.3% (5 of 16) | 28.1% (9 of 32) | 43.8% (7 of 16) |
| Shreveport | 33.3% (6 of 18) | 41.7% (15 of 36) | 72.2% (13 of 18) |
| Thibodaux | 50.0% (8 of 16) | 28.1% (9 of 32) | 25.0% (4 of 16) |
| **State Total** | **38.0% (57 of 150 cases)** | **32.1% (96 of 299 cases)** | **46.0% (69 of 150 cases)** |
| **Mental/Behavioral Health of Children in Foster Care** | | | |
| **Region** | **2014** | **2015** | **2016** |
| Alexandria | 56.3% (9 of 16) | 23.1% (6 of 26) | 20.0% (2 of 10) |
| Baton Rouge | 18.8% (3 of 16) | 6.5% (2 of 31) | 60.0% (9 of 15) |
| Covington | 31.3% (5 of 16) | 2.8% (1 of 36) | 30.8% (4 of 13) |
| Lafayette | 5.6% (1 of 18) | 11.1% (3 of 27) | 18.8% (3 of 16) |
| Lake Charles | 18.8% (3 of 16) | 6.7% (2 of 30) | 42.9% (6 of 14) |
| Monroe | 31.3% (5 of 16) | 20.0% (6 of 30) | 11.1% (1 of 9) |
| Orleans | 0.0% (0 of 15) | 10.0% (3 of 30) | 7.7% (1 of 13) |
| Shreveport | 35.3% (6 of 17) | 28.6% (10 of 35) | 6.3% (1 of 16) |
| Thibodaux | 18.8% (3 of 16) | 3.4% (1 of 29) | 22.2% (2 of 9) |
| **State Total** | **24.0% (35 of 146 cases)** | **12.4% (34 of 274 cases)** | **25.2% (29 of 115 cases)** |

**Note:** The number of cases reviewed for each CQI area varies because not all areas reviewed apply to each case. 2014 results only include the last two quarters of the fiscal year. Halfway through 2015, DCFS changed from quarterly CQI reviews to biannual reviews, resulting in more cases reviewed. In 2016, DCFS further changed its biannual practice to include smaller sample sizes, so the number of cases reviewed decreased.
**Source:** Prepared by legislative auditor's staff using CQI results from 2014 through 2016, as provided by DCFS.