Why We Conducted This Audit
We evaluated the Department of Children and Family Services’ (DCFS) oversight of Louisiana’s Foster Care Program. We conducted this performance audit because the Governor’s Transition Committee on Children and Family Services reported in January 2016 that DCFS was unable to sufficiently staff its critical positions to effectively serve children in Louisiana.

What We Found

Our evaluation 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 by DCFS’s policy. The exhibit below shows the number of children in foster care and the number of field staff as of January 1 for years 2012 through 2016.

[Exhibit showing the number of foster care children and field staff from 2012 to 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._

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What We Found (Cont.)

- **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 those children.

- **State regulations require DCFS to expunge certain valid cases of abuse or neglect from the State Central Registry, which means they 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 Continuous Quality Improvement (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.