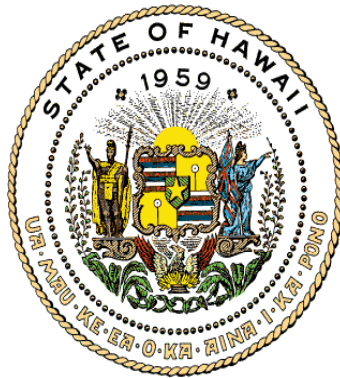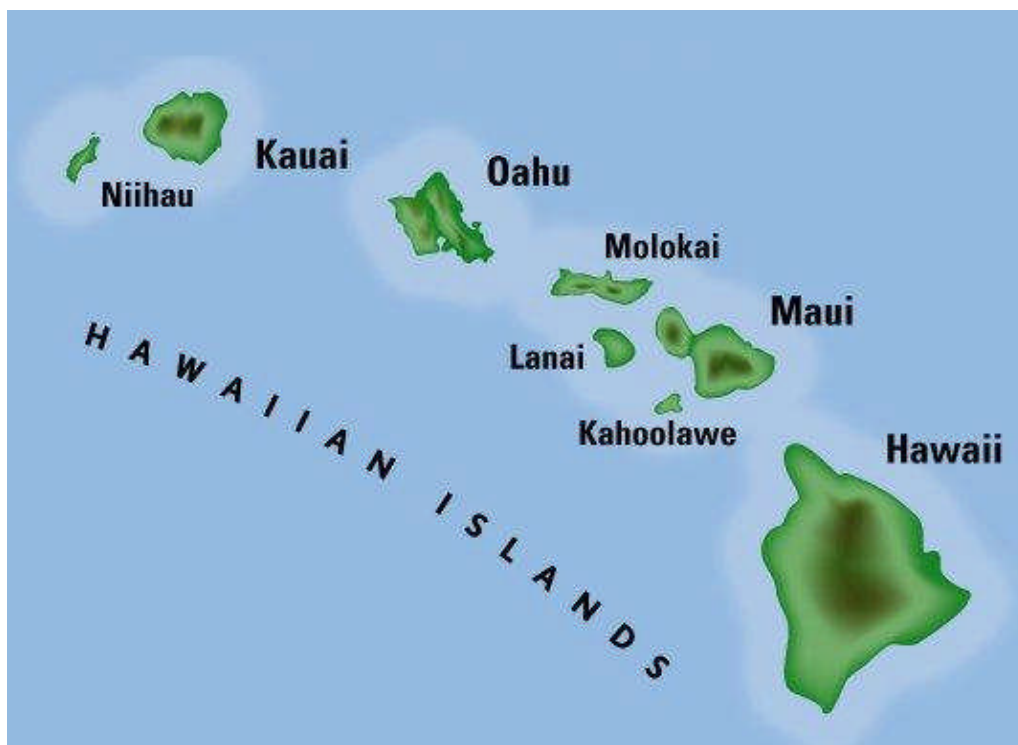State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch



# Federal Fiscal Year (FFY) 2014

ANNUAL PROGRESS AND SERVICES REPORT
(APSR)

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## Website Information:

The approved final draft of this report will be available in the Child Welfare Services section of the State of Hawaii, Department of Human Services' website.

http://humanservices.hawaii.gov/ssd/home/child-welfare-services/

# TABLE OF CONTENTS

# TABLE OF FIGURES

(Blue type indicates CFSR Item.)

# ACRONYMS & ABBREVIATIONS

| | |
|---|---|
| AAPI | Adult-Adolescent Parenting Inventory (Assessment Tool) |
| ABA | American Bar Association |
| ACA | Affordable Care Act (federal) |
| ACCSB | Adult and Community Care Services Branch |
| ACF | Administration for Children and Families |
| ADHD | Attention Deficit Hyperactivity Disorder |
| AFCARS | Adoption and Foster Care Analysis and Reporting System |
| ANI | Area in Need of Improvement |
| APHSA | American Public Human Services Association |
| APPLA | Another Planned Permanent Living Arrangement |
| APSR | Annual Progress Services Report |
| BESSD | Benefit Employment and Support Services Division |
| CAMHD | DOH, Child and Adolescent Mental Health Division |
| C/APS | Child/Adult Protective Services (Specialist) |
| CAPTA | Child Abuse Prevention and Treatment Act |
| CASA | Court-Appointed Special Advocates |
| CBCL | Child Behavior Checklist (Assessment Tool) |
| CCI | Child Caring Institution |
| CFCIP | Chafee Foster Care Independence Program |
| CFSP | Child and Family Services Plan |
| CFSR | Child and Family Services Review (Case Review System) |
| CIF | Child Information Folder |
| CIP | Court Improvement Project |
| CoF | Hawaii State Commission on Fatherhood |
| CoSW | Hawaii State Commission on the Status of Women |
| CPSS | Child Protective Service System (Computer Database System) |
| CP | Child Protection |
| CQI | Continuous Quality Improvement |
| CRP | Citizens Review Panel |
| CT | Clerk Typist |
| CWI | Child Welfare Intake |
| CWS | Child Welfare Services |
| CWSB | Child Welfare Services Branch |
| DAG | Deputy Attorney General |
| DDD | Developmental Disabilities Division |
| DH | Detention Home |
| DHS | Department of Human Services |
| DOE | Department of Education |
| DOH | Department of Health |
| DRS | Differential Response System |
| DV | Domestic Violence |
| EHS | Enhanced Healthy Start |

| | |
|---|---|
| EPRT | Early Permanency Roundtable |
| EPSDT | Early and Periodic Screening, Diagnosis and Treatment |
| ESC | Educational Stability Coordinator |
| ETV | Education and Training Voucher |
| FC | Foster Custody or Foster Care |
| FCTC | Foster Care Training Committee |
| FFY | Federal Fiscal Year |
| FJ | Family Journal |
| FPH | Family Programs Hawaii (Social Service Agency) |
| FPPEU | Federal Payment Programs Eligibility Unit |
| FSS | Family Strengthening Services, part of Hawaii's DRS |
| FY | Fiscal Year |
| GAL | Guardian Ad Litem |
| GE | Geographic Exemption (for a child to attend public school outside of his/her area) |
| HANAI | Hawaii Assures Nurturing and Involvement (Resource Caregiver Training) |
| HAR | Hawaii Administrative Rule |
| HCWCQI | Hawaii Child Welfare Continuous Quality Improvement Project |
| HCWEC | Hawaii Child Welfare Education Collaboration |
| HPHA | Hawaii Public Housing Authority |
| HFYC | Hawaii Foster Youth Coalition |
| HI HOPES | Hawaii Helping Our People Envision Success (Foster Youth and Former Foster Youth Organization) |
| HRS | Hawaii Revised Statute |
| HSP | Human Service Professional |
| HYCF | Hawaii Youth Correctional Facility |
| HYOI | Hawaii Youth Opportunities Initiative |
| HYSN | Hawaii Youth Services Network |
| ICF | Internal Communication Form |
| ICPC | Interstate Compact for the Placement of Children |
| ICWA | Indian Child Welfare Act |
| IEP | Individualized Education Plan |
| IL | Independent Living |
| ILP | Independent Living Program |
| IT | Information Technology |
| ITAO | It Takes an 'Ohana (Resource Caregiver Organization) |
| LAS | Leadership Academy for Supervisors |
| LGBTQ | Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning |
| MCWSS | Maui Child Welfare Services Section |
| MDT | Multi-Disciplinary Team |
| MICU | Management Information and Compliance Unit |
| MLT | Management Leadership Team |
| MLTM | Management Leadership Team Meeting |
| MEDQUEST | State of Hawaii Health Insurance |
| MQD | MedQUEST Division |
| MSO | Management Services Office |

| | |
|---|---|
| MSW | Masters in Social Work (graduate degree) |
| NCANDS | National Child Abuse and Neglect Data System |
| NRC | National Resource Center |
| NYTD | National Youth in Transition Database |
| OA | Office Assistant |
| OHA | Office of Hawaiian Affairs |
| OIT | Office of Information Technology |
| OPPLA | Other Planned Permanent Living Arrangement |
| OYS | Office of Youth Services |
| PAS | Performance Appraisal System |
| PC | Permanent Custody |
| PD | Program Development *or* Position Description |
| PDO | Program Development Office |
| PFC | Project First Care or Permanent Foster Custody |
| PIDF | Partners in Development Foundation (Social Service Agency) |
| PIP | Program Improvement Plan |
| POS | Purchase of Service & Grants Management Unit |
| PRT | Permanency Roundtable |
| PUR | Period under Review |
| QA | Quality Assurance |
| QAR | Quarterly Activity Report |
| QLCC | Queen Liliuokalani Children's Center |
| RFI | Request for Information |
| RFP | Request for Proposals *or* Review of Proposals |
| RIF | Reduction in Force (Workforce Layoffs) |
| SAMHSA | Substance Abuse and Mental Health Services Administration (Federal) |
| SANE | Sexual Assault Nurse Examiner |
| SART | Sexual Assault Response Team |
| SDS | Staff Development Services (Training) |
| SFHR | Safe Family Home Report |
| SFY | State Fiscal Year |
| SHAKA | State of Hawaii Automated Keiki Assistance (Computer Database System) |
| SIP | Section Improvement Plan |
| SNAP | Supplemental Nutrition Assistance Program (Federal) |
| SOU | Systems Operating Unit |
| SPAW | Safety, Permanency and Well-being Roundtables |
| SPC | Strategic Planning Committee |
| SSA | Social Services Assistant |
| SSD | Social Services Division |
| SSO | Support Services Office |
| STI | Sexually Transmitted Infection |
| TANF | Temporary Aid to Needy Families (Federal) |
| TPR | Termination of Parental Rights |
| TRO | Temporary Restraining Order |
| T/TA | Training and Technical Assistance |

| | |
|---|---|
| UH | University of Hawaii |
| UHMC | University of Hawaii, Maui College |
| VCM | Voluntary Case Management (Services – part of Hawaii's DRS) |
| VRSBD | Vocational Rehabilitation and Services for the Blind Division |
| WIA | Workforce Investment Act |
| WIC | Women, Infants, and Children (Federal Financial Assistance) |
| ZTT | Zero to Three (Ages 0-3) *or* Zero to Three Court |

# SECTION I:
# DESCRIPTION OF STATE AGENCY

## A. MISSION

The mission of the State of Hawaii, Department of Human Services (DHS) is to provide timely, efficient, effective programs, services, and benefits in order to empower the most vulnerable populations in our State to expand their capacity for self-sufficiency, self-determination, independence, ability to make healthy choices, improve their quality of life and personal dignity. Every day, our committed staff works toward the fulfillment of this mission.

## B. VALUES

The Department of Human Services has five values that guide its practice:

1. Customers are our highest priority.
2. We take personal responsibility for our actions.
3. We are accountable for outcomes.
4. We create opportunities through partnerships.
5. We provide options for self-sufficiency.

## C. FUNCTIONS & STRUCTURE

### 1. FUNCTIONS

DHS is the State agency responsible for the following major State functions.

a. Provide employment-related services, childcare services, and economic assistance to eligible families and individuals.
b. Provide medical assistance programs to eligible families and individuals.
c. Provide child welfare and adult community care services to eligible families and individuals.
d. Provide a continuum of prevention, rehabilitation and treatment services and programs for at risk youth.
e. Serve as a catalyst to provide Hawaii residents with affordable housing and shelter.
f. Administer programs of vocational rehabilitation, independent living rehabilitation, services for the blind, and disability determination.

## 2. STRUCTURE

The Department oversees its programs, services, and benefits through four divisions and four administratively attached agencies.

Divisions:
    a.  MedQuest Division (MQD)
    b.  Benefits, Employment and Support Services Division (BESSD)
    c.  Vocational Rehabilitation & Services for the Blind Division (VRSBD)
    d.  Social Services Division (SSD)

Attached Agencies:
    a.  Hawaii Public Housing Authority (HPHA)
    b.  Office of Youth Services (OYS)
    c.  Hawaii State Commission on Status of Women (CoSW)
    d.  Hawaii State Commission on Fatherhood (CoF)

The DHS organizational chart is included as Figure 2.

## D. CHILD WELFARE SERVICE BRANCH (CWSB)

### 1. OVERVIEW

Hawaii's CWSB is a state-administered child welfare agency that used to be called "Child Protective Services" (CPS). It is one of two branches under the SSD. CWSB provides services to all eligible children and families in the State of Hawaii when children have been abused and/or neglected and/or are at risk for abuse and/or neglect. These services include the following:

    a.  Child Protection
    b.  Family Support & Strengthening
    c.  Foster Care
    d.  Adoption
    e.  Independent Living
    f.  Licensing of Resource Caregiver Homes, Group Homes, and Child Placing Organizations

The CWSB organizational chart is included as Figure 3.

### 2. STRUCTURE & FUNCTIONS

#### a. Oversight and Support from SSD

CWSB is one of two branches under the Social Services Division (SSD). The other SSD branch is the Adult and Community Care Services Branch (ACCSB). SSD also houses the Support Services Office (SSO), which serves the entire SSD through its four units: Staff Development Services (SDS), Management Information & Compliance Unit (MICU), Purchase of Services and Grants Management Unit (POS), and Systems Operations Unit (SOU).

The SDS unit provides Core Training for all new CWSB and ACCSB employees as well as ongoing in-service trainings on new programs, policies, and practice. SDS has a standard training schedule for new hires, but the Unit also provides training for employees who are hired in between the scheduled Core Trainings. Additionally, SDS provides trainings and educational programs to resource caregivers, partner social services agencies, the Department of Education, and community groups.

The other three SSO units provide support related to finances, regulatory compliance, contracts and information technology. MICU manages claims for federal funds and compliance with federal and State regulations for children in foster care. POS oversees contracts for an array of services provided by community agencies for CWSB and ACCSB families. SOU provides technical management, oversight, and support, with a primary focus on the CWSB computer system.

**b. Program Development (PD)**

Under the oversight of the CWSB, the Program Development Unit's statewide responsibilities include the following:

i. Policy and Program Development and Analysis;
ii. Policy Clarification;
iii. National and International Research on Child Welfare Best Practices;
iv. Interstate Compact on the Placement of Children;
v. Contracting and Procurement;
vi. Management Information System/Automation;
vii. New Initiatives;
viii. Programmatic Implementation of Federal and State Laws and Rules;
ix. Legislative Response, Clarification, and Action;
x. Finance, Budget, and Payment Operations; and
xi. Continuous Quality Improvement.

In SFY 2013, two new Assistant Program Administrator positions were created within the PD Unit to address identified statewide needs. One position focuses on domestic violence (DV) and related issues, and the other prioritizes issues related to the lesbian, gay, bisexual, transgender/transsexual, and questioning (LGBTQ) population. The DV position was filled in November 2013, and the LGBTQ position was filled from March 2013 to May 2013, and again starting in August 2014.

**c. Direct Service Sections**

In addition to the PD Unit, CWSB has eight direct service Sections. This structure follows a comprehensive CWSB reorganization that occurred between 2009 and August 2013. Four Sections serve Oahu, the most populated island, and four Sections serve the four major geographic areas of the neighbor islands (Kauai, West Hawaii,

East Hawaii, and Maui County).The CWSB Administrative office and the PD Unit are located in downtown Honolulu, on the island of Oahu.


i.   **Oahu CWSB Section 1**, formerly known as Oahu Special Child Welfare Services Section, is made up of four units that serve the island of Oahu.

Two special services units manage all sex abuse and institutional abuse cases. One of these units investigates sex abuse and institutional abuse, while the other Unit provides case management for sex abuse cases. Staff shortages in the general investigation units have caused social workers from the special units to be assigned to non-sex abuse cases for investigation as well as case management.  The investigation Unit is housed in the Kalihi area of Honolulu, and the case management/permanency Unit is located in Kapolei.

The two other units in Oahu Section 1 are general direct service CWSB units which provide assessment, case management, and permanency services to children and families. Both of these units are located in the Kalihi area of Honolulu and used to be part of the Diamond Head Section, which no longer exists.

ii.   **Oahu CWSB Section 2**, also known as West Oahu Section, and formerly known as Leeward Child Welfare Services Section, has four hybrid units. These units provide assessments, family maintenance, and permanency services to families that CWSB has identified as having safety concerns or being at high risk for child maltreatment.  Each of the units has a Supervisor, social workers and/or human service professionals, assistants, aides and secretaries.   Three units are located in Kapolei and one Unit is located in Ewa.

As of May 2014, this Section had a dozen social worker vacancies, partially because of a hiring freeze from October 2013 to January 2, 2014. Since the freeze was lifted, Supervisors have been prioritizing the hiring of eligible applicants. Until the Unit is fully staffed, Supervisors continue to consider different ways to move cases forward. One change was a merger of the case management and permanency functions; this occurred during the August 2013 CWSB reorganization.

iii.   **Oahu CWSB Section 3**, formerly known as Oahu Statewide Services Section, is made up of five units:  two Statewide Intake Units, one Resource Home Licensing Unit (RHLU), one Statewide Federal Payment Programs Eligibility Unit (FPPEU), and one Closed Files Unit, which stores the Oahu CWS closed case files.

The co-located Intake Units operate 24-hours per day, 365 days per year, and receive and screen all incoming reports of alleged child abuse and neglect from

the entire state.  The intake units use a Differential Response System (DRS) to screen cases, assess safety and risk, and assign intakes to one of three programs:

1) CWS investigation: Intakes with identified safety factors with severe/high risks are assigned to CWSB units for investigation. A CWSB investigator must respond to these cases within 48 hours.
2) Voluntary Case Management (VCM): Intakes with no identified safety factors, but with moderate risk factors are assigned to VCM. The timeframe for response to VCM cases is five days.
3) Family Strengthening Services (FSS). Intakes with no identified safety factors and with low risk factors are assigned to FSS.

If VCM or FSS identifies safety factors in a case, the case is returned to CWSB for further investigation and services.

One of the intake units houses two VCL/CRT positions which were created after the August 2013 reorganization. The positions combine the Voluntary Case Management Liaison (VCL) and Crisis Response Team (CRT) position responsibilities. The workers in this new combination position assist the VCM providers, and also respond to urgent CWS cases where children are being taken into custody.

The intake units initiate the 48-hour Tracker system, used by the assessment workers/Unit Supervisors. The initiation begins with the risk assessment tool. The goal of the 48-hour Tracker is to help CWSB assessment workers respond timely to new CWS intakes.

Most new CWS cases are assigned to the units in the other Oahu Sections that do investigations. On a new case, if a child needs to be placed out of his/her home urgently and a social worker is not available to go out immediately, a case assistant will respond and place the child any day or time.  Then, the next day, an investigator will follow-up and fully assess the child and family.  With the new Crisis Response Team that will be implemented in early 2015 on Oahu, through the Title IV-E Waiver Demonstration Project, there will always be an available investigator, so that unnecessary removals will be minimized.

The FPPEU consists of a Supervisor, secretary, office assistant and eight eligibility workers. One eligibility worker is located on the island of Hawaii and the rest are on Oahu. After the reorganization, the assistant Supervisor became an eligibility worker to assist with Title IV-E determinations, and an office assistant position was added to the Unit to support the processing of Title IV-E determination cases.

FPPEU continues to work on Title IV-E determinations and reducing the numbers of determinations that are in pending status.

The Closed Files Unit consists of a Staff Service Assistant to assist the CWSB Sections with paying bills and paperwork related to personnel matters, and two Office Assistants who manage approximately 65,000 closed case records for CWSB at multiple locations and assist CWSB with retrieving case records as needed for information, re-openings or closings.

Oahu Section 3 faced recent challenges including handling constant changes and planning to implement a new Crisis Response Team (CRT) System. The new CRT services, made possible by Hawaii's Title IV-E Waiver Demonstration Project, will be implemented throughout Oahu in early 2015. The goal of CRT is to reduce to number of children who come into foster care for short periods of time (30 days or less).

Oahu Section 3 moves forward in 2014 with the goal of improving services to the families and children CWSB serves while at the same time looking at resources and how to best use them efficiently.

iv. **Oahu CWSB Section 4**, also known as East Oahu Section, was formerly known as Central/Diamond Head Child Welfare Service Section. The East Oahu Child Welfare Services Section 4 (EOCWSS) was established on August 1, 2013, several years after the Reduction in Force and at the start of the August 2013 reorganization. This Section has four units that are all housed in one location (as of July 1, 2013). These changes have improved morale and the units are forming connections.

The creation of Section 4 included the creation of a new caseworker role that combines the responsibilities of permanency workers and case managers. Before the August 2013 reorganization, these were two distinct positions handling different types of cases. Now the "new" permanency workers are assigned cases after the investigation of an intake is completed, and the permanency worker has case management responsibilities until the case is closed, whether through reunification, adoption, guardianship, or emancipation from foster care. This shift in responsibilities has caused some stress for staff who had previously only serviced children and youth after a determination that reunification with the child's birth parents was not appropriate.

Oahu Section 4 filled some staff vacancies before the October 2013 hiring freeze and also after the freeze lifted in January 2014. Adding new staff relieved some of the pressure on the existing staff, but recruiting and retaining staff continues to be a challenge. In summer 2014 a Unit Supervisor retired and a new Supervisor was hired.

v. **East Hawaii CWSB Section** (EHCWSS) is made up of three units. EHCWS Unit 1 (formerly called Special Services Unit) consists of a Child/Adult Protection Specialist (C/APS) Supervisor; two Human Service Professional

(HSP) Case manager/Permanency Social Worker IV positions, one of which is vacant at this time; one HSP Case manager/Permanency Social Worker III position; two HSP/Social Worker III positions (licensing social workers); and support staff that includes a Secretary, three SSA III (Social Services Assistant) positions, and one SSA IV position, one of which is vacant at this time.

EHCWSU2 (formerly called Central Unit) is comprised of a C/APS Temporary Assignment (TA) Supervisor, which is vacant; one C/APS and two HSP/Social Worker IV positions that are Assessment Workers; three C/APS Social Worker positions that are Case managers/Permanency Social Workers; and support staff that includes a Secretary and three SSA IVs.

EHCWSU3 (formerly called East Hawaii South CWS) consists of a C/APS Supervisor; one C/APS Social Worker position; two HSP/Social Worker IV positions and one HSP/Social Worker III position that are Assessment Social Workers; three HSP/Social Worker III positions, two of which are vacant; and support staff that includes a Secretary, which is currently vacant, and four SSA II positions, one of which is vacant at this time.

EHCWSS' primary challenges are related to changes in responsibilities and staffing.

During the August 2013 reorganization, the Voluntary Case Management Liaison (VCL) position was changed to a case manager/permanency Social Worker position because that level of experience was needed to meet the standards and expectations of CWS cases. As a result, the EHCWSU1 Supervisor monitors the Voluntary Case Management (VCM) cases and an EHCWSU1 SSA enters VCM logs into CPSS. Learning about VCM cases has consumed a great deal of the Supervisor's time, which has reduced Supervisor's availability for other responsibilities. To ensure a smooth transition, the Supervisor and SSA work collaboratively with the VCM Supervisor and the P.A.R.E.N.T.S., Inc. Director. (P.A.R.E.N.T.S., Inc. is the DHS-contracted agency which provides VCM services for East Hawaii.)

A change in geographic coverage has created a time management burden for some workers. Historically, East Hawaii covered the East side/Hilo side of Hawaii Island; however, in early 2013, EHCWSS's coverage extended to the Kau/Pahala area. This has not been a significant burden on the Unit overall, because there have only been four intakes in the Kau area since the change, and none of those intakes resulted in a child entering foster care. However, the workers (especially the standby workers) have found the ninety minutes travel time to Kau (one-way) to be a challenge to their schedules.

East Hawaii continues to have its share of vacancies, as indicated above, and recruitment and retention efforts are ongoing. The abolishment of the Clerk Typist (CT) positions a few years ago continues to impact the Section's operations. Duties previously performed by the CT have been added to the work of the Office Assistant and Secretaries. In the interim, the Section has utilized practicum students or volunteers from the University of Hawaii at Hilo, Hilo Community College, Alu Like, Inc., and First to Work to assist in performing administrative responsibilities, such as telephone coverage, shredding of confidential documents, photocopying, faxing, filing, and typing. Unfortunately, these volunteers have either been time-limited or consistently unreliable. A more stable and consistent solution is needed, because the current practice is unpredictable and inadequate.

The most recent hiring freeze, from October 2013 to January 2014, has hindered staff recruitment and lowered morale.

During SFYs 2013 and 2014, some social workers have had difficulty managing their cases, unable to transfer, close, and log their contacts on a timely and consistent basis. To address the problem of timely logging, following their Morning Briefings, the social workers dedicate one hour each morning to log their contacts from the previous day. The problem has primarily been with social worker performance, and the Supervisors continue to work with the staff to not only help them be successful in their work performance, but to also ensure that the program participants are provided with appropriate and timely services.

Through these challenging times, the East Hawaii Section's three CWSB units are consistently willing and able to assist and support each other whenever needed.

vi. **West Hawaii CWSB Section** (WHCWSS) is made up of 2 units – both units are hybrid/tribrid, providing assessment, case management, and permanency services. The licensing functions are performed by one worker who is supervised by the Section. This Section serves children and families on the West side/Kona side of Hawaii Island.

West Hawaii Section has struggled for several years to meet standards and expectations. West Hawaii Section regularly lags behind other Sections on investigation response time, making monthly face-to-face contact with all children, conducting necessary safety and risk assessments, inputting case logs in a timely manner, and other important measures. Some of the problems have obvious causes, like staff shortage and the resulting high case loads. Throughout much of SFY 2013 and SFY 2014, West Hawaii has had no permanent Section Administrator and no Unit Supervisors. The West Hawaii

staff works hard, but assistance and guidance is needed for them to reach their performance goals.

While CWSB has focused for many years on fortifying the West Hawaii Section workforce and its systems of practice to better serve the families and children of the greater Kona area, in SFYs 2013 and 2014, CWSB implemented a new strategy for addressing the ongoing problems in West Hawaii Section. Rather than providing West Hawaii with information, tools, support, and guidance from afar, CWSB provided hands-on assistance. For example, Staff Development trainers travelled to West Hawaii to work with six new staff members to help reinforce learning from Core training, and Section Administrators and Supervisors from other Sections regularly spent several days at a time in West Hawaii assisting the Section in concrete ways.

One of the visiting Section Administrators set up tracking systems to help the West Hawaii staff know what visits needed to occur each month. One visiting Supervisor worked with the Section on closing cases that needed no more services from CWSB. A permanent Supervisor for one of the West Hawaii units began work on June 16, 2014. CWSB is beginning to see the results of these intensive efforts. For example, one recent month, monthly face-to-face visits had improved more than 25%.

The staff in West Hawaii report the positive impact of the statewide efforts to assist their Section, as illustrated by this response to the May 2014 Workforce Survey:

> I am from West Hawaii CWSB office. Prior to 1/2014, . . . I was going to retire as soon as I could. Since that time, current supervisors and section [administrators] have turned things around. We [West Hawaii staff members] have been . . . thanked for hanging in there. . . . [C]lose supervision of supervisors/section admin/and their bosses is paramount in offices functioning to greatest capacity. . . . [I]t gives new inspiration.

Until WHCWSS has a fully-trained, permanent, on-site Section Administrator and Unit Supervisors, Administrators and Supervisors from other Sections will continue to share the load and assist West Hawaii in achieving positive outcomes with families. CWSB goals for West Hawaii include a fully staffed Section and improvement in all areas of the CFSR.

vii.   **Maui CWSB Section** (MCWSS) covers all of Maui County, which includes the islands of Maui, Molokai, and Lanai. Kahoolawe is also an island in Maui County, but it is uninhabited and therefore needs no services. There are two units on Maui (East Unit and West Unit), one Unit on Molokai, and a Sub-Unit on Lanai. All units are considered hybrid units, providing assessment and case

management/permanency, except the East Unit. The East Unit has workers who provide assessment and case management/permanency, but the East Unit also houses the sole dependency worker for all of MCWSS. Foster home licensing is performed by two workers under the supervision of the Section Administrator.

The Maui Section differs from the other Sections in the State in that case management duties, including reunification, are performed by permanency workers, and a separate dependency worker handles all of the adoptions and legal guardianship cases on Maui. Elsewhere in the State, case management, permanency, and dependency duties have been merged and become the expectation for one worker.

The Maui Section did not reorganize during the August 2013 CWSB reorganization. Because Maui Section's performance and outcomes are consistently the best in the State, CWSB Administration decided to not "mess with success," and kept Maui's functional structure intact.

The Lanai social worker position is currently vacant, and DHS is in the process of recruiting to fill it. In the interim, Lanai is covered by Maui and Molokai; social workers fly to Lanai to service the island at least once a month.

SFY 2013 was a good year for MCWSS. The Section filled positions that had been vacant for over a year. Vacancies that have been filled in MCWSS include an East Supervisor and a West Supervisor, two permanency workers, one assessment social worker, and two Office Assistants. The Office Assistants perform clerical work. With the additional staff, MCWSS has been able to distribute the caseload to be more manageable, thereby able to look more closely at service delivery for Maui County children and families. MCWSS explored different ways to improve services. One system the Section implemented is a "one aide assignment," in which one aide follows the children in the case from beginning to end. Despite the changes from the assessment worker to the permanency worker and then to the dependency worker, the aide remains the same. An aide is a Social Services Assistant who primarily transports clients and supervises 'ohana time (the children's visits with parents). The results have been positive. There have been no disruptions to 'ohana time, annual medical and dental appointments, therapy, and school meetings. The assigned aides know everything about the children on their caseloads and they have been able to practice identified CFSR items such as items 13, 16, 21, 22, and 23. The "one aide assignment" provides Maui County children with one stable person during the life of their CWSB case, and the aides provide invaluable information to the social workers.

Managing a Section that is separated by bodies of water is difficult and requires travel between the islands. The Section Administrator and/or Supervisors visit

staff on Lanai and Molokai on a monthly basis to provide guidance and support. However, travel to those islands is challenging because of limited flights and ferry access. As a manager, the Section Administrator depends on the telephone and email as the primary forms of communication with staff located on Lanai and Molokai. Providing services to children and families is also difficult because many of the providers do not reside on these islands; they fly in to service the island and then fly out at the end of the day. Having services by providers on the island would be ideal and is a goal for which these communities can strive; however, at this time, this remains a challenge.

Communication has to be a priority in order to coordinate timely response and service delivery. Open communication amongst all of the units is essential for consistent practice across the Section. A lot of energy and time is put into communicating via Morning Briefings, monthly Supervisors' meetings, monthly staff meetings, etc.

Morning Briefings are very valuable to MCWSS. It is here that staff is informed about what is occurring in the Section and they provide an opportunity to clarify expectations. Morning Briefings occur every day except Tuesdays because Tuesday is MCWSS Family Court day. A specific topic and CFSR item(s) have been identified for each day. For example, Monday meetings are run by the Section Administrator and cover the CFSR outcomes and items. On Wednesdays, the East Unit Supervisor covers the Briefing and the discussion focuses on court-related concerns such as court reports, petitions, change in status, reasonable efforts, etc. The CFSR items discussed would be 6 and 7, or any item that may be affecting the Section at that time. Thursday Briefings review MCWSS systems and an item, and Fridays' discussions address licensing issues, 'ohana time, and travel-related concerns, in addition to items 18, 19, and 20. The Morning Briefings are an area of strength for MCWSS; they support clarity and consistency with all staff.

viii. **Kauai CWSB Section** (KCWSS) oversees all of Kauai County, which includes the islands of Kauai and Niihau. The KCWSS includes three units: Central, East, and West Units. All three are considered tribrid units, providing assessment, case management, and permanency services. KCWSS employs a system of "one case – one worker," meaning that one social worker is assigned a case and that same worker follows it from assessment, through case management, and through permanency. The foster home licensing function is assigned to two workers under the Section Administrator. Services to Niihau Island are provided by the West Unit. In March 2014, five positions in KCWSS were vacant: one Supervisor, three social workers, and one social service assistant. KCWSS is working diligently with personnel staff to fill these vacancies.

Morale has been negatively affected by vacancies, many PIP directives, and complex cases that include children with high end mental health needs coupled with a lack of available placement resources. Workers in this Section are happy to comply with expectations of the job, but at times feel overwhelmed. However, KCWSS focuses on positives and achievements to relieve those feelings. KCWSS works on reinforcing Section pride. KCWSS acknowledges the need to improve its rate of monthly face-to-face visits between workers and children on their caseload. The Section Administrator and Supervisors are working together to address this issue.

A few years ago, KCWSS began the 'Aha project to improve communication and collaboration with the community. One aspect of the project focused on events to connect young men in foster care with positive adult male role models. Community stakeholders have recently taken over this project, with KCWSS supporting the effort and participating in events to stay connected with these community partners.

As in the past, when data is broken down by Section, Kauai stands out as particularly strong in initial response time for investigations. Kauai Section staff works across Unit lines to ensure immediate response to investigations. If the assigned Unit is unable to respond, a worker from another Unit meets face-to-face with the family on a new case, completes a child safety assessment, and then hands off the remainder of the investigation to the assigned unit.

KCWSS is working on implementing other methods of learning the CFSR items and outcomes. Maui and East Hawaii Sections have used different strategies to help staff learn and connect these items and outcomes and to improve daily practice.

As of May 2014, CWSB had 411 funded positions with 318 employees (77%) and 93 position vacancies (23%). The total number of funded positions in CWSB changes from year to year, depending on budget allocations, hiring freezes, and positions being abolished due to a reduction in force (RIF). DHS continues efforts to recruit for open positions, but the 2009-2010 RIF has had lasting negative consequences.

**Figure 1**

## CWSB Staff Positions and Vacancies

| | June 2010 | June 2011 | April 2012 | May 2013 | May 2014 |
|---|---|---|---|---|---|
| **Total Number of CWSB Staff Positions** | Over 500 | 444 | 417 | 428 | 411 |
| **Number of Vacant CWSB Positions** | unknown | 91 | 103 | 94 | 93 |
| **Percentage of Vacancies** | unknown | 20% | 25% | 22% | 23% |

Data Sources: DHS Directories, Past APSRs, April 2012 CWSB Workforce Survey, May 2014 CWSB Workforce Survey & Direct Staff Inquiry

**Figure 2**



# DEPARTMENT OF HUMAN SERVICES

- MQD
- BESSD
- VRSBD
- HPHA
- OYS
- CoSW
- CoF

## SOCIAL SERVICES DIVISION (SSD)

- ACCSB
- CHILD WELFARE SERVICES BRANCH (CWSB)
- SSO
  - SDS
  - MICU
  - POS
  - SOU
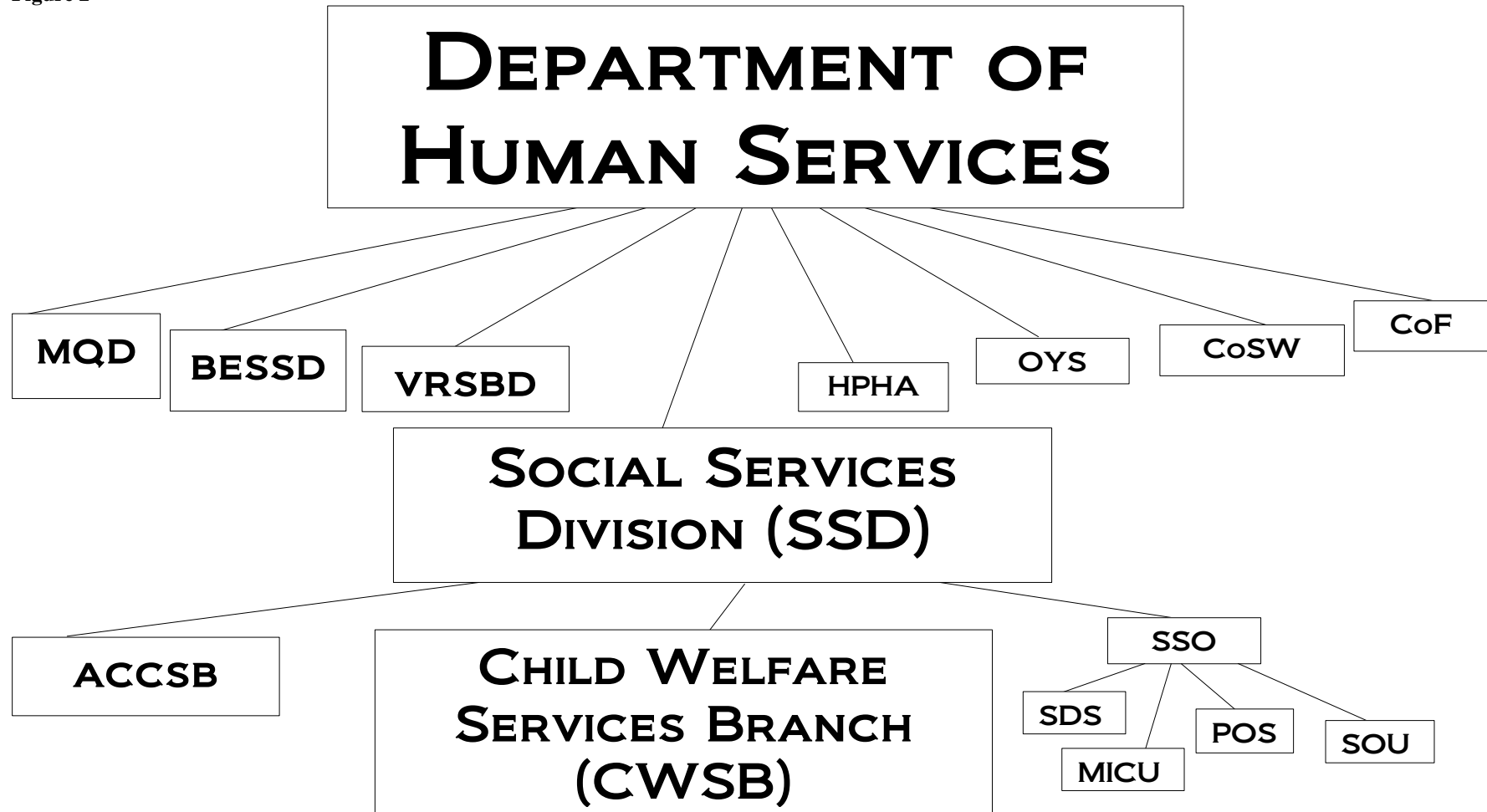
MQD = MedQuest Division (State Health Insurance)
BESSD = Benefit, Employment & Support Services Division
VRSBD = Vocational Rehabilitation & Services for the Blind Division
HPHA = Hawaii Public Housing Authority
OYS = Office of Youth Services
CoSW = Commission on the Status of Women
CoF = Commission on Fatherhood

ACCSB = Adult & Community Care Services Branch
SSO = Support Services Office
SDS = Staff Development Services (Training)
MICU = Management Information & Compliance Unit
POS = Purchase of Service & Grants Management Unit
SOU = Systems Operations Unit

**Figure 3**

# CHILD WELFARE SERVICES BRANCH

**STATEWIDE PROGRAM DEVELOPMENT UNIT**

**EAST HAWAII SECTION**
- UNIT 1
- UNIT 2
- UNIT 3

**WEST HAWAII SECTION**
- UNIT 1
- UNIT 2

**KAUAI SECTION**
- CENTRAL UNIT 1
- EAST UNIT 2
- WEST UNIT 3

**MAUI SECTION**
- EAST UNIT 1
- WEST UNIT 2
- MOLOKAI UNIT
- LANAI SUB-UNIT

**OAHU SECTION 3**
- INTAKE UNIT 1
- INTAKE UNIT 2
- CLOSED FILES UNIT
- RESOURCE HOME LICENSING UNIT
- FEDERAL PAYMENT PROGRAMS

**OAHU SECTION 1**
- OAHU SPECIAL SERVICES UNIT 1
- OAHU SPECIAL SERVICES UNIT 2
- OAHU CWS UNIT
- OAHU CWS UNIT

**OAHU SECTION 2**
- WEST OAHU UNIT 1
- WEST OAHU UNIT 2
- WEST OAHU UNIT 3
- WEST OAHU UNIT 4

**OAHU SECTION 4**
- EAST OAHU UNIT 1
- EAST OAHU UNIT 2
- EAST OAHU UNIT 3
- EAST OAHU UNIT 4

# SECTION II:
# CWSB VISION, GOALS, & PRACTICE MODEL

## A. VISION

We envision a Hawaii where:

1. All children grow up and thrive in safe, supportive, and stable home environments; and
2. Family connections are prioritized and preserved through regular, meaningful interactions among parents, children, siblings, and extended family members.

In order to realize this vision, CWSB works collaboratively with the entire community of supportive, committed, caring, and energetic individuals and agencies serving families and children. This vision recognizes that children will truly be safe only when the adults in the community take responsibility for the welfare of every child and hold one another accountable for their actions regarding children.

More information about community collaborations can be found in *Section III, Part 4, Section F.1.*

Great efforts have been made in prioritizing and preserving family connections, which is discussed in *Family Engagement, Section III, Part 3.* and in *Reunification Efforts, Section III, Part 2, A.1.*

## B. GOALS

This year's Annual Progress and Services Report (APSR) serves as a cumulative report of progress Hawaii has made over the five-year (FFY 2009-2014) Child and Family Services Plan (CFSP). Hawaii CWSB had aligned its 2009-2014 CFSP goals directly with the desired outcomes of the Child and Family Services Review (CFSR). Our vision and Practice Model dovetailed with these goals, which are included below.

1. Children are first and foremost, protected from abuse and neglect.
   (CFSR Safety Outcome 1)

   | Item 1. Timeliness of investigations |
   |---|
   | Item 2. Repeat maltreatment |

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

   | Item 3. Services to protect children in home |
   |---|
   | Item 4. Risk of harm |

3. Children have permanency and stability in their living situations.
   (CFSR Permanency Outcome 1)

| |
|---|
| Item 5. Foster care reentry |
| Item 6. Stability of foster care placements |
| Item 7. Permanency goal for child |
| Item 8. Reunification, guardianship, and placement with relatives |
| Item 9. Adoption |
| Item 10. Other planned living arrangement |

3. The continuity of family relationships and connections is preserved for the children.
   (CFSR Permanency Outcome 2)

| |
|---|
| Item 11. Proximity of placement |
| Item 12. Placement with siblings |
| Item 13. Visiting with parents and siblings in foster care |
| Item 14. Preserving connections |
| Item 15. Relative placement |
| Item 16. Relationship of child in foster care with parents |

4. Families have enhanced capacity to provide for their children's needs.
   (CFSR Child and Family Well-Being Outcome 1)

| |
|---|
| Item 17. Needs/services of child, parents, and resource caregivers |
| Item 18. Child/family involvement in case planning |
| Item 19. Caseworker visits with child |
| Item 20. Caseworker visits with parents |

5. Children receive appropriate services to meet their educational needs.
   (CFSR Child and Family Well-Being Outcome 2)

| |
|---|
| Item 21. Educational needs of the child |

6. Children receive appropriate services to meet their physical and mental health needs.
   (CFSR Child and Family Well-Being Outcome 3)

| |
|---|
| Item 22. Physical health of the child |
| Item 23. Mental/behavioral health of the child |

## C. PRACTICE MODEL

During the five-year CFSP, CWSB developed and followed Hawaii's Practice Model, which focuses on family partnership and engagement. CWSB is actively integrating the Practice Model principles and values into new initiatives. The document that defines and describes Hawaii's Practice Model was submitted with the FFY 2011 APSR, and can also be found in the Child Welfare Services section of the DHS website: **http://hawaii.gov/dhs/social_services/child_welfare**.

## D. INTERVENTIONS & STRATEGIES

### 1. Interventions

CWSB has developed interventions to promote successful outcomes. These interventions are

⇒ Based on an assessment of the family's strengths and challenges;
⇒ Tailored to the individual needs of each child and family;
⇒ Designed using the strengths, problem-solving abilities, and unique capacities of each family and the family's local community;
⇒ Culturally sensitive;
⇒ Respectful of family lifestyles, dynamics, and choices;
⇒ Undertaken in a spirit of partnership and collaboration with all parties committed to strengthening the capacity of families to make healthy choices for the safety and well-being of their children; and
⇒ Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

### 2. Strategies

The strategies that CWSB uses to achieve its goals focus on

⇒ Collaborative approaches that respectfully engage families to design their own solutions;
⇒ Multidisciplinary approaches that include input from families, communities, and professionals from a wide range of fields and backgrounds;
⇒ Creative approaches in addressing individual problems;
⇒ Honest and earnest communication approaches with everyone;
⇒ Compassionate and caring approaches; and
⇒ Strength-based, supportive approaches to build family and community capacity to ensure child safety.

Additional information is available in *A Guide to Child Welfare Services* on the Department's website at www.hawaii.gov/dhs.

# SECTION III: PROGRAM OVERVIEW

## Part 1: Safety
## Part 2: Permanency
## Part 3: Family Engagement & Child Well-Being
## Part 4: Systemic Factors

# PART 1: SAFETY

## A. PROGRAM AND SERVICE DESCRIPTIONS

### 1. Overview

Family preservation and support services include but are not limited to individual and/or family counseling; crisis intervention; case management; parenting skills training; home-based services; and/or family supervision provided through home visits by the CWSB caseworker. The nature and extent of services provided to families depend upon the needs of the family and the availability of services within the community. Services are provided either directly by CWSB staff or by other social service agencies that are contracted by DHS to provide services to our CWSB families at no cost to the families.

As has been reported in the APSRs of recent years, the cornerstone of Hawaii's family preservation and support services is its Differential Response System (DRS). Hawaii CWSB implemented DRS in 2005. DRS allows families to obtain supportive services at the most effective and least invasive and intensive level necessary to ensure the safety of the children. The 24-hour, Statewide CWS Intake Hotline assesses each report of potential child abuse and neglect (CA/N) and determines the appropriate level of intervention necessary, if any.

The most intense level of intervention and family preservation and support services is the state-administered Child Welfare Services (CWS), which serves families for whatever length of time is needed. The middle level of preservation and support is Voluntary Case Management Services (VCM), which is provided by social service agencies that are contracted by DHS. VCM can serve families for up to twelve months, if needed. The least intense level of services is Family Strengthening Services (FSS), which is similar to

VCM in that FSS is provided by DHS-contracted social service agencies. FSS serves families for a maximum of six months.

**2. Child Maltreatment Reports Statewide**

The Statewide Intake Hotline received 25,713 calls in SFY 2013 and 26,352 calls in SFY 2012.

In SFY 2013, 5,190 (20%) of the calls were assigned for intervention. In SFY 2012, 21% of the calls were assigned for intervention.  Of the 25,713 hotline calls in SFY 2013:
- 2,325 calls met the criteria for CWS intervention
- 1,147 met the criteria for Differential Response to VCM Services
- 1718 met the criteria for Differential Response to FSS.

Of the 26,532 hotline calls in SFY 2012:
- 2,277 calls met the criteria for a CWS intervention
- 927 of the calls met the criteria for Differential Response to VCM
- 1,785 met the criteria for a Differential Response to FSS.

The number of hotline calls assigned to CWS investigation increased 2% from SFY 2012 to SFY 2013. The number of hotline calls assigned to VCM increased 24% from SFY 2012 to SFY 2013. The number of hotline calls assigned to FSS decreased 4% from SFY 2012 to SFY 2013.

**Figure 4**

| Number of Intakes Assigned to CWS and DRS | | | | | | | |
|---|---|---|---|---|---|---|---|
| | State Fiscal Year | | | | | | |
| Level of Intervention | 2007 | 2008 | 2009 | 2010 | 2011 | 2012 | 2013 |
| CWS | 2381 | 2552 | 2768 | 2935 | 1849 | 2277 | 2325 |
| DRS/VCM | 593 | 765 | 882 | 976 | 1056 | 927 | 1147 |
| DRS/FSS | 1195 | 1345 | 1376 | 1209 | 1766 | 1785 | 1718 |
| TOTAL | 4169 | 4662 | 5026 | 5120 | 4671 | 4989 | 5190 |

Data sources:  DHS, Management Services Office; DHS Databook, January 2014;
          and CWS Intake Stats at a Glance

In SFY 2012, the percentage of cases assigned for intervention to CWS, VCM and FSS are as follows: CWS - 46%, VCM – 18%, and FSS – 36%. Similarly in SFY 2013, the percentage of cases assigned for intervention to CWS, VCM and FSS are as follows:  CWS - 45%, VCM – 22%, and FSS – 33%. These percentage comparisons over the past seven years can be seen in Figure 5.

**Figure 5**

## Intakes Assigned to CWS, VCM & FSS
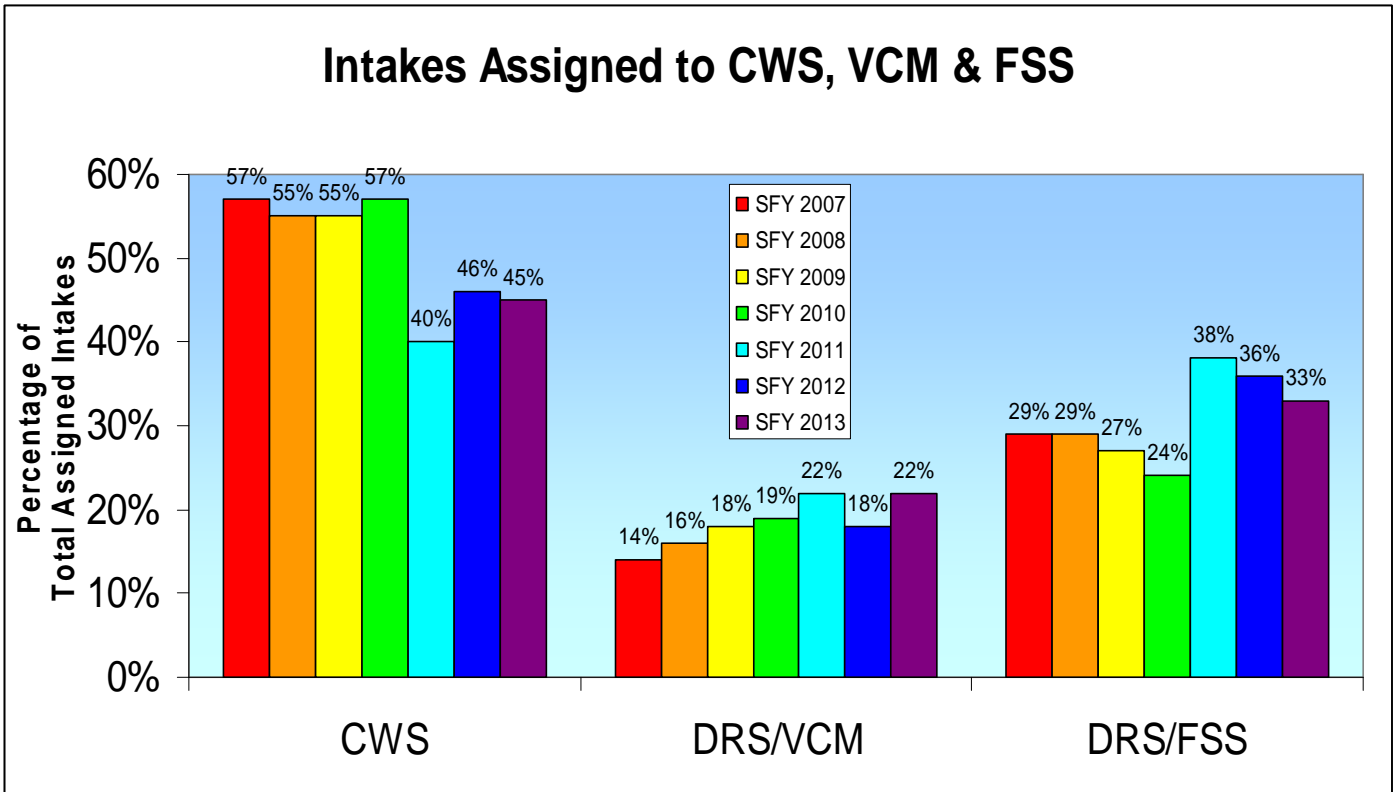


Data sources: DHS, Management Services Office; and CWS Intake Stats at a Glance

In reviewing Figure 5, the most notable changes are the drop in percentage of intakes assigned to CWSB from SFY 2010 to SFY 2011 and the corresponding rise in FSS assignments.

In part, CWSB believes that this 2011 decrease in CWS and increase in FSS assignments was a result of the (then) newly implemented case assignment quality assurances and guidelines. Statewide training on the assessment tools and Guidelines for Threatened Harm for Intake and Assessment was completed by all CWS, VCM, and FSS Sections in March, 2011. The Court Improvement Program (CIP) coordinated a training for Judges, Guardians Ad Litem (GALs), Court-Appointed Special Advocates (CASAs), and parents' attorneys in April, 2011.

In addition to training on the guidelines and assessment tools, CWSB conducted case roundtables to review the Intake and Investigation/Assessment process using the new guidelines and assessment tools in practice. The Intake roundtable was completed in April 2011 and the Assessment roundtable was completed in October 2011. Feedback was gathered from workers and clarification was provided in sessions following the roundtables on the application of the guidelines and assessment tools in case work practice and decision making.

Even though the number of reports has increased since SFY 2011, the proportion of intakes referred to the three differential response paths remained relatively constant for each of the three paths. This consistency was expected and is a good sign that Hawaii's process for assessing and determining the appropriate intervention path for a case is well-institutionalized.

**a. Confirmed Reports**

The 2,325 reports assigned to CWS for investigation in SFY 2013 (assigned either directly from intake or referred back for assignment to CWS from VCM or FSS) included a total of 4,055 children of which 1,361 children (34%) were confirmed as victims of child maltreatment. Of these 1,361 children, Threat of Harm was confirmed for 931 (68.4%) of the children. Threatened harm is confirmed when one or more standardized safety factors that describe risk of substantial harm to the child is present. Figures 6 and 7 below show numbers of cases, not children.

**Figure 6**
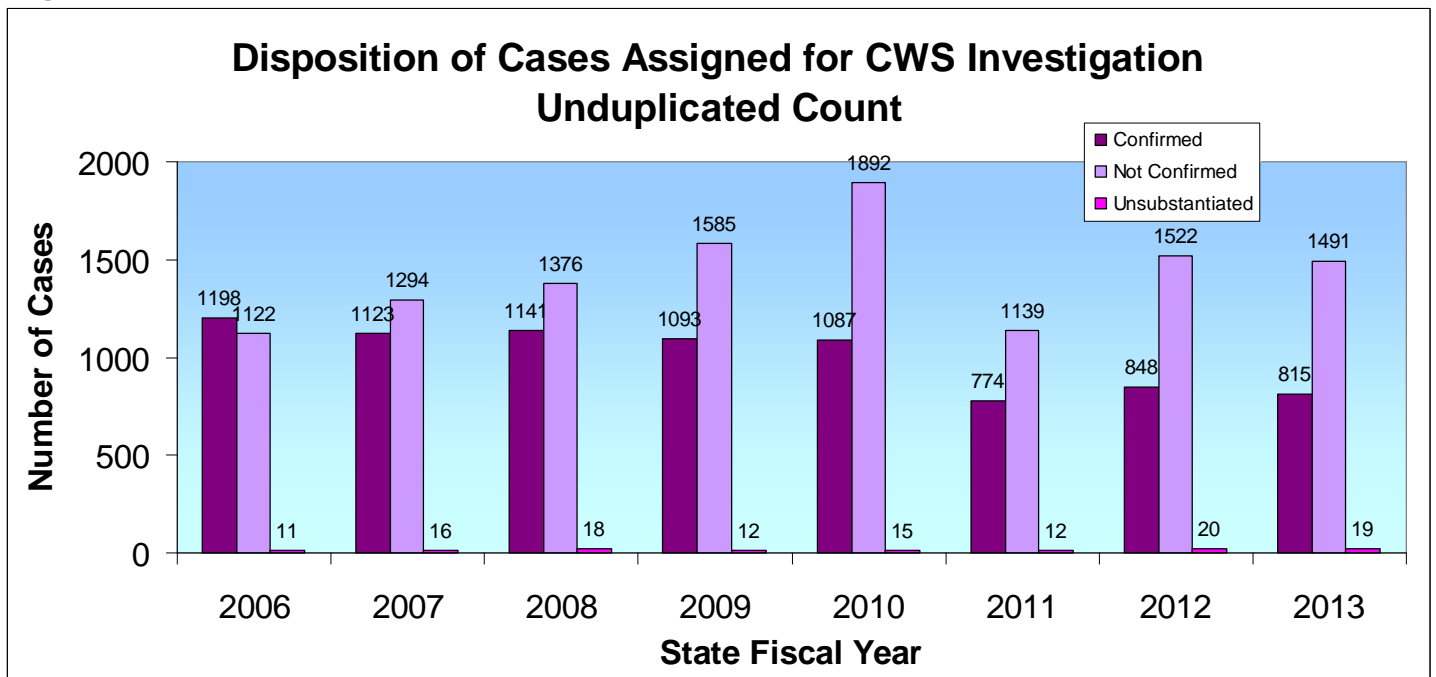


Data source: DHS, Management Services Office

**Figure 7**



CWS Confirmation Rate
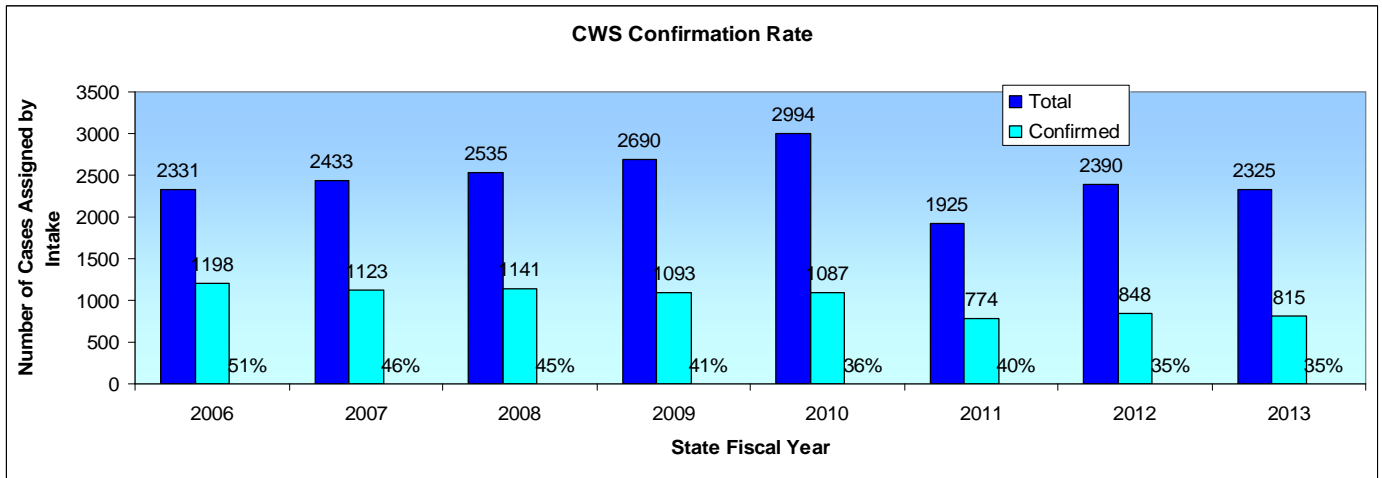
Data source: DHS, Management Services Office; Unduplicated count

Please note: The numbers in Figures 6 and 7 do not match the numbers in Figure 4 because Figures 6 and 7 show cases that were assigned to CWS for investigation at any point (including cases referred from VCM or FSS), and Figure 4 shows cases that were assigned to CWS for investigation directly from the initial CWS hotline intake.

When a CWSB assessment worker is assigned a case from intake for investigation, the worker has sixty days to complete a disposition of the CA/N allegations. The CWS investigation will result in one of the three possible dispositions, explained below. These definitions echo the language in Hawaii Administrative Rules (HAR) Title 17, Subtitle 11, Chapter 1610, Subchapter 2.

⇒ **Confirmed** – There was reasonable cause to believe that harm or threatened harm occurred.
⇒ **Not Confirmed** (aka Unconfirmed) – There was insufficient evidence to confirm that harm or threatened harm occurred.
⇒ **Unsubstantiated** – The statement or information contained in the CA/N report was found to be frivolous or made in bad faith.

Each year the number of unsubstantiated cases is very small.

Since the implementation of DRS in 2005, CWSB has experienced a decrease in the number and rate of cases confirmed for abuse, neglect, and threatened harm. The decrease has resulted in a corresponding decrease in the number of children in foster care. It is worth noting that the decrease in confirmed cases and the reduction of children in foster care have coincided with Hawaii's decreased recurrence of abuse from a high of 6% in SFY 2003 to 1.4% in SFY 2013. Hawaii's continued reduction in recurring abuse underscores the efficacy of our DRS and has placed Hawaii below the national re-abuse standard of 6.1% for over a decade. Please see Figure 20 Absence of Recurrence of Child Abuse and Neglect.

**Figure 8**



Maltreatment Type by State Fiscal Year
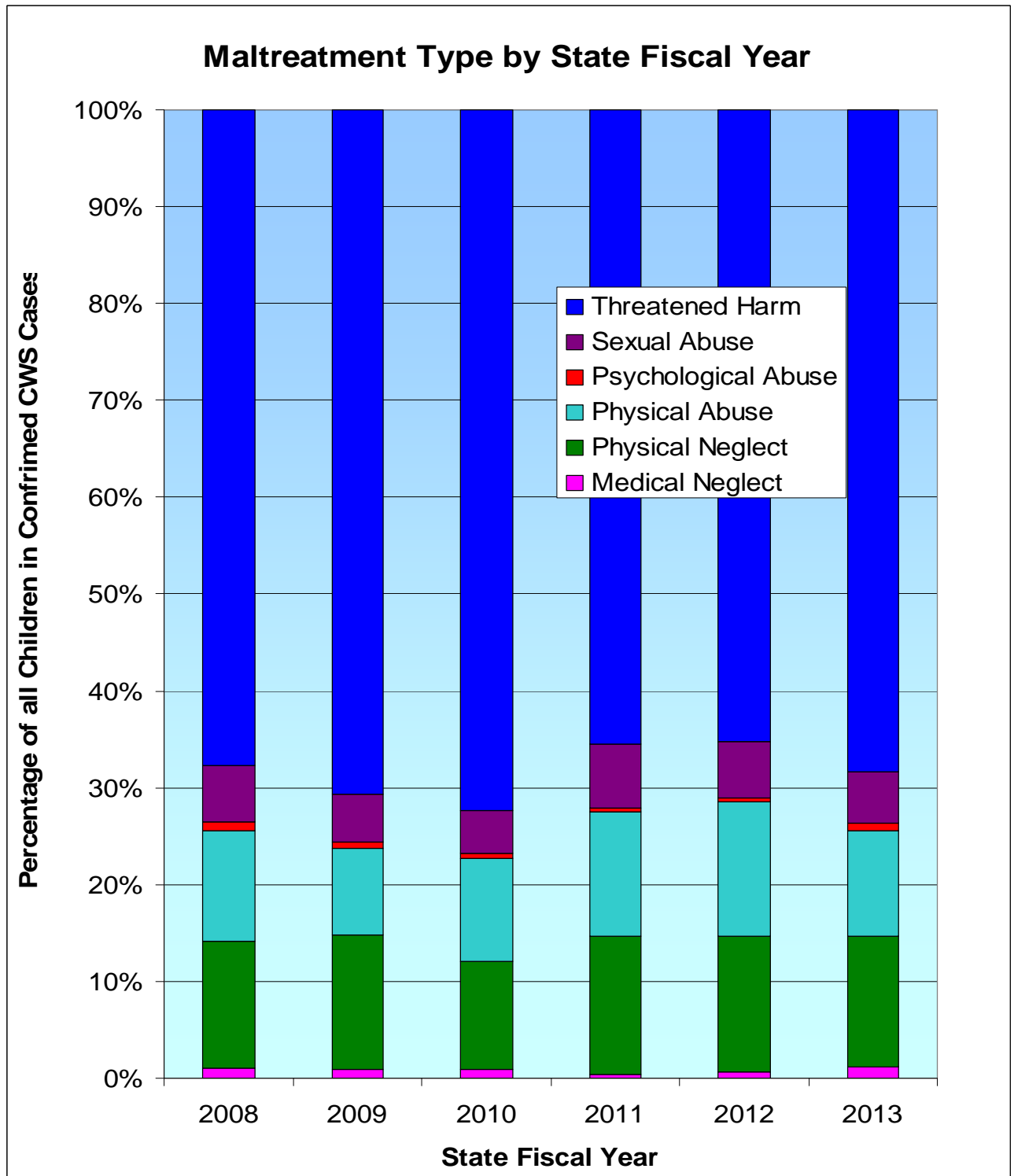
Data source:  DHS, Management Services Office; and DHS January 2014 Databook

**Figure 9**

| Maltreatment Type | SFY 2008 | | SFY 2009 | | SFY 2010 | | SFY 2011 | | SFY 2012 | | SFY 2013 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Medical Neglect | 21 | 1.0% | 18 | 0.9% | 17 | 0.9% | 5 | 0.4% | 10 | 0.7% | 16 | 1.2% |
| Physical Neglect | 268 | 13.2% | 272 | 13.9% | 221 | 11.2% | 193 | 14.3% | 197 | 13.9% | 183 | 13.4% |
| Physical Abuse | 230 | 11.3% | 174 | 8.9% | 210 | 10.6% | 172 | 12.8% | 197 | 13.9% | 150 | 11.0% |
| Psychological Abuse | 18 | 0.9% | 13 | 0.7% | 11 | 0.6% | 5 | 0.4% | 6 | 0.4% | 9 | 0.7% |
| Sexual Abuse | 119 | 5.9% | 96 | 4.9% | 84 | 4.3% | 89 | 6.6% | 84 | 5.9% | 72 | 5.3% |
| Threatened Harm | 1,375 | 67.7% | 1,377 | 70.6% | 1,433 | 72.5% | 881 | 65.5% | 927 | 65.2% | 931 | 68.4% |
| Total | 2,031 | 100% | 1,950 | 100% | 1,976 | 100% | 1,345 | 100% | 1,421 | 100% | 1,361 | 100.0% |

Data source:  DHS, Management Services Office; and DHS January 2014 Databook

Please Note:  The counts above are duplicative, since one child can be confirmed for more than one type of maltreatment, and therefore the totals here do not match the total confirmed reports for that year.

### 3. Number of Children in Foster Care

**Figure 10**



**Children in Foster Care**

Legend:
- Children who Were in Care at any Time
- Children who Entered Care
- Children who Exited Care

| | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|
| Children who Were in Care at any Time | 4,048 | 3,509 | 3,027 | 2,666 | 2,327 | 2,279 | 2,180 |
| Children who Entered Care | 1,599 | 1,408 | 1,367 | 1,180 | 1,012 | 1,146 | 1,067 |
| Children who Exited Care | 1,903 | 1,813 | 1,510 | 1,353 | 1,188 | 1,156 | 1,029 |
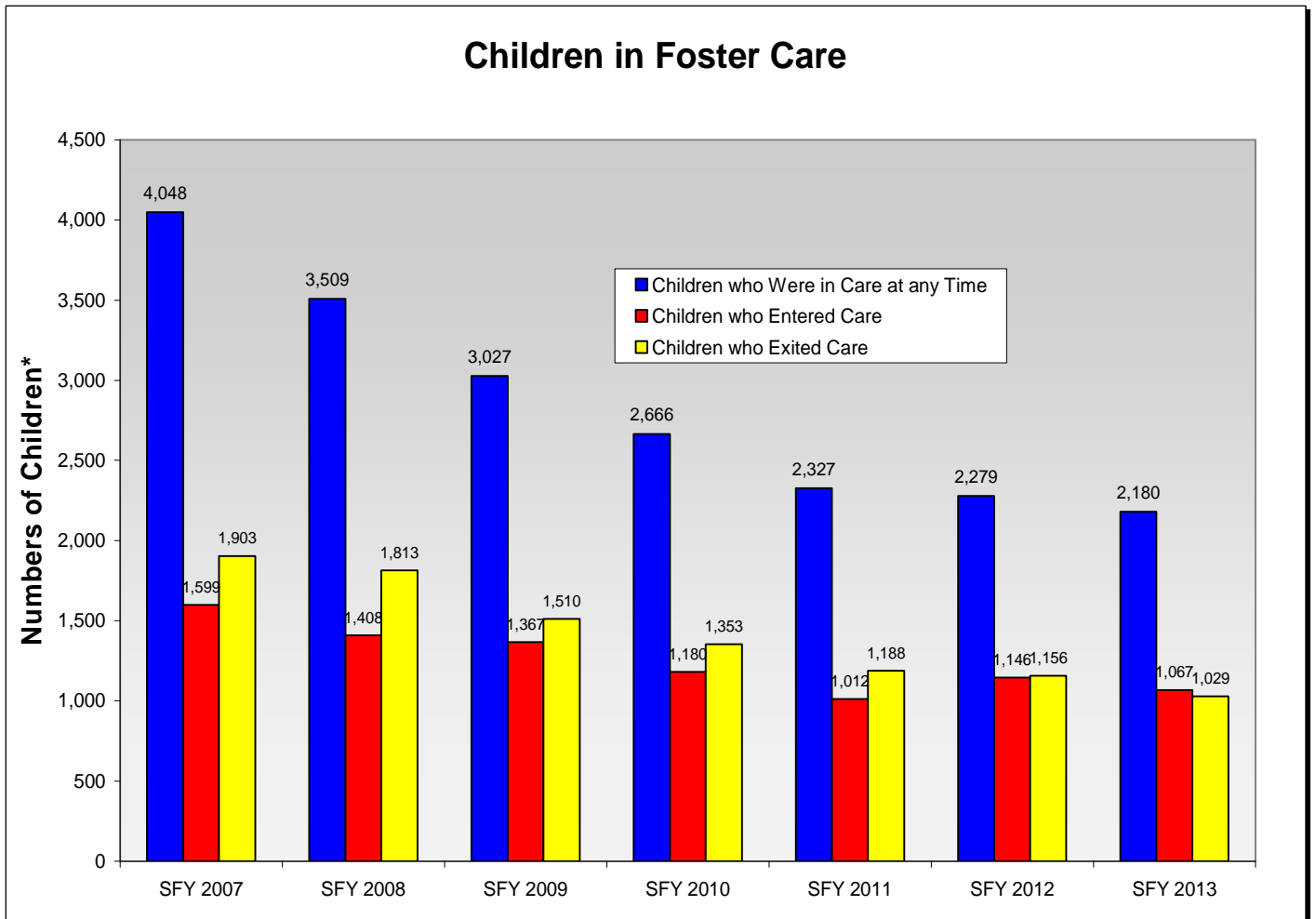
Data source: DHS, Management Services Office; and DHS SFY 2013 Annual Report
*Please note: The numbers here are unduplicated; each child is only counted once per year.

Although the total number of children in foster care for SFY 2013 (2,180) was lower than for SFY 2012 (2,279), it was a decrease of only 4%. Given the major reduction in the number of children in foster care in Hawaii over the past decade, DHS realized that without significant innovation, it would be unlikely that foster care numbers would continue to decline. In collaboration with Casey Family Programs, CWSB Administrative staff examined its practice and has recently begun implementation of a Title IV-E Demonstration Project. Hawaii is optimistic about future reductions with the upcoming project. The Demonstration Project is described in *Part 4. Systemic Factors, Section F. Collaboration and Responsiveness to the Community, Item 3. Child Welfare Demonstration Activities.*

Children who are in foster care for 30 days or less are the target of two of the Title IV-E Waiver Demonstration innovations: Crisis Response Team and Intensive Home-Based Services. The hope is that the number of children in foster care in Hawaii will be further reduced when CWSB is better able to (1) assess children at the time of potential police booking (Crisis Response Team), and (2) provide immediate intensive services in the home (Intensive Home-Based Services). The belief is that a high percentage of children who are in foster care for one month or less would never need to come into care at all with the proper upfront services. The data in Figure 11 shows the impetus for these new services.

**Figure 11**

| Children in Foster Care for One Month or Less | | | | | | |
|---|---|---|---|---|---|---|
| | **SFY 2009** | **SFY 2010** | **SFY 2011** | **SFY 2012** | **SFY 2013** | **SFY 2014** |
| **# of Children** | 579 | 413 | 431 | 386 | 363 | 329 |
| **% of Total in Care** | 19% | 15% | 19% | 17% | 17% | 15% |

Data Source:  DHS, Management Services Office

The DHS continues its ongoing efforts to increase services to strengthen families and allow children to remain safely in the family home without intensive CWS intervention (e.g. DRS); success in this endeavor is evidenced by the subsequent decrease in the number of children requiring foster care services to ensure their safety.

**Figure 12**
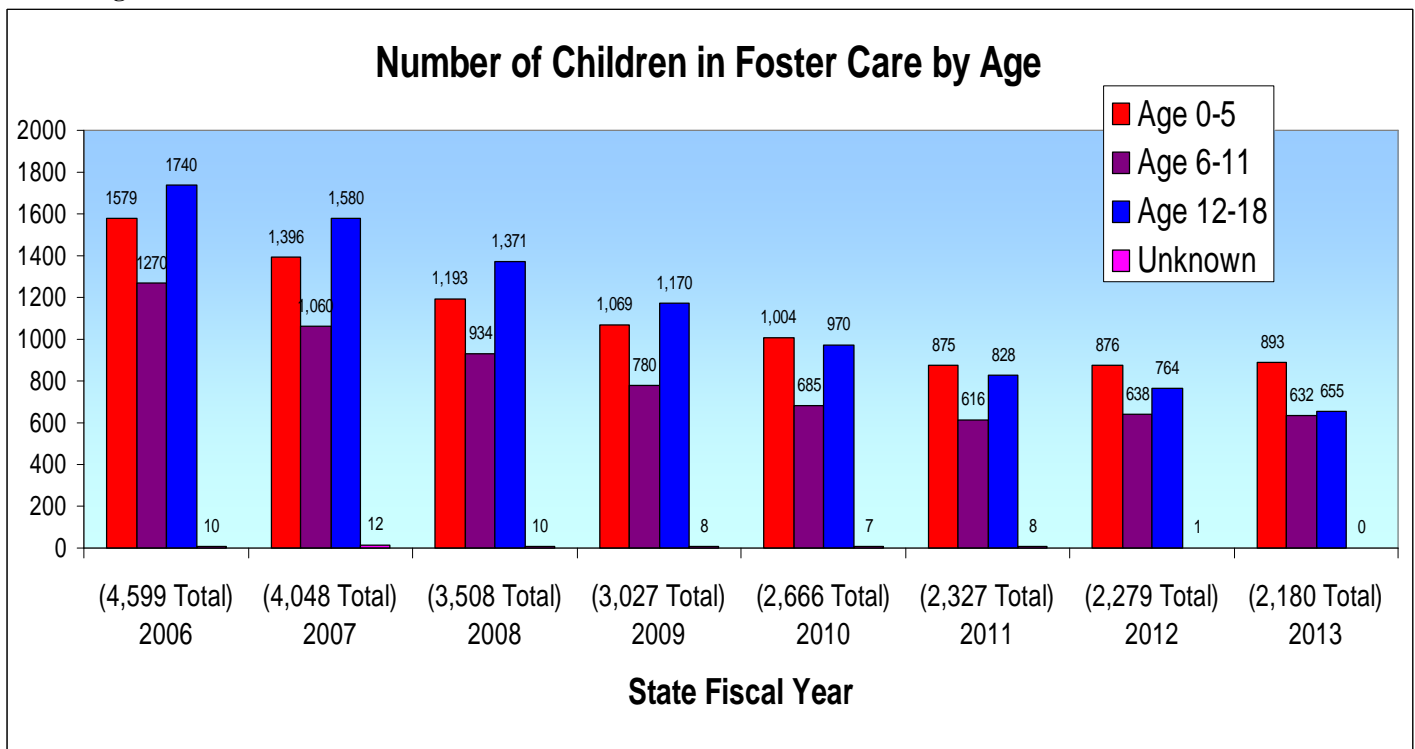


Data source:  DHS, Management Services Office

**Figure 13**

| AGE | State Fiscal Year | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **2008** | | **2009** | | **2010** | | **2011** | | **2012** | | **2013** | |
| | # | % | # | % | # | % | # | % | # | % | # | % |
| **Age 0-5** | 1193 | 34% | 1069 | 35% | 1004 | 38% | 875 | 38% | 876 | 38% | 893 | 41% |
| **Age 6-11** | 934 | 27% | 780 | 26% | 685 | 26% | 616 | 26% | 638 | 28% | 632 | 29% |
| **Age 12-18** | 1371 | 39% | 1170 | 39% | 970 | 36% | 828 | 36% | 764 | 34% | 655 | 30% |
| **Unknown** | 10 | 0% | 8 | 0% | 7 | 0% | 8 | 0% | 1 | 0% | 0 | 0% |
| Total for the Year | 3508 | 100% | 3027 | 100% | 2666 | 100% | 2327 | 100% | 2279 | 100% | 2180 | 100% |
| Monthly Average | 1880 | N/A | 1612 | N/A | 1332 | N/A | 1110 | N/A | 1078 | N/A | 1096 | N/A |

Data source: DHS, Management Services Office

Children aged five and younger constituted approximately 41% of all children in foster care for SFY 2013. Children aged 6 years to 11 years were approximately 29%, and children aged 12 to 18 constituted approximately 30% of the children in foster care. Although Hawaii CWSB will continue to focus energy on early intervention services to protect and care for our youngest children, CWSB also understands that nationally, the largest age group in foster care is children aged 0-5 because they are the most vulnerable to abuse and neglect. For example, certain functional or behavioral challenges of the parent or caregiver may create an unsafe environment for an infant or toddler, who is totally dependent on his/her caregiver; whereas the same challenges may not create an unsafe environment for an older child who is able to care more for him/herself and access other resources, if necessary.

In the age trend from SFY 2008 – SFY 2013, the percentage of 6-11 year olds remains fairly constant, while the percentage of 12-18 year olds drops and is replaced by the rising percentage of 0-5 year olds. As just explained, since the youngest children are the most vulnerable, Hawaii views this as a healthy trend. Major contributors to this change are improved use of DRS and a better understanding and related application of Threatened Harm guidelines. Generally speaking, if children have the same family and living circumstances, the older child will be at a more moderate risk of harm than a very young child. VCM and FSS serve cases with moderate and low risk.

Although the total number of children in foster care decreased from SFY 2012 (2,279 total) to SFY 2013 (2,180 total), the monthly average increased from 1,078 children in SFY 2012 to 1,096 children in SFY 2013. When considering this fact, it may appear contradictory, but it is not, as the annual total and monthly averages do not necessarily directly correlate.

This lack of correlation can be explained with a simple example. Looking at a period of two months, instead of a year, imagine that there are children A, B, C, and D in foster care for one month. There are no other children in care that month and they all exit care that same month. The next month children E, F, G, and H are in care, with no other children. For that two-month period, the total number of children in care is 8, and the monthly average is 4. In a second two-month period, imagine that children A, B, C, D, and E, are all in foster care for both months,

with no other children in care. For this second two-month period, the total number of children in care is 5 and the monthly average is 5.

Since the monthly average of children in foster care has risen compared with the previous year, and the annual total has gone down, CWSB is moving children in and out of care at a slower rate than in the prior year.  This is not necessarily indicative of a problem.  Although it is a priority to move children out of foster care as quickly and safely as possible, perhaps the children who came into care in SFY 2013 had a greater need to be in foster care and needed time to receive the appropriate services, in contrast to those who come into care for briefer periods and then exit.

**Figure 14**

| Termination Type by Age Group for SFY 2013 | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| AGE | Reunification with their families | Adoption | Emancipation | Guardianship | Transfer to other agency | Other | Total | % by Age |
| Age 0-5 | 252 | 83 | 0 | 17 | 3 | 1 | 356 | 38% |
| Age 6-11 | 204 | 56 | 0 | 20 | 7 | 2 | 289 | 31% |
| Age 12-18 | 165 | 15 | 59 | 37 | 7 | 3 | 286 | 31% |
| Total | 621 | 154 | 59 | 74 | 17 | 6 | 931 | 100.0% |
| %/exit | 67% | 16% | 6% | 8% | 2% | 1% | 100.0% | |

Data source:  DHS, Management Services Office

Of the 931 children who exited foster care in SFY 2013, 621 (67%) were reunified with their families, 154 (16%) were adopted, 74 (8%) left care to a legal guardianship, and 59 (6%) emancipated.

Figure 15 shows the percentages of youth exiting foster care to reunification and emancipation over a six year period. Hawaii CWSB works to promote reunification whenever safely possible, and to eliminate emancipation with fervent efforts to find permanent homes for all children in care. Figure 15 shows that Hawaii has been moving in the direction of more youth being reunified and fewer youth aging out.

**Figure 15**

| Reunification and Emancipation Rates Over Time | | | | | | |
|---|---|---|---|---|---|---|
| | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 |
| Reunification | 63% | 64% | 65% | 65% | 67% | 66% |
| Emancipation | 8% | 9% | 8% | 8% | 6% | 7% |

Data source:  DHS, Management Services Office
Please Note:  The percentages in this figure are percentages of all children/youth who exited foster care that year.

## 4. Most Vulnerable Populations

In looking at the Hawaii data of children in foster care by age over the past seven years (Figures 12 and 13), one notices a change in the age of the most represented age group of children. From SFY 2006 – SFY 2009, the highest percentage of children in foster care was the 12-18 age group, but that changed in 2010. From SFY 2010 – SFY 2013, children aged 0-5 were the largest percentage of children in foster care. When looking at the ethnic breakdown of the children in foster care in Hawaii, the highest percentages can be seen in the Native Hawaiian and Part Native Hawaiian population. (Please see Figure 68 in *Part 4. Systemic Factors, Section G. Foster/Resource and Adoptive Family Recruitment and Retention.*) Putting these two statistics together within Child Welfare Services, Hawaii's population with the greatest representation in foster care can broadly be defined as the youngest group of Native Hawaiian and Part Native Hawaiian children, aged 0-5.

These children and their characteristics and demographics are identified and reported out to staff monthly in various reports generated by CPSS. Supervisors and Section Administrators receive case listing, caseload listing, and listing of children in care.

It is well known that the youngest children are at greatest risk for maltreatment because they are completely (or almost completely, as they get older) dependent on others to meet their basic needs and they have no ability to protect themselves from potential harm. Understanding this, Hawaii CWSB views the fact that 0-5 year old children are the most represented in foster care (compared to the other age groups) as appropriate and not concerning.

In contrast, there is nothing inherent in the Native Hawaiian and Part Native Hawaiian population that would cause this ethnic group to be at higher risk for child maltreatment. Although Hawaii CWSB statistics which show Native Hawaiian disproportionality are sadly similar to disproportionality seen in other arenas in State and federal services (e.g., Juvenile Justice, Adult Criminal Justice, TANF, MedQuest, SNAP, WIC, Substance Abuse Treatment, Vocational Rehabilitation, and Community Mental Health,) CWSB is highly concerned about this issue and is working to ameliorate this complex problem. Please see *Section III, Part 1, A. 4., Item d. CWSB Native Hawaiian Work Group.*

### a. Hospital and School Protocols

In order to ensure the immediate and proper identification of these at-risk children, all the hospitals in the State have a protocol directing any staff with concerns about child abuse and neglect to contact the CWSB hotline. Over many years, CWSB has nurtured relationships with hospital personnel, with CWSB assessment workers often being considered an auxiliary part of the treatment and decision-making team of the hospital.

All teachers in Hawaii are mandated reporters for child abuse and neglect. DHS receives referrals regularly through its CWSB hotline from Preschool and Kindergarten teachers. Throughout the State, DHS has fostered positive, collaborative relationships with the DOE and the Hawaii Association of Independent Schools, as well as with individual school staff, principals, teachers, nurses, and counselors. The DHS, SSD's Staff Development trainers regularly go into the schools to refresh teachers' knowledge of mandated reporting.

## b. Targeted Services

Although the majority of the services DHS offers to families that are engaged in the CWSB system are applicable for children of any age, there are more targeted services for the children at greatest risk of maltreatment (those aged 5 and younger), such as Enhanced Healthy Start, Hale Malama, and Project First Care.

### i. Enhanced Healthy Start

On all the major islands, CWSB contracts with community-based, private non-profit agencies to provide Enhanced Healthy Start (EHS) services to all families with active CWSB cases who have children aged 0-3. EHS services consist of home visits by a paraprofessional, an RN, and a clinical specialist to assess the relevant family issues, including mental health issues, substance abuse, early childhood development, violence-free family interactions, and parent-child attachment and bonding. Through EHS, the family is provided with home visits; family support interventions; referral to a medical home and needed community services; identification, assessment, and monitoring of child health and developmental status and needs; and training on child development and parenting skills.

### ii. Hale Malama

On Oahu, children aged 0-3 in foster care who have specialized and/or serious medical needs are often placed in the Hale Malama program of Catholic Charities Hawaii. CWSB contracts with Catholic Charities Hawaii for these services. Hale Malama provides foster care for infants and toddlers with special health care needs, as well as resources for the children's families and CWSB staff. Hale Malama provides resource homes with caregivers who are specially trained in providing care for medically fragile infants and toddlers. Hale Malama resource caregivers and staff often act as interpreters of medical information for CWSB staff and biological families. Hale Malama resource caregivers also often work closely with the biological family while the case moves toward reunification. These specially trained resource caregivers act as role models and teachers of both general parenting skills and specific medical care and attention necessary for the individual child.

iii. **Project First Care**

Project First Care, for children aged 0-3, is available on Oahu. In response to the passage of the 2008 Hawaii State Legislature Act 199 which mandated CWSB to demonstrate a preference to place foster children with an appropriate relative, Project First Care was developed by CWSB, the Office of Hawaiian Affairs, and community partner agencies. In some ways similar to Hale Malama, this project provides specially trained resource caregivers for infants and toddlers. The focus of this project is to provide on-call foster care for infants and toddlers on a short-term basis (generally 1-60 days) while CWSB aggressively searches for an appropriate relative placement and works toward reunification with parents. Project First Care resource caregivers facilitate and supervise frequent family visitation and aid greatly in providing a smooth transition from foster care to placement with appropriate relatives or safe reunification with biological parents. With their specialized training on infant/toddler development and care, Project First Care resource caregivers also provide mentoring to biological parents, visiting relatives, and potential relative foster parents.

c. **'Aha**

To meet the specific needs of Native Hawaiian and Part Native Hawaiian youth and their families, for the last five years CWSB has co-hosted community gatherings (called 'aha in the Hawaiian language) on all islands. CWSB staff have successfully partnered with many Native Hawaiian community leaders, businesses, agencies, groups, and individuals to come together with law enforcement and family court representatives to focus on the common goal of creating and maintaining safe and healthy Native Hawaiian communities. At the 'aha, community members shared details of community norms and practices and how best to work with and understand Native Hawaiian families, while CWSB staff and local police helped to demystify the CWS system and increase understanding of healthy and safe ways to care for Hawaii's children. CWSB has received positive feedback about the 'aha, and is planning to do more of them. CWSB is currently looking at the data to identify the specific geographic areas that might benefit the most from 'aha. In addition, CWSB has started hosting 'aha for non-Hawaiian communities where improved communication and understanding between CWSB and an ethnic or geographic group are desired.

d. **CWSB Native Hawaiian Work Group**

Because of the disproportionality of Native Hawaiian children in foster care, in early 2013, CWSB created a work group to examine this issue, gather and evaluate the data, and utilize data, best practices, and cultural leads to explore and propose possible innovations and/or cultural tailoring of CWSB practice that might help address the overrepresentation of this population. (Please see Figure 79 for a visual comparison of the ethnic breakdown of Hawaii's Children in Foster Care and the

general population of Hawaii.) The efforts of other states for improving their own problems with disproportionality will be reviewed for potential local applicability. This work group is in the early stages of existence, but Hawaii is committed to ensure positive movement on this issue.

e. **Resource Family Recruitment**

Due to the disproportionality of Native Hawaiian and Part Native Hawaiian youth in foster care in Hawaii, concerted efforts have been made through CWSB's contracted services with Partners in Development Foundation, a community-based, private non-profit agency, to recruit and retain Native Hawaiian resource families. National research indicates that children in foster care fare much better when they are able to maintain connections with their culture and community that support the formation of a positive cultural identity. One can see from the chart in *Part 4. Systemic Factors, Section G. Foster/Resource and Adoptive Family Recruitment and Retention* that the directed recruitment efforts have been successful.

f. **Staff and Resource Caregiver Training**

CWSB mandatory staff training includes cultural awareness and sensitivity, as well as children's developmental milestones, and safety guidelines for infants and toddlers. Ongoing training provided to CWSB staff and Supervisors in SFY 2013 included topics specifically relevant to serving Hawaii's populations at greatest risk for maltreatment.

The mandatory training for all licensed resource caregivers includes issues specific to the infant and toddler population, including safe sleep guidelines, shaken baby syndrome, and early development milestones.

More complete information about CWSB staff and resource caregiver training can be found in *Part 4. Systemic Factors, Section D. Staff and Provider Training* of this report.

g. **Licensing Standards**

The Hawaii Administrative Rules govern CWSB resource caregiver licensing. The rules state that one licensed resource family may house no more than two children under the age of two. The licensing rules further state that no more than five unrelated foster children may reside in the same home. Cases involving children with special needs are assessed on a case by case basis, based on the capabilities of the resource family. Hawaii has specific licensing standards that allow for exceptions for sibling groups: one resource home may house more than five children if they are all part of one sibling group. CWSB is pleased that Hawaii has legal guidelines which support the special needs of infants and toddlers in foster care.

**h. Permanency**

When discussing permanency for the 0-5 population of Native Hawaiian and Part Native Hawaiian children, it is essential to keep in mind CWSB's priorities in placement for all children. Safe reunification with biological parents is always the top priority for any case. After reunification, the next placement priority is adoption or legal guardianship by a relative. Next is adoption or legal guardianship by a non-relative, who is able to maintain and support permanent family connections. Adoption is preferred over legal guardianship as a permanency goal.

Hawaii e has always had an abundance of resource caregivers willing to adopt children aged 0-5. In fact, CWSB has had challenges with non-relative resource caregivers who have become so attached to the young children in their care that some feel the child is better off remaining with them than moving to a relative placement, or even reunifying with birth family. CWSB has actively addressed this problem through improved up-front communication with resource caregivers at the time of placement; improved training for CWSB staff, new resource caregivers, and court personnel; and specific resource caregiver licensing guidelines which exclude parents who are only looking to adopt young children.

**Figure 16**

## Children 0-5 in Foster Care (FC) or Permanent Custody (PC)
### for one year or more
## **May 2014**

|  | Years in Care | Age | | | | | |
|---|---|---|---|---|---|---|---|
|  |  | **1 y.o.** | **2 y.o.** | **3 y.o.** | **4 y.o.** | **5 y.o.** | **Total** |
| **FC** | 1 | 54 | 22 | 20 | 19 | 17 | 132 |
|  | 2 |  | 15 | 9 | 6 | 4 | 34 |
|  | 3 |  |  | 5 | 3 | 2 | 10 |
|  | 4 |  |  |  | 1 | 0 | 1 |
| **FC Total** |  | 54 | 37 | 34 | 29 | 23 | 177 |
| **PC** | 1 | 11 | 3 | 0 | 1 | 3 | 18 |
|  | 2 |  | 11 | 6 | 6 | 3 | 26 |
|  | 3 |  |  | 3 | 1 | 0 | 4 |
|  | 4 |  |  |  | 2 | 2 | 4 |
| **PC Total** |  | 11 | 14 | 9 | 10 | 8 | 52 |
| **Grand Total** |  | 65 | 51 | 43 | 39 | 31 | **229** |

Data Source: DHS, Management Services Office

Figure 16 shows the number of children whose legal status is FC and the number of children whose legal status is PC, who are aged 1-5, and who have been in the care of the State for one year or more as of May 2014. Figure 16 shows that there were 229

children ages 1-5 without a permanent home in May 2014. This number is slightly higher than the total reported in last year's APSR for the month of February 2013 (217 total children). The February 2013 number (217) was slightly higher than the total reported in the previous year's APSR for June 2012 (175 total children). Although slight, this upward trend of young children in need of homes is concerning and will be further examined by CWSB.

CWSB continues to make efforts to find permanent homes for children and move cases to permanency quickly. The Title IV-E Waiver Demonstration Project services SPAW and Wrap are designed to address this issue. These interventions are described in *Section III. Program Overview*, *Part 4. Systemic Factors, F. Collaboration and Responsiveness to the Community, 3. Child Welfare Demonstration Projects.*

## B. UPDATES, GOALS, MEASURES, PROGRESS, AND ACTION STEPS

Hawaii CWSB integrated the Child and Family Services Review (CFSR) process and the Annual Progress and Services Report (APSR) because most of Hawaii's APSR outcomes and goals match those used to determine the quality of performance in the CFSR. The target percentage for all the CFSR goals is a long-range goal, representing a very high standard of practice. The percentages listed under each CFSR Item are the statewide averages for Hawaii's onsite quality case reviews. The percentages indicate how many cases had this item rated as a strength, out of all the cases reviewed to which the item applied. The onsite case reviews are modeled after the Federal CFSR and serve as measurements for Hawaii's second federal Program Improvement Plan (PIP2) period. If a CFSR item is also a PIP2 item, this will be indicated and the PIP2 goal will be provided.

CWSB contracts with the University of Hawaii, Maui College, Hawaii Child Welfare Continuous Quality Improvement Project (UHMC-HCWCQI) to run all of the CFSR processes statewide. This agency partner has proved to be extremely helpful in all of CWSB's Continuous Quality Improvement (CQI) efforts.

Hawaii CWSB is fortunate that CQI efforts are indeed continuous, in that mini-CFSRs occur throughout the year. CWSB staff members have access to regularly (at least quarterly) updated data on statewide performance. This allows CWSB administrators to see results of initiatives more quickly (in order to make the needed modifications), and also to identify areas of concern and take action before potential problems worsen. The CQI process itself has a built-in corrective action system, where an action plan for improved performance in targeted areas is developed with a CWSB Section as soon as the data from that Section's annual CFSR has been verified and analyzed.

For all the CFSR items reported in this document, the figures will include preliminary SFY 2014 data, although full analysis of that data is not complete as of the writing of this report. Because the SFY 2014 data is preliminary, the qualitative interpretation of the results is only provided for SFY 2013.

1. **General Safety**

**CFSR Safety Outcome 1**
*Children are first and foremost protected from abuse and neglect.*

**CFSR Item 1: Timeliness of Initial Response of Investigations**
SFY 2013: 36 Cases Reviewed
28 Strengths, 8 Areas Needing Improvements (ANI)
SFY 2014: 45 Cases Reviewed
38 Strengths, 7 ANI

| State Fiscal Year CQI Data | Cases with timely responses |
|---|---|
| | **PIP2 Goal: 90.1 %** Hawaii achieved this goal!* |

**Figure 17**
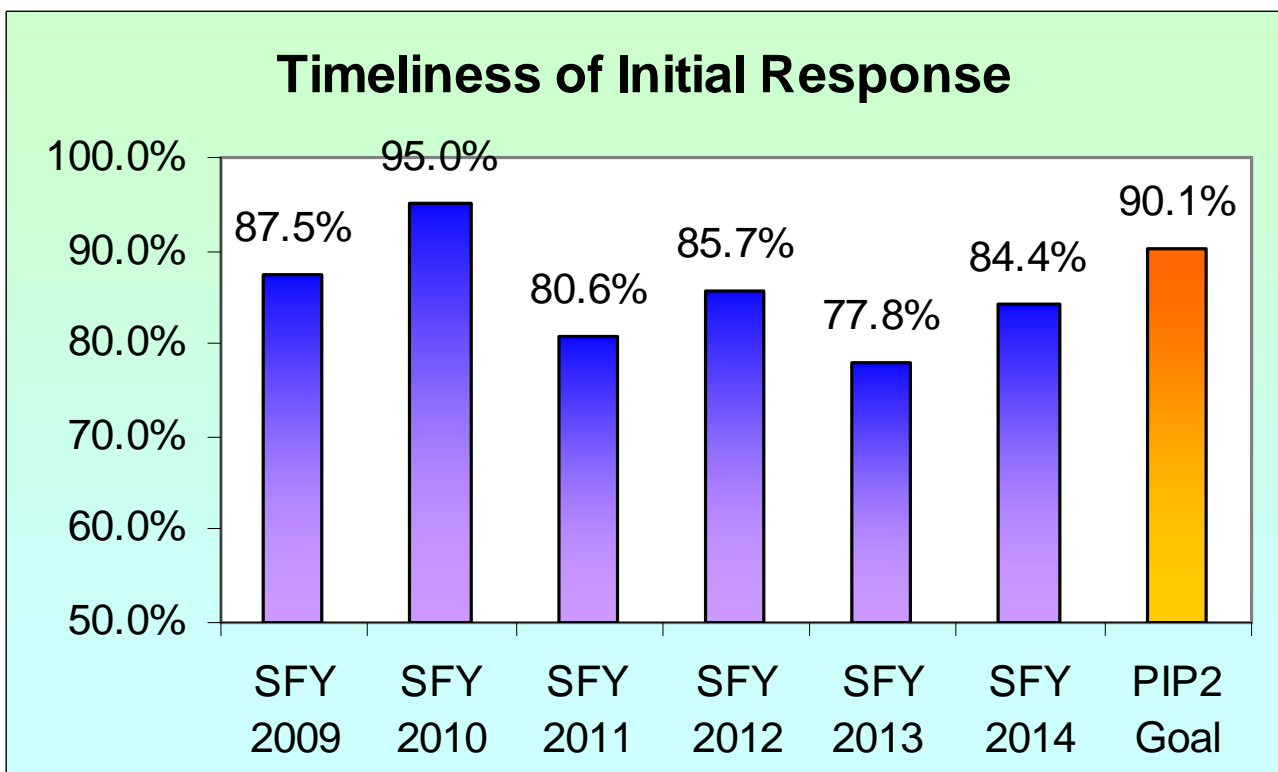


Data Source: University of Hawaii, Maui College (UHMC) Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project

*The data in Figure 17 is somewhat misleading, as it appears to indicate that the PIP2 goal was not met during SFY 2014. In March 2014, Hawaii completed a statewide targeted review on just this one CFSR item. The result of this targeted review was a 97.4% strength rating, thereby

achieving the PIP2 goal. The SFY 2014 strength rating of 84.4% was obtained in the traditional CFSR method of rating this item along with all the other CFSR items in seven separate Section reviews throughout the year. The Section numbers are added together, resulting in the statewide total ratings.

PURPOSE

This item assesses whether CWSB responds to intakes with timely face-to-face contact with children who are reported as alleged victims of abuse and/or neglect during the period under review (PUR).

SUMMARY OF DATA

In those cases rated as strengths, efforts to make face-to-face contact were made early, physical attempts were made by the caseworker in addition to phone contacts, efforts were well-documented, and all child victims in the family were seen. Furthermore, reports were assigned timely from the Intake units.

In cases that were rated as areas needing improvement, cases appeared to be assigned in a timely manner by intake to an assessment worker. The problem was that the assessment workers did not initiate live contact with the family in a timely manner. Problems regularly arose with siblings groups; assessment workers were unable to see all children within the required time frame.

In January 2014, Oahu Section 2 cases were reviewed for quality assurance and it was found that 100 % of the applicable cases pulled for the review met the timely response standard by the investigators. Risk assessment and safety management in cases had also greatly improved in Oahu Section 2.

In SFY 2013, Maui Section came up with creative and successful solutions to address timeliness of investigations. If an assessment worker is not able to respond within the 48-hour timeframe, MCWSS has an alternate person identified to make the contact. Maui Section created a stamp that is put on each intake to remind the staff of the 48-hour deadline and the 60-day disposition deadline. The stamp has been a very helpful reminder for staff. Also, MCWSS identified one person to input all 48-hour tracking data into SHAKA. Subsequently, several of these ideas have been incorporated into practice by other Sections.

The targeted review in March 2014 and other recent case reviews revealed improved performance in the following areas related to CFSR Item 1:

- Greater sense of urgency in responding to reports

- Vulnerable children in the family seen timely
- Pursuit of contact leads
- Better documentation
- Sustained, timely processing of reports at Intake.

One improvement that significantly contributed to Hawaii being able to achieve the Timeliness of Response PIP2 goal was the 48-hour Tracker, a system to track and monitor timely response and collect aggregate data. In October 2012, CWSB began using this new tracking system in SHAKA for all CWS cases. In March 2013, Hawaii CWSB began collecting and entering VCM data. VCM and CWSB worked together to compile response time data going back to January 2012 for both VCM and CWS cases. The response time required for CWS cases is two business days. Given the lack of safety issues in VCM cases, the response time required for VCM is five business days.

The 48-hour Tracker allows Supervisors and Section Administrators to track responses using real time data. Sections employ different strategies that take advantage of this tool, including
- reviewing the tracking list at each Morning Briefing to ensure timely response is made.
- providing reminders.
- immediately reassigning intakes when the assigned assessment worker is unlikely to make contact within the response time.
- having a Supervisor or Section Administrator make the initial timely contact when a worker cannot make contact within the response time.

Initially, teleconferences were scheduled each month with the Section Administrators to discuss response time challenges and strategies to achieve timely response. In January 2013, CWSB began conducting these calls weekly to proactively strengthen and institutionalize the use of this tracking system, as well as to engage Sections in cross-collaborating on solutions, so that children are seen timely.

The data in Figure 18 shows the percentage of intakes that had investigations that were completed within the established time frames: two business days for all newly-assigned CWS intakes, and five business days for newly-assigned VCM intakes. Figure 18 separates each quarter (Q = quarter), so that progress can be clearly seen.

**Figure 18**
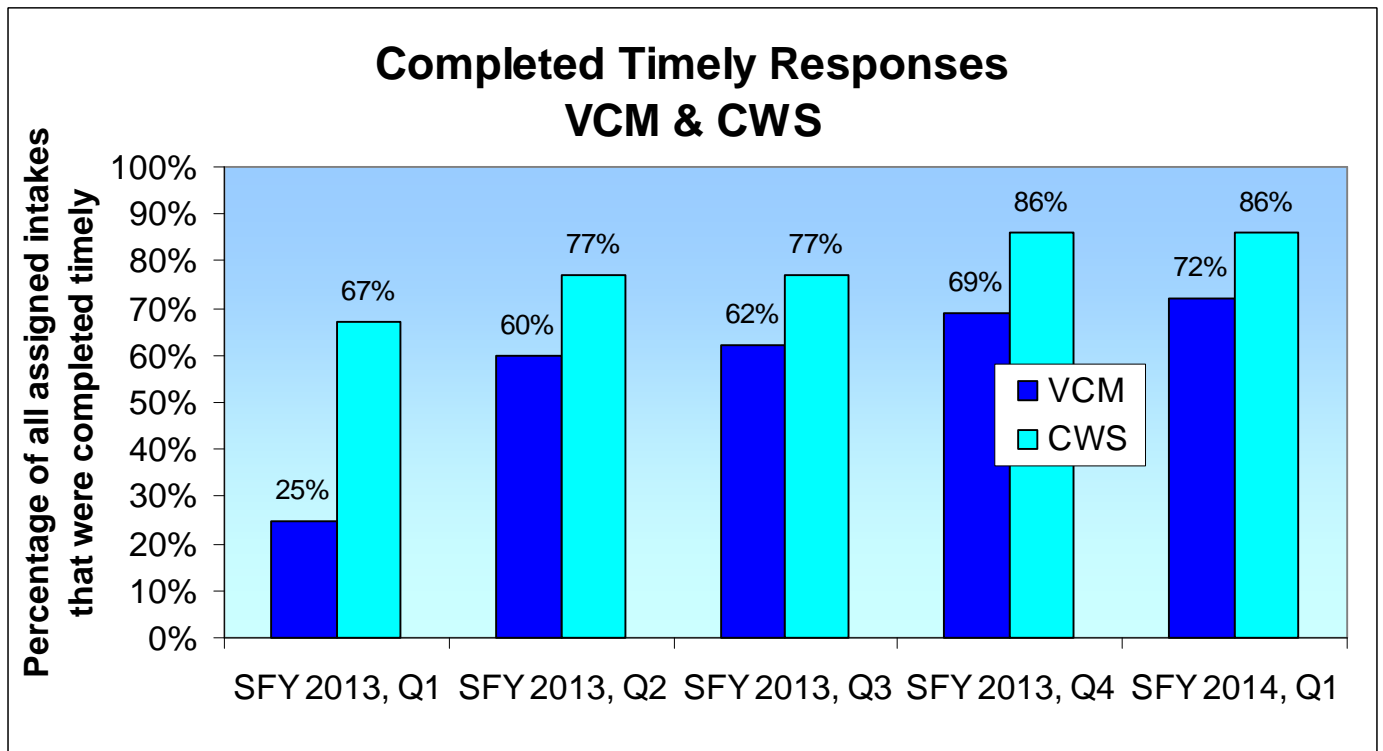


Data Source: SHAKA 48-Hour & 5-Day Tracker

The rising trend in both VCM and CWS timely response completion is easy to see. Hawaii is optimistic that this trend will continue, based on the increased efforts and newly-employed strategies of CWSB's creative and dedicated staff.

In the UHMC-HCWCQI case reviews, a higher percentage of cases (higher than those in Figure 18) will be marked as strengths for timely response. The Figure 18 percentages do not include cases where regular and conscientious attempts were made to complete the investigation in a timely manner, but due to barriers outside of the agency's control, the investigation was not completed timely. These types of cases will be marked as strengths in the UHMC-HCWCQI case reviews.

CWSB administrators are studying the data and working with Sections to identify the remaining causes of delays in initial face-to-face contacts by workers. East Hawaii Section has identified one cause of delays in their Section: families assigned to VCM won't respond to VCM workers' attempts to meet with them. However, when those cases are returned to CWS, the families do respond in some way to CWSB worker attempts to meet with them. In addition, when the CWS investigation ensues and is completed, the family's situation often does not rise to the high risk level of CWS intervention. Understanding the causes of delays allows CWSB to develop appropriate targeted solutions that improve services for families and allow the PIP2 goals to be met.

**CFSR Item 2: Repeat Maltreatment**
SFY 2013: 33 Cases Reviewed
32 Strengths, 1 ANI
SFY 2014: 45 Cases Reviewed
43 Strengths, 2 ANI

| State Fiscal Year CQI Data | Cases with an absence of repeat maltreatment PIP2 Goal: 95.0 %  Hawaii achieved this goal! |
|---|---|

**Figure 19**
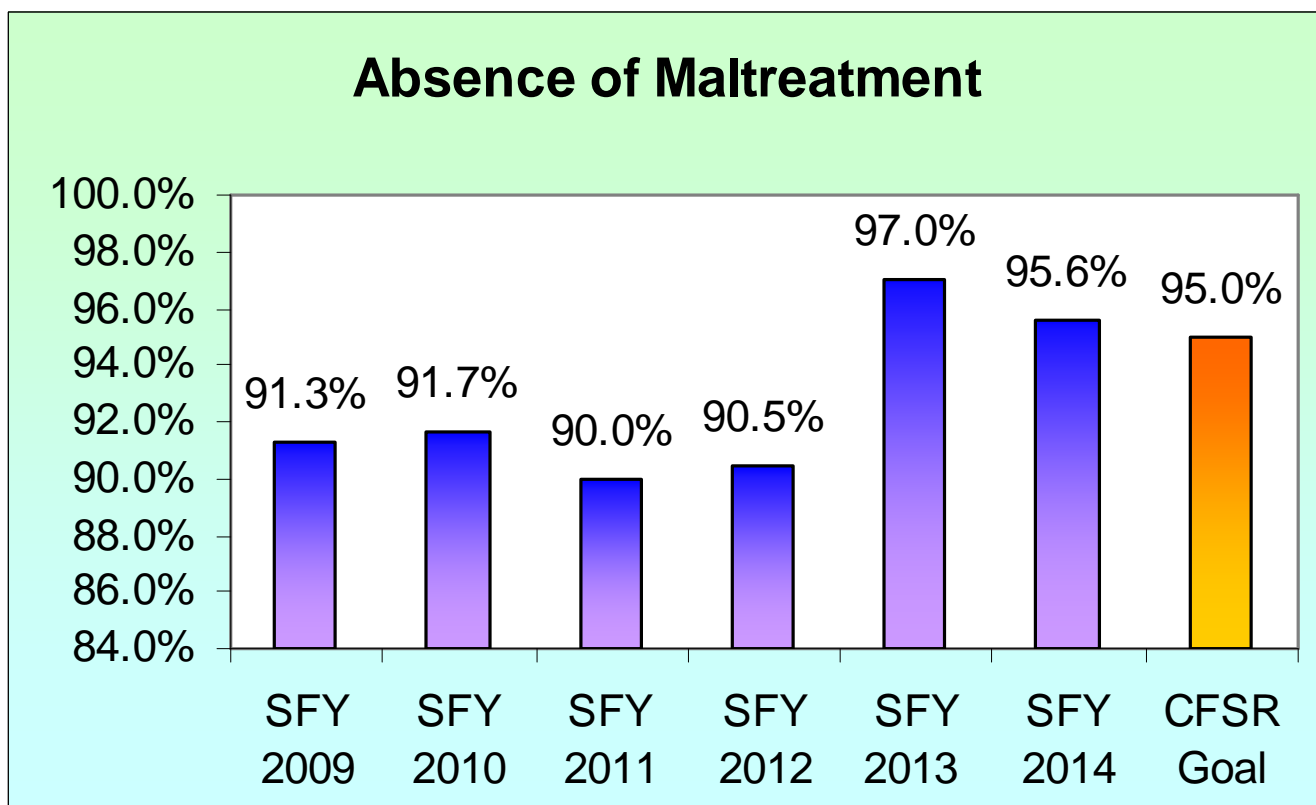


Data Source:  UHMC-HCWCQI Project

PURPOSE

This item focuses on whether a child experienced repeat maltreatment within six months before or after at least one of the substantiated reports occurring during the PUR.

SUMMARY OF DATA

Hawaii CWSB has seen an increase in cases with no repeat maltreatment over the course of the last CSFP. The improvement on this item is likely directly attributable to DRS. When threats to a child's safety have been minimized in a case, a CWS worker has the option to refer the family to further services with VCM or FSS. This extra support available to families contributes to low repeat maltreatment rates.

CFSR Item 2 corresponds directly with the **National Safety Outcome 1.**
> *Of all children who were victims of a substantiated or indicated maltreatment allegation, what percent were not victims of another substantiated or indicated maltreatment allegation within the 6-months following that maltreatment incident?*

**Figure 20**



Absence of Recurrence of Child Abuse and Neglect
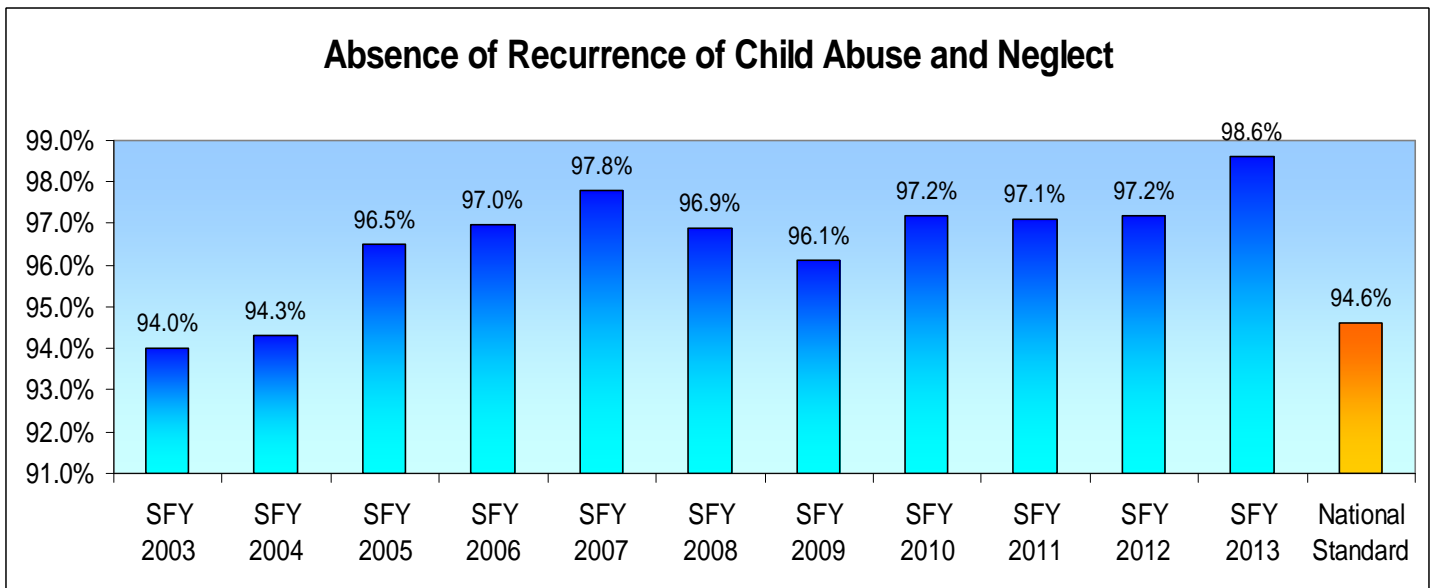
Data Source: DHS, Management Services Office

The SFY 2013 rate of Absence of Recurrence of Child Abuse and Neglect is 98.6%. The national standard is 94.6% or higher. Not only does Hawaii's aggregate data continue to exceed the national standard, as it has for the past decade, Hawaii achieved its best rate ever during SFY 2013. These impressive outcomes may be the result of continued improved use of DRS, as explained above. Other contributing factors are the increased emphasis and training of staff on

family engagement. Families that are fully engaged in services and have good rapport with their workers are less likely to re-offend.

Although they both measure the absence of recurrence of maltreatment, the data in Figure 19 and Figure 20 are not the same, because the data come from two different sources. Figure 19 is based on the CQI case reviews. Figure 20 displays the statewide aggregate data from CWSB's database compared to the National Standard. The CQI data comes from a thorough qualitative review of a small selection of cases across Hawaii, whereas the data for the National Standard is aggregate data, including all of the pertinent cases in the State.

2. **Safety in Child's Home**

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

<p style="text-align:center"><strong>CFSR Item 3: Services to prevent removal<br>and maintain children safely in their family home</strong><br>SFY 2013: 59 Cases Reviewed<br>52 Strengths, 7 ANI<br>SFY 2014: 69 Cases Reviewed<br>57 Strengths, 12 ANI</p>

*DHS will provide services, when appropriate, to protect children in their homes and prevent removal or re-entry into foster care.*

| State Fiscal Year CQI Data | Cases with no removal &/or no reentry into foster care PIP 2 Goal: 87.0%   Hawaii achieved this goal! |
|---|---|

**Figure 21**

## Removal Prevention
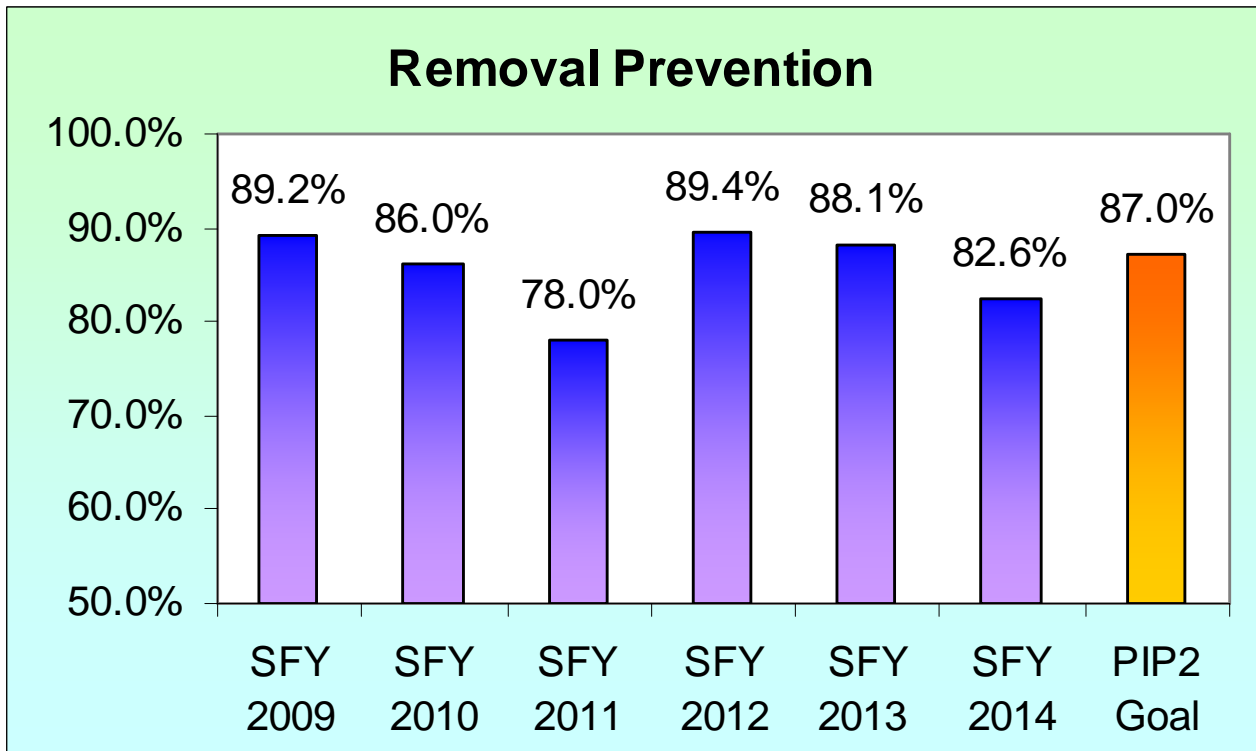


Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses CWSB's efforts to provide services to maintain the child safely in the child's home, and its efforts to prevent children's entry into foster care.

SUMMARY OF DATA

In the cases rated as strengths, concerted efforts were made to provide services to prevent removal or re-entry into foster care. Appropriate in-home services were offered by CWS or VCM to prevent removal, or the decision to remove the child from the home without providing services was based on the immediate safety needs of the children. Completed safety assessments contributed to guided decision-making and good documentation in cases rated as strengths.

In cases rated as areas needing improvement, safety services and planning were needed but not provided for the primary safety and/or risk issues. In several cases over the years, regular face-to-face contact could have led to the caseworker providing appropriate and relevant services to the family to address safety.

Explicit domestic violence guidelines and training on working with families with domestic violence issues has helped strengthen Hawaii CSWB's ability to prevent unnecessary removal. These efforts have particularly helped workers with identifying and engaging the protective parent.

CWSB workers have demonstrated efforts to prevent placement of children in foster care when they are taken into police protective custody by consistently utilizing the Child Safety Assessments and Comprehensive Strengths and Risk Rating Tools, and when possible, developing in-home safety plans with the family to prevent removal. East Hawaii workers continue to utilize the Rapid Assessment Instruments (i.e., AAPI, CBCL, Ansel Casey and Strengths and Stressors) to help guide decisions to engage the family in appropriate, upfront services. CWSB is considering expanding the use of some Rapid Assessment Instruments to other Sections in order to aid in preventing unnecessary removal.

Hawaii expects to see improvement in this area with the implementation of the Crisis Response Team (CRT) and Intensive Home-Based Services that are part of the Title IV-E Waiver Demonstration Project. Hawaii plans to begin these new interventions in February 2015. The primary goal of both initiatives is to keep children in the family home whenever safely possible, thereby avoiding unnecessary removal.

### CFSR Item 4: Safety & Risk Assessment and Management
SFY 2013: 99 Cases Reviewed
65 Strengths, 34 ANI
SFY 2014: 99 Cases Reviewed
65 Strengths, 34 ANI

*DHS will reduce the risk of harm to children, including those in foster care and those who receive services in their own homes.*

| State Fiscal Year CQI Data | Cases (both in-home and foster care) where children's safety needs were met **PIP 2 Goal: 72.7 % Hawaii achieved this goal!*** |
|---|---|

**Figure 22**



## Safety & Risk
## Assessment and Management
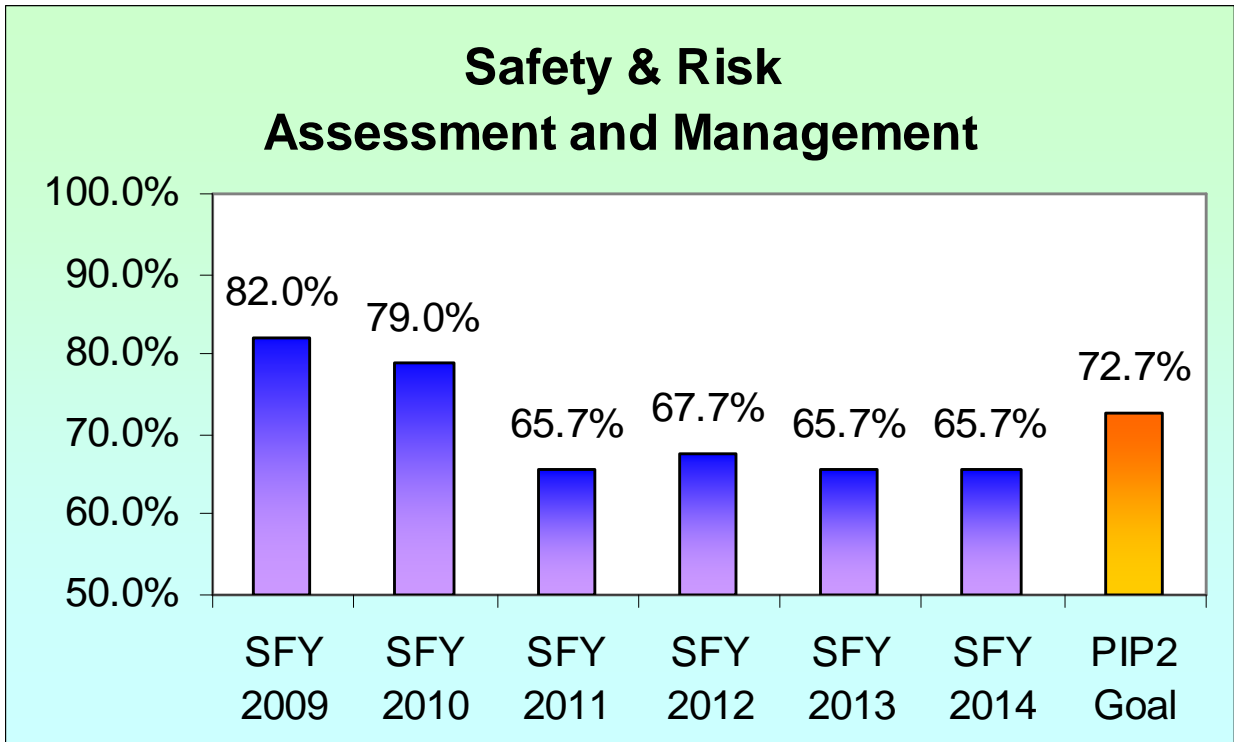
Data Source:  UHMC-HCWCQI Project

*The data in the figure above is somewhat misleading, as it appears to indicate that the PIP2 goal was not met during SFY 2014. In January 2014, after the West Oahu (Leeward) Case Review, HCWCQI computed a statewide rolling total percentage achieved. This computation showed that Hawaii CWSB reached a 73.7% strength rating on this item, thereby achieving the PIP2 goal. Unfortunately, subsequent case reviews in SFY 2014, after January 2014, lowered the statewide total to the 65.7% that you see in the figure above.

PURPOSE

This item assesses whether CWS made concerted efforts to assess and address risk and safety for children.

SUMMARY OF DATA

In the cases rated as strengths, informal and formal risk and safety assessments were completed. In these cases, assessments of safety and risk were documented in CPSS logs of contact, Child Safety Assessment tools, Worker Monthly Contact forms, Safety in Placement tools, and Comprehensive Strength and Risk Assessments tools. Efforts were made to assess for risk and safety on an ongoing basis during the period under review. In these cases, the frequency and quality of face-to-face contact was sufficient to assess and manage the safety of the children in their family homes and in foster care.

In most of the cases rated as areas needing improvement, monthly contact with children was not frequent enough to confirm their safety at home or in foster care. Also, CWSB consistently has seen problems with this item related to ICPC, where a child is placed in another state and there is no assigned worker in the new state for many months.

Oahu Section 4 workers have been striving to meet the requirements of the Program Improvement Plan (PIP) and have developed a healthy competition each month in an effort to see all the children in each case. This has resulted in improvement in the Section for timely response to intakes received and for ensuring children are seen and assessed for safety. Strategies like Unit and Section tracking systems have increased the frequency of monthly contacts and resulted in better documentation, all of which have contributed to the improvement on this item.

3. **Safety in Foster Care**

**National Standard for Safety Outcome 1**
> *Of all children served in foster care, what percent were not victims of a substantiated or indicated maltreatment by a resource caregiver or facility staff member during the fiscal year?*

**Figure 23**
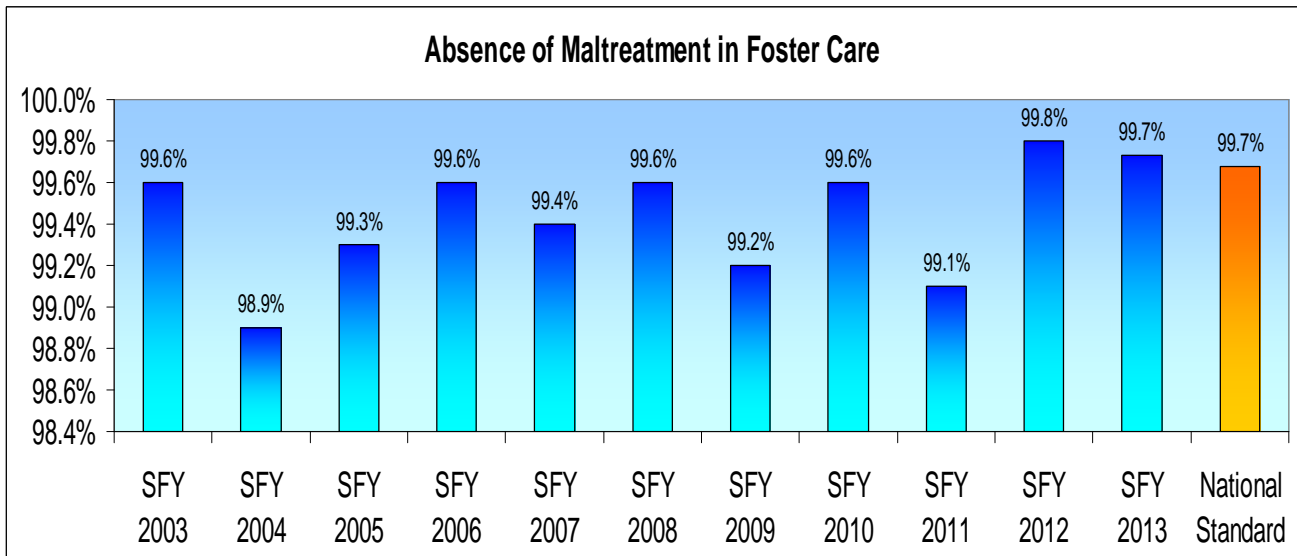


Data Source: DHS, Management Services Office

In SFY 2013, the rate of Absence of Maltreatment in Foster Care was 99.73%. The National Standard is 99.68% or higher. Hawaii's aggregate data currently exceeds the national standard. Six children in foster care were confirmed for maltreatment in SFY 2013. In SFY 2012, the number was five. This is a significant reduction from SFY 2011, when twenty children in foster care had maltreatment confirmed. This positive change may be a result of the Child Safety in Placement tool, which was implemented statewide in March 2011. SFY 2012 was the first full year that the tool was continuously used. This tool helps social workers assess the safety of placement for foster children. Workers are required to complete this assessment tool on a quarterly basis and their assessment is reviewed and approved by the Unit Supervisor. Social workers are also required to document the result of their assessment in their court reports. CWSB leadership believes that the use of this tool has led to safer placements through early identification of potential problems and providing resource families with the needed support to keep their homes safe.

# PART 2: PERMANENCY

## A. PROGRAM AND SERVICE DESCRIPTIONS

### 1. Overview

CWSB is committed to keeping children safe from abuse and neglect while preserving family connections and cultural heritage in accordance with Federal regulations and State statutory requirements (Hawaii Revised Statutes, Chapter 587A). The overall PIP2 strategies with the development and revisions of tools, tip sheets, procedures, and data reports; trainings;

enhancement of existing programs and practice; continued collaborations; ongoing CQI; etc.; provide the basis for the ongoing system improvements.

**2. Reunification Efforts**

Figure 24 shows the percentages of children reunified with their parents after having been removed from their care due to child abuse and/or neglect, as compared to the children who were removed, but did not return home.

**Figure 24**



**Percentage of Children Reunified with Parents (out of all children who exited care)**

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|---|
| | 59% | 62% | 60% | 62% | 63% | 64% | 65% | 67% |
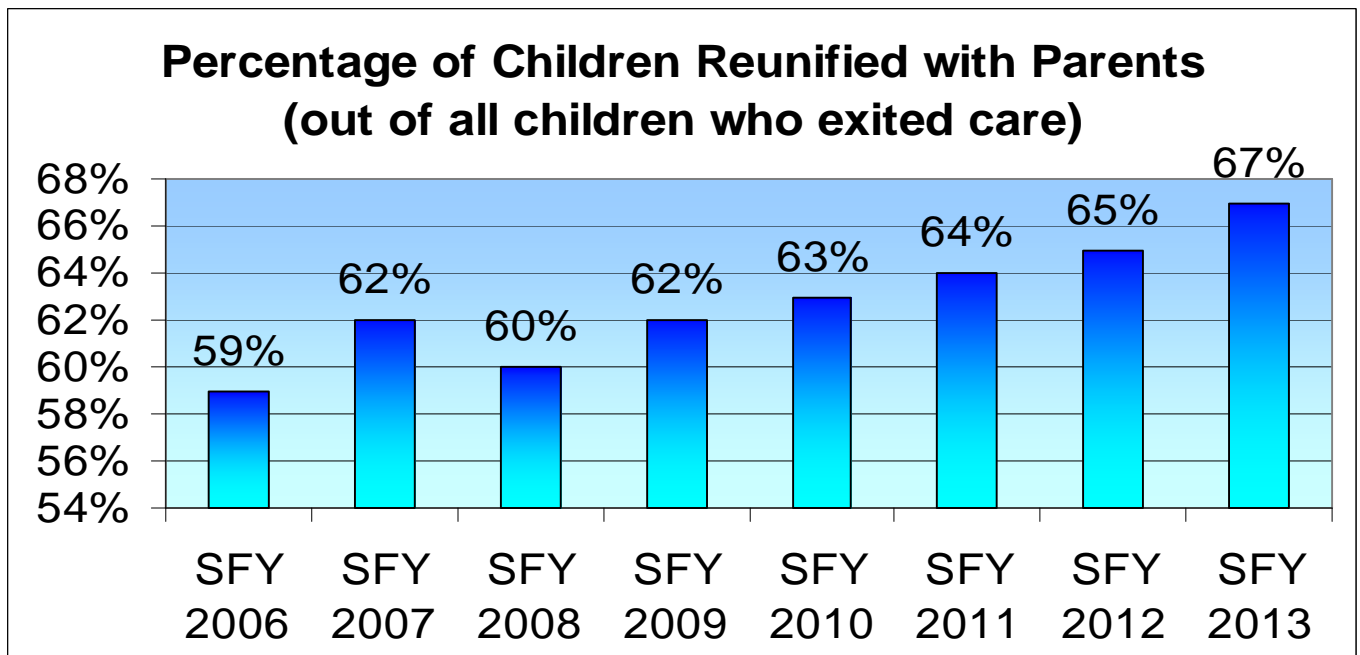
Data Source: DHS, Management Services Office

Through the various efforts described below, CWSB and its partners work collaboratively with the children, youth, and families toward successful reunification. CWSB has continued to improve the percentage of reunified families over the past several years, as can be seen in Figure 24.

**a. Safety & Risk Assessment Tools**

Utilization of the safety and risk assessment tools (Child Safety Assessment, Worker Monthly Contact Forms, Safety in Placement Tools, and Comprehensive Strength and Risk Assessments) continue to help prevent removals and promote a more thoughtful, planned, timely and safe return home.

b. **Monthly Case Worker Contacts** (see Part 3)

CWSB efforts to increase the frequency and quality of monthly worker contacts through tools, technology, teaming, supervision, recruiting more staff, and other means are ongoing.

c. **Family Journal** (see Part 3)

MCWSS uses this engagement tool and workers report that they see improved engagement in services with the use of the Family Journal. However, workers must make conscious efforts to maintain the journal and ensure its continued use, since the journal is not yet viewed as essential to practice. A refresher training is planned for Maui in SFY 2015 to re-emphasize the importance of the journals and to train new staff on their use. CWSB is planning to implement Family Journals in the West Oahu Section in early SFY 2015.

d. **'Ohana Conferences** (see Part 3)

Starting in January 2012, any child entering foster care on Oahu received an automatic referral for an 'Ohana Conference. ('Ohana is Hawaiian for family.) Automatic referrals began on the Neighbor Islands in March 2012. CWSB and EPIC work closely together in 'Ohana Conferencing; EPIC tracks the referrals monthly and works with CWSB to address issues that arise.

Even with automatic referrals, not every child in care has an 'Ohana Conference. Reasons children would not have an 'Ohana Conference include a family or an older child refusing to participate in one, a court decision that engaging the child's family is not in the child's best interests, or having no family members available and/or legally able to participate. When a family has multiple children in foster care, all children usually participate in one 'Ohana Conference together. In SFY 2013, 991 conferences were held, which is 67 fewer than SFY 2012 when 1058 were held. Although the number of conferences was lower in SFY 2013, as compared to SFY 2012, the number of families served by conferences was significantly higher; 970 families were served in SFY 2013, but only 587 were served in SFY 2012.

e. **'Ohana Time** (formerly known as Visitation/Family Time)

For the past few years, CWSB, the judiciary, providers, relatives, and resource families have been working together to increase the frequency and improve the quality of visitation between children and their parents. These groups believe that visitation time is Family Interaction Time, and not simply visiting time. They believe that regular, frequent, and quality 'Ohana Time increases the likelihood of successful reunification and timely permanency. CWSB has renamed this effort "'Ohana Time" to embrace cultural appreciation for this vision. To move forward with this broader

perspective on visitation, procedures and forms have been revised; National Resource Centers and national consultants have provided trainings and consultation. In May 2012, CWSB staff, stakeholders, and community partners completed 'Ohana Time training.

**f. Project First Care** –PFC 0-3 (Oahu only) & Teens (Oahu & Maui)

The PFC 0-3 is a program for children aged 0-3 who are in foster care for the first time, and at the time of removal do not have relatives available for immediate placement. The PFC Teens program serves teens that are in foster care for the first time, and at the time of removal do not have relatives available for immediate placement. The purpose of the PFC program is to provide temporary care with intensive upfront services such as Family Finding, 'Ohana Conferencing, mentoring with birth parents, and enhanced 'Ohana Time. The resource caregivers of PFC homes are specifically trained in providing the supervision/facilitation of 'Ohana Time. Foster children who are placed in PFC programs are expected to be reunified with parents with services in place, or placed with relatives within 60 days. If reunification or placement with relatives does not occur within 60 days, the foster child is then moved to a general licensed resource home. Continual tracking shows that approximately 75% of the children aged 0-3 and 42% of the teens are reunified or placed with relatives or kin within 60 days.

**g. Assessments, Services, Case Review** (see Part 1, 3, 4)

CWSB revised and clarified procedures and documents concerning the establishment of appropriate permanency goals, providing appropriate services, and moving toward timely reunification/permanency. Staff Development incorporated these changes into the training curricula for new staff and providers. The revisions and training are designed to ensure sustained improvements in this area.

**h. Trainings** (see Part 4)

CWSB and partners such as the CIP provide a variety of training options for CWSB staff, the judiciary, resource families, providers, stakeholders, and community partners. Trainings on PIP2, revised procedures, program and policy changes, legislative and case law changes, and new initiatives creates awareness and transparency, enhances collaborations, and results in more consistent best practices around reunification and permanency.

**i. Collaborations** (see Part 4)

PIP2 Workgroups, 'Aha (community gatherings), and various collaborations with other departments, stakeholders, and partners strengthen overall efforts to prevent removals, support reunification or other permanency options, and maintain connections. CWSB collaborates with the judiciary, CIP, EPIC Ohana, PIDF, ITAO,

QLCC, Hawaii Families as Allies, Casey Family Programs, and others on initiatives to support and empower birth parents and strengthen and honor reunification efforts. A notable recent collaboration is the effort to enlist a former CWS birth parent to help with CWSB Orientations at Court and to help support and engage the birth parents (Law School's Ho'olokahi program). Another notable collaboration is the hosting of Hawaii's first National Reunification Month in June 2013. This event honored a team of a Maui father, his children, the MCWSS social worker, and other significant team members. The family and the social worker were highlighted as Hawaii's Reunification Heroes on the American Bar Association's National Reunification Month website.

**j.  Data Reports and Quality Assurance** (QA) (see Part 4)

The development and better use of data reports will enhance Hawaii's capabilities of tracking timeliness, effectiveness, and overall evaluation. The data will help staff make informed decisions. Various forms of case reviews and the formalized ongoing CQI Case Reviews through CWSB's partnership with UHMC promote a focus on always striving to implement best practices related to reunification/permanency. The NRC provides training and technical assistance on improving staff competency and usage of data to improve CWSB's work and outcomes.

**k.  Supervisory Initiative**

CWSB continuously works to strengthen and support Supervisors. These efforts help in all areas, including sustaining families, preventing removals, and promoting safe reunification.

**l. Crisis Response Team & Intensive Home-Based Services**

Hawaii CWSB is optimistic that the upcoming implementation of a Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS) will reduce the number of children who enter foster care for short periods of time (less than 30 days). The CRT and IHBS are part of Hawaii's Title IV-E Waiver Demonstration Project. Both are expected to begin in February 2015 on Oahu, and then in October 2015 on Hawaii Island. The CRT will have CWSB investigators assessing new potential foster care cases at the time of the potential police booking, thereby allowing more children to remain in the family home. Similarly, IHBS will be available to families at the very beginning of their involvement with CWS, before a child is placed into foster care, to help support the family and avoid unnecessary placement.

One expected but counterintuitive outcome from these initiatives is a reduction in reunification rates because hundreds of children who would have been in care for short periods and then reunified with their parents will soon not be entering care at all.

## 3. Relative Placement Efforts

Figures 25, 26, and 27 show the monthly averages and percentages of youth in foster care who are in relative placement, as compared to those in non-relative placement, across the past seven state fiscal years.

**Figure 25**



**Monthly Averages of Children in Foster Care by Placement Type**

| | Relative Placement | Non-Relative Placement |
|---|---|---|
| SFY 2006 | 1104 | 1381 |
| SFY 2007 | 1004 | 1153 |
| SFY 2008 | 769 | 909 |
| SFY 2009 | 676 | 735 |
| SFY 2010 | 644 | 623 |
| SFY 2011 | 551 | 505 |
| SFY 2012 | 532 | 499 |
| SFY 2013 | 526 | 475 |

Data Source: DHS, Management Services Office

**Figure 26**

## Percentage of Monthly Averages of Children in Foster Care by Placement Type



Bar chart legend:
- Relative Placement (dark blue)
- Non-Relative Placement (cyan)

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|---|
| Relative Placement | 44% | 47% | 46% | 48% | 51% | 52% | 52% | 53% |
| Non-Relative Placement | 56% | 53% | 54% | 52% | 49% | 48% | 48% | 47% |

Data Source: DHS, Management Services Office

Note that Figures 25 and 26 do not account for all children in foster care, as there are some youth who are in other placements, such as hospitals, group homes, residential drug treatment programs, and residential mental health treatment programs. The youth in placements other than relative and non-relative care account for approximately 5% - 13% of all of the youth in foster care each year.

**Figure 27**

**Percentage of Monthly Averages of Children in Foster Care by Placement Type**
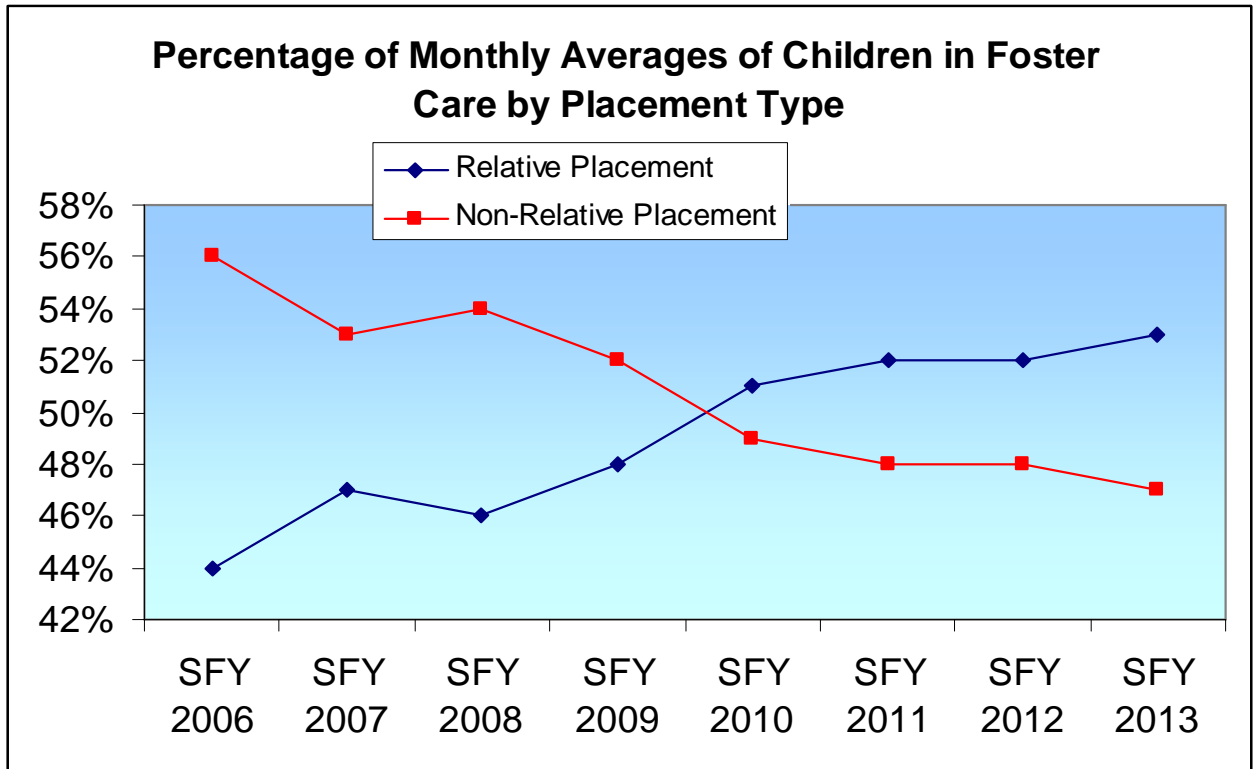


Data Source: DHS, Management Services Office

Hawaii has generally done well with relative placements, which can be partially attributed to the cultural values of *'ohana* (family) and *hanai* (similar to fostering, a type of informal adoption). Other factors contributing to this high relative placement rate are the automatic referral for family finding when a child enters foster care, and the State of Hawaii Revised Statute, Chapter 587A-10 which codifies prioritizing relative placement. CWSB continues to strive to increase the numbers of relative placements through the efforts described below.

a. **Safety and Risk Assessment Tools**

These tools help to ensure safety, thereby promoting stability in relative/resource family placements.

b. **Monthly Caseworker Contacts**

These regular contacts with the caseworker ensure safety and that appropriate services are provided for the child and relatives/resource family placements.

## c. CWSB Policies and Procedures

If the child is not placed with a relative, policies and procedures are followed to ensure all efforts are exhausted to find and engage relatives for placement. Throughout a child's time in foster care, family/sibling connections are promoted and maintained. In permanency planning, if reunification is not achieved in a timely manner, then permanency with a safe relative is the priority.

## d. 'Ohana Conferencing/Family Finding/Identifying Fathers & Relative Notification

As noted previously, 'Ohana Conferencing is a key means of engagement and case planning, while empowering the family to make safe decisions for the family's children. Blood relatives, hanai relatives, family friends, religious leaders, cultural leaders, school staff, community members, and family advocates are all potentially included in the 'Ohana Conference. This family support system often serves as possible temporary or permanent placements, or facilitators of visitation ('Ohana Time), or provides family support in Family Court or Team meetings. Family Finding is also a component of 'Ohana Conferencing. Family Finding includes some relative notification during the process of confirming and locating relatives as well as in the process of inviting family members to participate in the 'Ohana Conference. In SFY 2012 and SFY 2013, all family lists were provided to CWSB to complete relative notification. In SFY 2014, EPIC 'Ohana staff began mailing out the relative notification letters and making other efforts to contact family, after consulting with the CWSB caseworker regarding any potential safety concerns involving relatives. PIP2 strategies of improving the practice of identifying, locating and notifying fathers include the notification of paternal relatives about the child's foster care placement. With all these efforts, Hawaii CWSB believes that it will continue to increase the placement of children with relatives.

## e. Youth Circles

Youth Circles (YC) is one of the services that EPIC 'Ohana provides under contract with DHS. It is a group process, like 'Ohana Conferencing, for youth who are exiting the foster care system. Youth Circles bring together the youth's supporters who can offer support and encouragement and assist the youth with his/her transition plan. During the YC, discussion focuses on the youth creating a practical plan for successfully transitioning to independent adulthood. This plan usually includes plans for college or job training, job exploration, housing, health care, and other related areas. The YC is a voluntary program driven by the youth with the support of the youth's social worker, Guardian Ad Litem, family, friends, and other community members. The youth chooses the location, date and time, food for refreshment, and invited participants. Foster youth who are 14 years of age or older are eligible to have a YC. When appropriate, Youth Circles and 'Ohana Conferences, through EPIC 'Ohana, help reconnect youth with members of their extended family. For cases in

which a youth may benefit from both the YC and 'Ohana Conference process, the youth is provided with a combined or hybrid 'Ohana Conference/Youth Circle. Although the number of Youth Circles in SFY 2013 (301) was lower than in SFY 2012 (363), the number of youth served was higher (179 versus 160).

Some of the foster youth who do not participate in YC may be participating in other independent living programs (ILP) provided by other ILP providers, which have been contracted to serve all islands.

**Figure 28**



**Number of Youth Circles Held**

| | SFY 2009 | SFY 2010 | SFY 2011 | SFY2012 | SFY 2013 |
|---|---|---|---|---|---|
| | 358 | 265 | 280 | 363 | 301 |
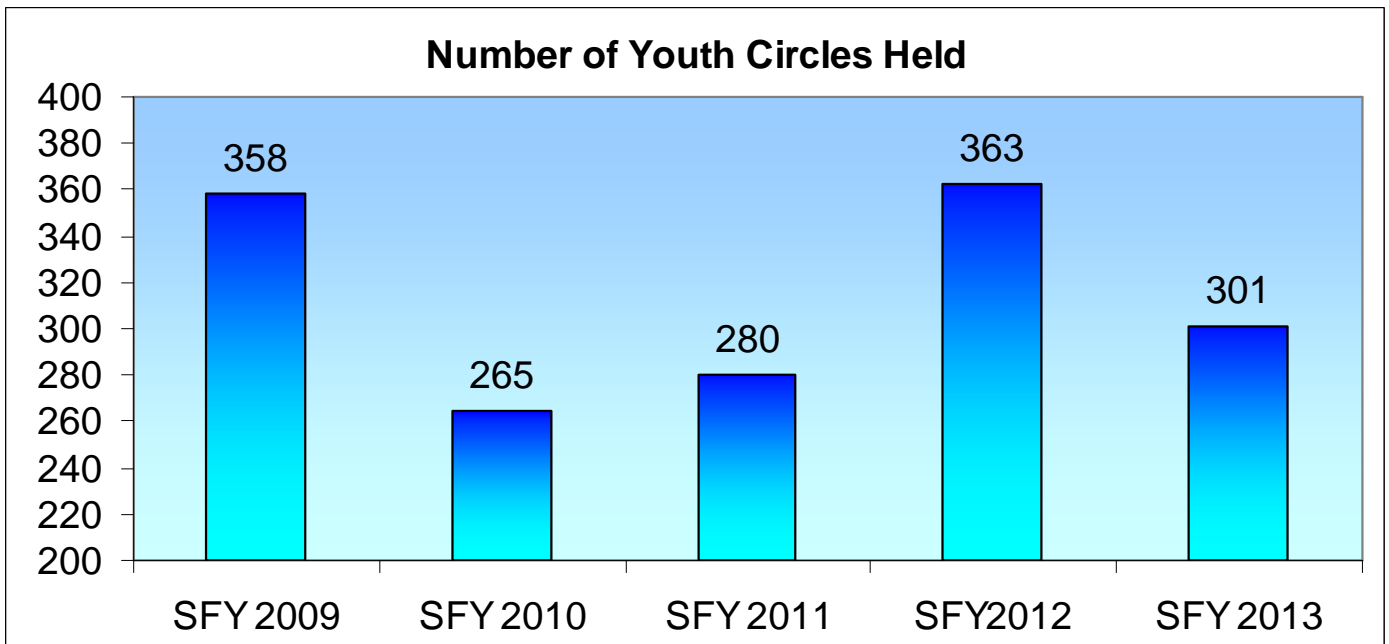
Data Source: EPIC, Inc.

### f. 'Ohana Time

Relatives may either be supervising/facilitating 'Ohana Time or they may become involved as part of the 'Ohana Times to provide support or to become a placement if reunification efforts are not going well.

### g. Project First Care

PFC promotes either timely reunification or relative placement.

**h. Assessment, Services, Case Review, Trainings, Collaborations, Data Reports, QA, Supervisory Initiative**

All these efforts support immediate or timely placements with relatives and permanency with relatives as a priority, if reunification cannot be achieved. Maintaining birth family connections is a best practice value.

**4. Adoption and Guardianship Promotion and Support Services**

The Adoption and Guardianship percentages remain relatively low and stable as the Reunification percentages rises**.** Reunification remains Hawaii's primary permanency goal for children. When reunification does not occur timely, the next appropriate permanency goal is either adoption or legal guardianship to relatives.

Figures 29 and 30 show numbers and percentages of children who were adopted or achieved legal guardianship out of all children who exited foster care, per state fiscal year.

**Figure 29**
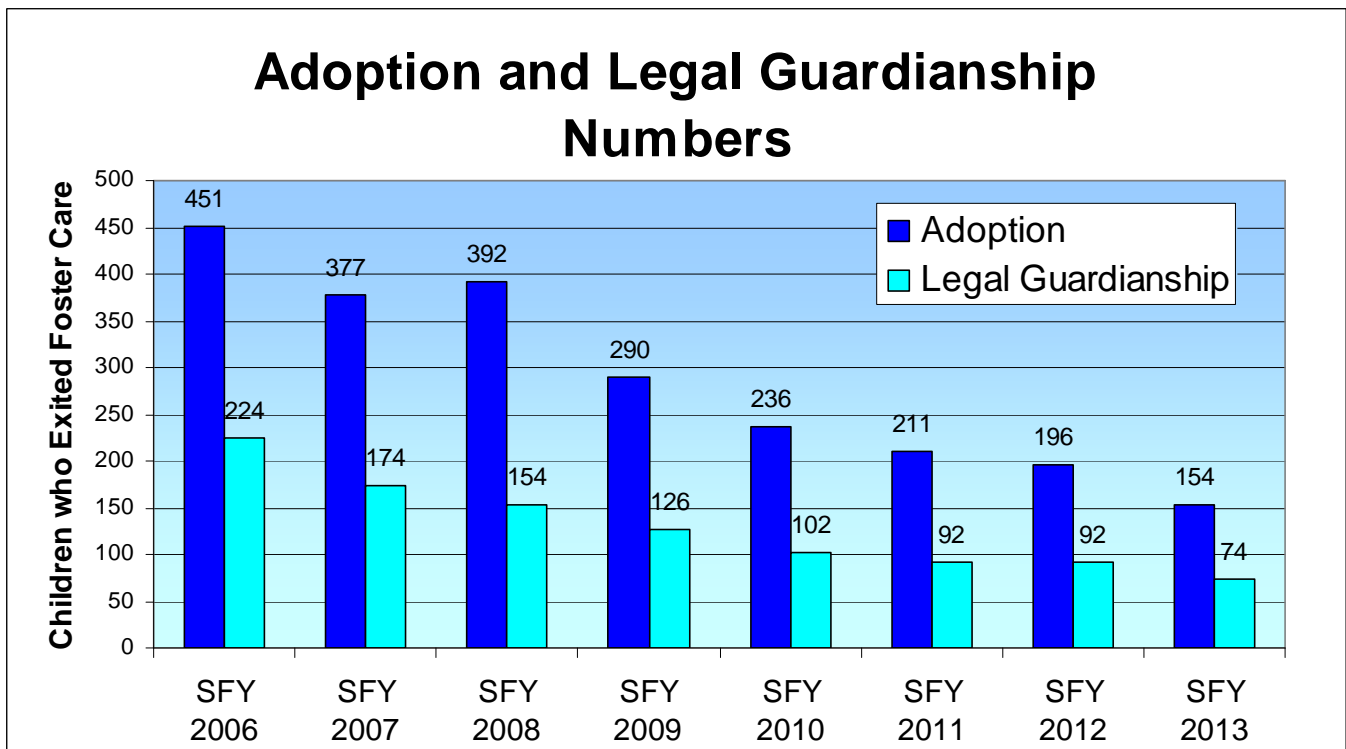


Data Source:  DHS, Management Services Office

**Figure 30**

## Adoption and Legal Guardianship Percentages



Legend: Adoption, Legal Guardianship

Of All Children who Exited Foster Care

| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|---|
| Adoption | 20% | 18% | 21% | 18% | 17% | 17% | 17% | 17% |
| Legal Guardianship | 10% | 8% | 8% | 7% | 7% | 7% | 8% | 8% |
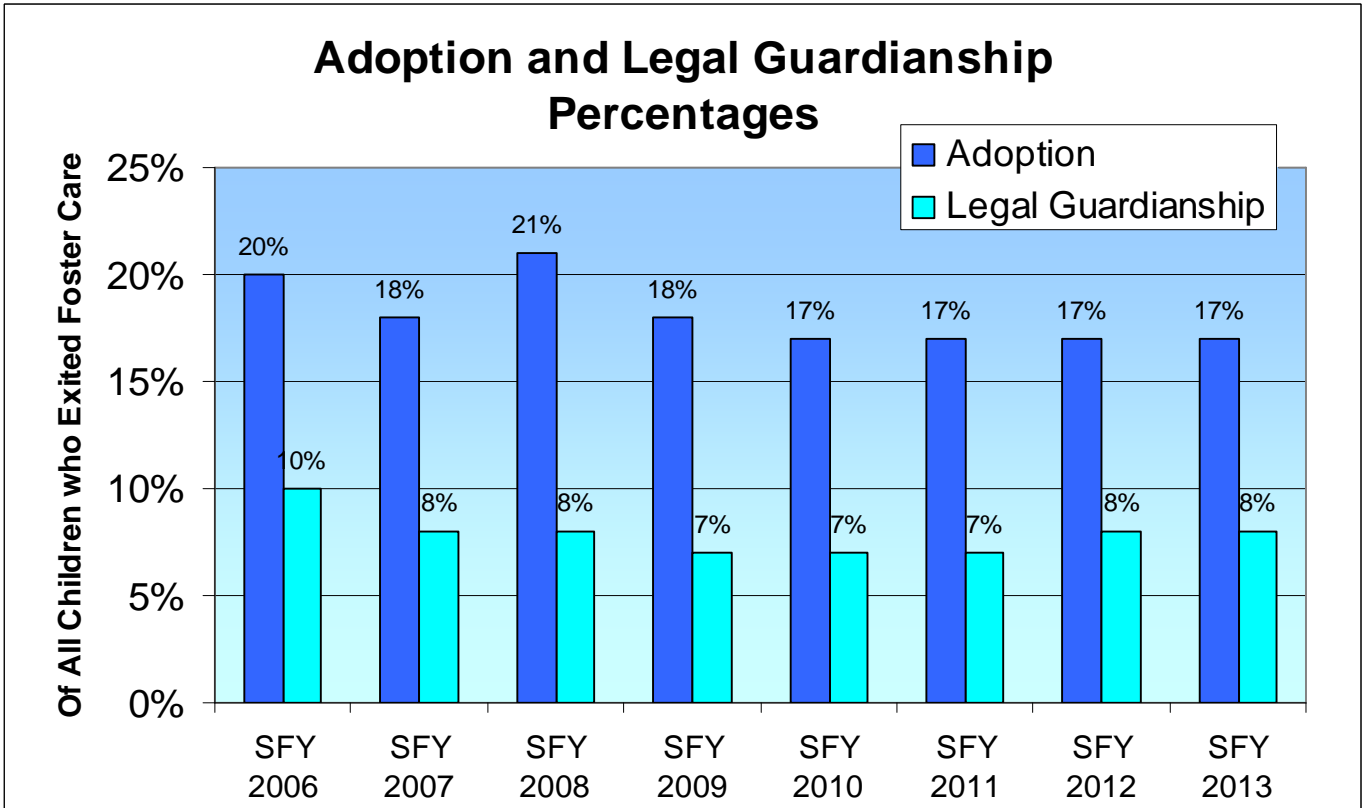
Data Source: DHS, Management Services Office

All the efforts noted in reunification and relative placement also apply towards permanency of adoption or guardianship with a relative first, than a non-relative. The ultimate goal is to still promote maintenance of safe and appropriate connections with birth family, especially siblings, if at all possible.

### a. Support Services

Hui Ho`omalu-Family Programs Hawaii (FPH) continues to provide statewide support services for both resource adoptive and guardianship families. Their services include the Warm Line, Care to Share Program, quarterly training, annual conferences, and support groups.

Through other grants and resources, FPH also provides respite for adoptive families, a summer water park event, a holiday party, and FPH established Project Visitation for Sibling Time/Visits on Oahu and Hawaii Island.

CWSB and other contracted agencies continue to partner with FPH's Wendy's Wonderful Kids, Hawaii Alliance for Permanency and Adoption (HAPA) and others to provide trainings, support groups, and recruitment/awareness and appreciation

events such as National Adoption Month, etc. CWSB's partners (contracted and community) are critical at a time when Hawaii continues to experience fiscal challenges, recovery efforts from the substantial RIF, and structural and organizational changes.

### b. Adoption Incentive Payments

Based on the adoptions achieved in FFY 2012, Hawaii was awarded $146,683.33 from the federal Adoption Incentive Payment Program to spend in FFY 2013. Funds were used for support services under the Statewide Resource Family Recruitment contract of Family Program Hawaii (FPH) named Hui Ho'omalu. This contract provides support groups and ongoing trainings to DHS resource families, legal guardianship families, and adoptive families.

**Figure 31**

| Adoption Incentive Funds | | | |
|---|---|---|---|
| Performance Year | Funded Year | Amount | Use |
| FFY 2009 | FFY 2010 | $212,000 | FPH permanency & adoption promotion services |
| FFY 2010 | FFY 2011 | $40,000 | FPH permanency & adoption promotion services |
| FFY 2011 | FFY 2012 | $118,398 | FPH permanency & adoption promotion services |
| FFY 2012 | FFY 2013 | $146,683 | FPH permanency & adoption promotion services |

Data Sources: ACF website & DHS Fiscal Management Office

### c. Inter-country Adoptions

In FFY 2013, there were no reported children adopted from other countries who entered into State custody. DHS continues to offer adoption support services to families, including international adoption families.

## B. UPDATES, GOALS, MEASURES, PROGRESS, AND ACTION STEPS

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

### CFSR Item 5: Foster Care Re-entries
SFY 2013: 20 Cases Reviewed
20 Strengths, 0 ANI
SFY 2014: 27 Cases Reviewed
27 Strengths, 0 ANI

*DHS will prevent multiple entries of children into foster care.*

| State Fiscal Year CQI Data | Foster care cases where children exited and did not re-enter foster care within 12 months of exit |
|---|---|
|  | **CFSR Goal: 95.0%     Hawaii achieved this goal!** |

**Figure 32**

## Lack of Foster Care Re-entries

100.0%                                    100.0% 100.0%

| | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | CFSR Goal |
|---|---|---|---|---|---|---|---|
| Value | 100.0% | 92.3% | 95.0% | 92.3% | 100.0% | 100.0% | 95.0% |

Data Source: UHMC-HCWCQI Project

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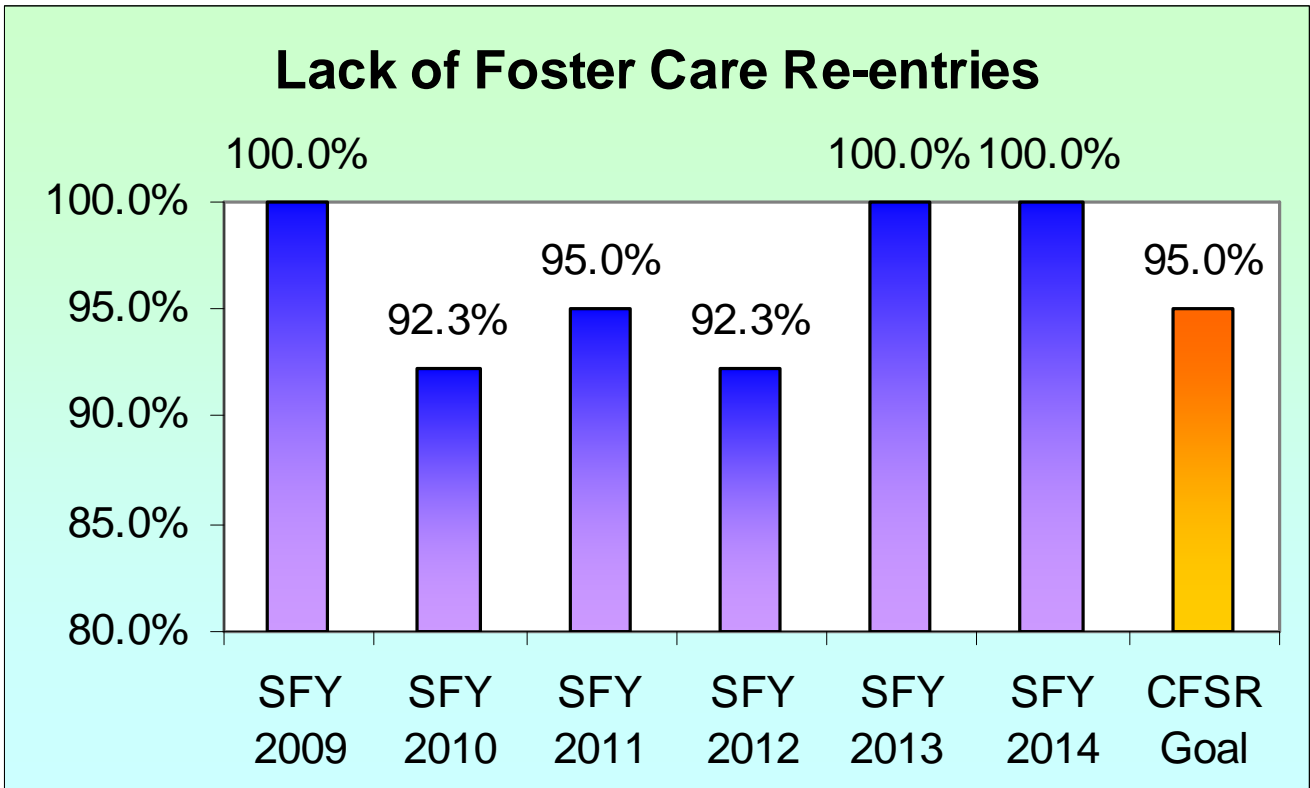
PURPOSE

This item focuses on whether children who entered foster care during the period under review re-entered care within 12 months of a prior foster care episode.

SUMMARY OF DATA

In all of the strength cases, children who entered foster care during the PUR did not re-enter within 12 months of a prior foster care episode.

CQI reviews show that lack of re-entry to foster care is a strength, consistent with findings in the 2009 federal CFSR.

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Figure 32 shows the percentage of children who *did not* re-enter foster care.

Figure 33 shows the percentage of children who *did* re-enter foster care within 12 months after exiting foster care. Figure 33 is based on data for all the applicable cases for each year.

**Figure 33**



**Re-entry into Foster Care within 12-Months of Exit**
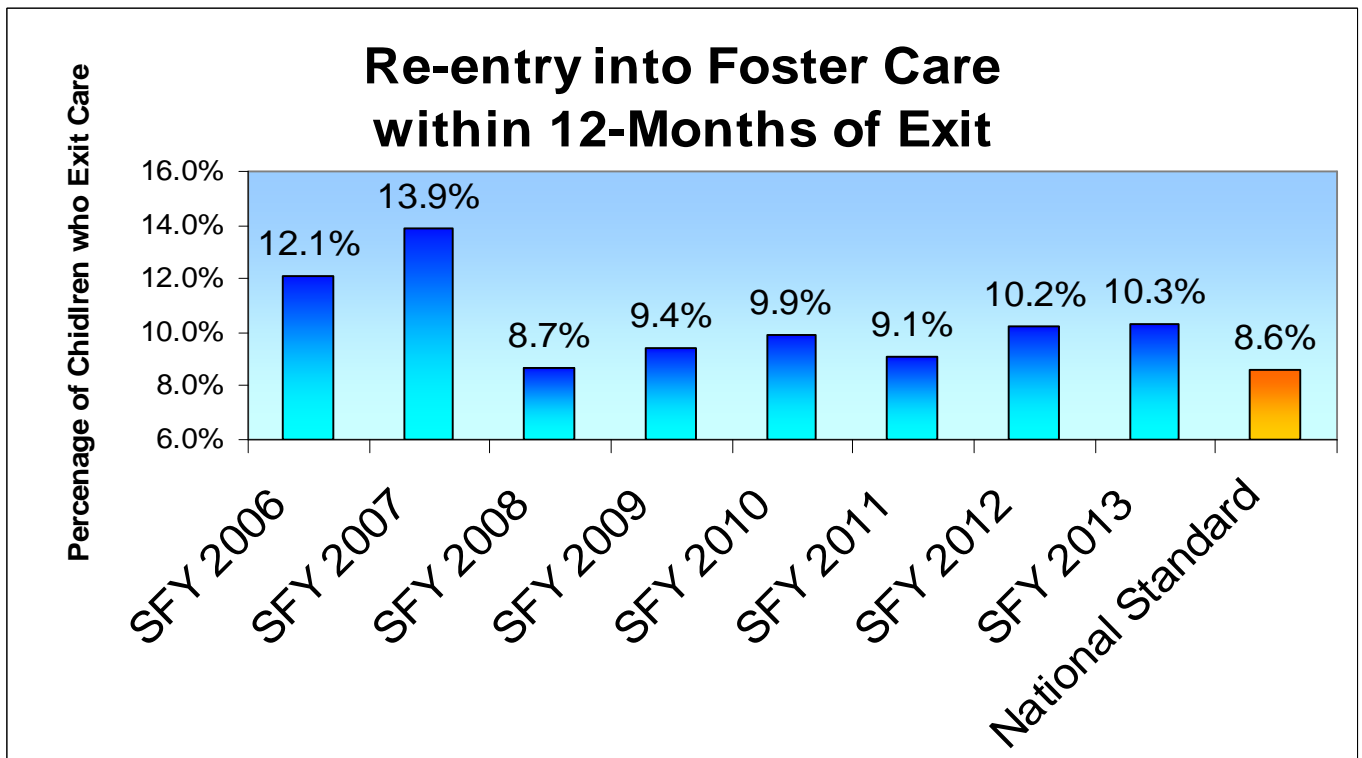
Data Source: DHS, Management Services Office
Please note: For this measure, *lower* percentages are desirable.

**Figure 34**

Permanency Composite 1

| Hawaii's Data Composites | FFY 2009 | FFY 2010 | FFY 2011 | FFY 2012 | FFY 2013 | NATIONAL STANDARD |
|---|---|---|---|---|---|---|
| Permanency Composite 1: Timeliness & Permanency of Reunification | 141 | 127.3 | 138.1 | 133.8 | 134.6 | 122.6 or higher |

Data Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

The permanency composite measure in Figure 34 focuses on both the timeliness and permanency of reunification. It is composed of three timeliness individual measures (exits to reunification in less than 12 months; median stay in foster care for children who had exited to reunification; and exits to reunification for children entering foster care within a six-month period) and one permanency measure (of children who entered foster care during the 12-month reporting period, the percentage who re-entered within 12 months of a prior foster care episode). This is an area in which Hawaii CWSB has performed very well–much better than the national standard. Hawaii CWSB plans to sustain this performance with the contributing practices identified below.

The effective strategy of `Ohana Conferencing, which Hawaii CWSB has employed for many years, may be responsible for the admirable composite data in this area. Although the focus of these conferences vary depending on the case needs, many of these conferences gather family members and personal and community supports together with CWSB and other service providers to collaboratively develop a plan to support the family with the purpose of ensuring children's safety in the family home. These conferences often occur throughout the life of the case, including prior to reunification, thereby reinforcing and promoting the plans to keep children safe with their families, and avoiding foster care re-entry.

Another key strategy that CWSB is employing to reduce re-entry into foster care is 'Ohana Time. For Hawaii, what used to be called visitation is now called `Ohana Time, but it is not just a terminology change. 'Ohana Time differs dramatically from traditional family visitation in that the interactions are in natural settings and the participants are engaged in daily, ordinary activities. This practice was rolled out in May 2012 to DHS staff, resource families, the State judiciary, service providers, DOH, stakeholders, and other community partners. In 'Ohana Time, CWSB workers are required to identify and use the child's natural support system to expand the frequency and meaningfulness of the child spending time with family. There is a tracking report for 'Ohana Time in CWSB's computer system (CPSS).

In July 2012, DHS reviewed provider contracts and resource family agreements to ensure that the revised procedures for 'Ohana Time would be implemented by these groups. To follow-up on the initial series of 'Ohana Time trainings, CWSB trainers, together with community partners, held meetings statewide in August and September 2012 to provide further clarifications and gather input for improvements to the procedures and forms. 'Ohana Time has been incorporated into both CORE Trainings and ongoing trainings for CWSB staff, providers, and resource families.

Children having more frequent visits in natural settings with their families while they are in foster care (i.e., 'Ohana Time) ultimately leads to sustained reunifications and fewer re-entries after being reunified, because parents learn and practice healthy and safe interactions with their children in real life settings and situations (e.g., after school homework time, children's ball games, doctors' appointments, family gatherings, and lunch time at home) prior to the children returning home. Parents are coached and monitored during 'Ohana Time by resource caregivers, family members, friends, or CWSB staff so that when the child is back in the home, the parents know how to safely and properly care for him/her. If parents have any unhealthy or ineffective approaches to parenting, this behavior will likely occur during 'Ohana Time where it will be addressed and resolved before the child returns home. Similarly, difficult-to-manage child behavior is likely to arise in 'Ohana Time, providing opportunities for the parent to be coached, if needed, in handling the situation constructively, and without violence.

As part of Hawaii's Title IV-E Waiver Demonstration Project, CWSB plans to implement several projects that are anticipated to reduce the re-entry rate. The proposed Crisis Response Team, with its immediate response to a potential new intake, will complete the assessment to determine whether a child can stay in the home and avoid unnecessary removal. Currently, too many children are removed by police and placed in foster care before a CWSB assessment

worker has been able to talk to anyone in the family. CWSB will work with law enforcement to better coordinate assessment and shared decision-making regarding child safety and whether the child can remain in the home.

The Crisis Response Team, along with the proposed Intensive Home-Based Services, will help allow many children to remain in the family home with very quick implementation of needed services. The proposed broader use of a Rapid Assessment Instrument (RAI), the Strengths and Stressors Tracking Device (SSTD), will help evaluate the family's environment and readiness for successful reunification. Similarly, broader use of Safety, Permanency and Well-Being (SPAW) Meetings, and Wrap Services is intended to help reduce re-entry.

## CFSR Item 6: Stability of foster care placement
### SFY 2013: 65 Cases Reviewed
### 54 Strengths, 11 ANI
### SFY 2014: 65 Cases Reviewed
### 51 Strengths, 14 ANI

*DHS will minimize placement changes for children in foster care.*

| State Fiscal Year CQI Data | Children in foster care who had one or two placements **CFSR Goal: 95.0%** (Goal not met yet) |
|---|---|

**Figure 35**



**Placement Stability**

| | | | | | | |
|---|---|---|---|---|---|---|
| 81.3% | 76.6% | 75.0% | 81.5% | 83.1% | 78.5% | 95.0% |
| SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | CFSR Goal |
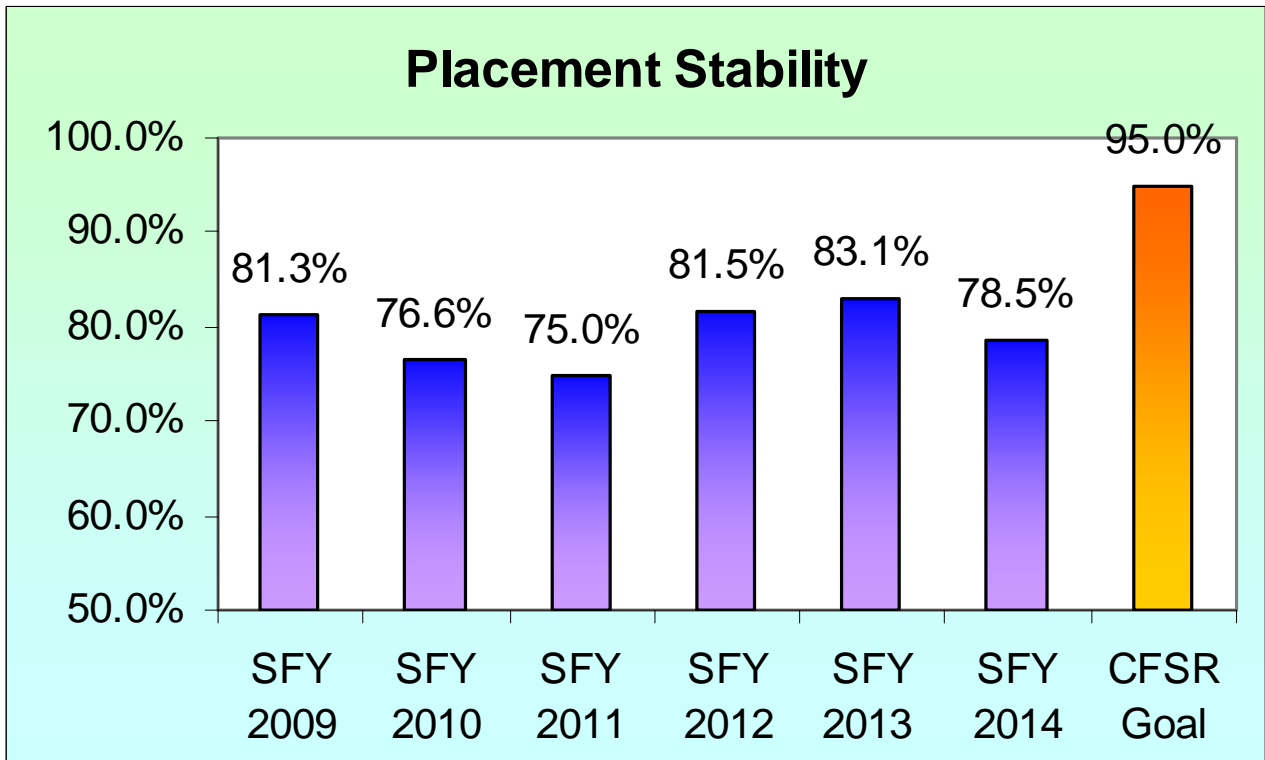
Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses whether the child in foster care is in a stable placement during the PUR and whether changes in placement that occurred during the PUR were in the best interest of the child and consistent with achieving the child's permanency goal(s).

SUMMARY OF DATA

In cases rated as strengths, children in foster care either remained in one stable placement during the PUR, or changed placement to meet their needs for permanency and/or well-being. In most of the cases where there was a change, children changed placements to live with relatives. In a smaller percentage of the cases, children moved to pre-adoptive homes. In an even smaller percentage of cases, a change in placement was necessary because the child needed a level of medical care or other treatment beyond what the previous caregivers could provide.

In some cases rated as areas needing improvement, assigned workers were unable to provide a level of support to the caregivers that may have been able to save a placement despite challenges with the placement. Placement in temporary shelters also has affected success on this item. In a few cases over the last five years, the resource caregivers appeared to be ill-prepared for the child's behavioral issues and requested removal; supportive services for resource caregivers and improved training on managing challenging behaviors may help in this area because when resource caregivers are well-supported, placements are more stable. Statewide problems with placement stability can often be tracked back to staffing shortages, when workers were unable to give resource caregivers the energy and attention they needed.

Figure 36 reports on the same question as Figure 35, but Figure 36 presents annual aggregate data showing the percentage of children who were in foster care and had no more than two placements. The upward trend indicates Hawaii CWSB's increasing success in minimizing placement disruptions and diligent up front efforts to make the first placement the only placement. These efforts have been supported over the past few years by new practices of upfront Family Finding activities and 'Ohana Conferences being held for every child entering foster care. Identifying family resources early and having the family come together to create a plan to support the child are both crucial for minimizing placement disruptions.

**Figure 36**
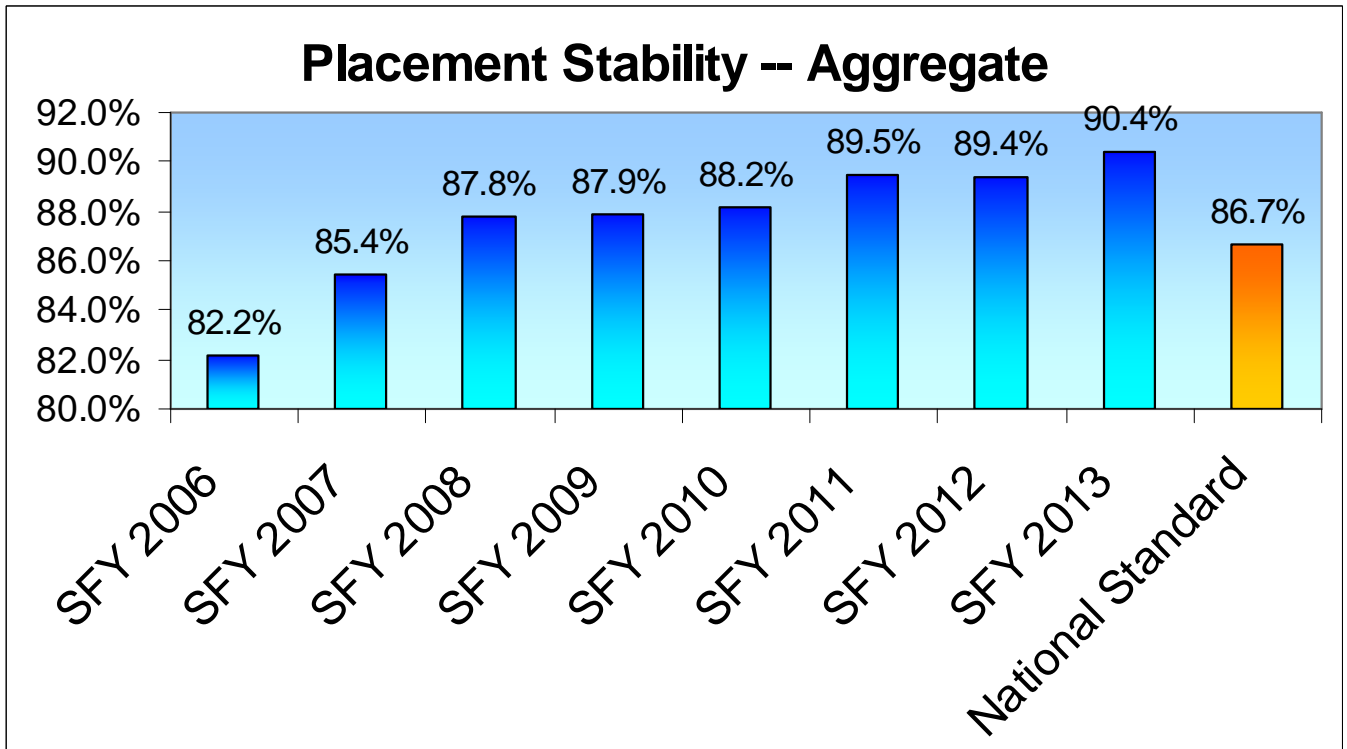
## Placement Stability -- Aggregate



Data Source: DHS, Management Services Office; Statewide CWS Outcomes Report
Please note: For this measure, *higher* percentages are desirable.

**Figure 37**

Permanency Composite 4

| Hawaii's Data Composites | FFY 2009 | FFY 2010 | FFY 2011 | FFY 2012 | FFY 2013 | NATIONAL STANDARD |
|---|---|---|---|---|---|---|
| Permanency Composite 4: Placement Stability | 102.2 | 102.7 | 106.8 | 107.1 | 108.8 | 101.5 or higher |

Data Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

Figure 37 presents a composite of three measures, showing the number of children who had fewer than 3 placements in three groupings: children who were in care (1) less than 12 months, (2) 12-24 months, and (3) more than 24 months.

Figure 37 shows steady improvement in Hawaii's performance on this composite over the course of this CFSP. Making Family Finding and 'Ohana Conferencing mandatory, automatic, and an early event in each foster care case significantly affected Hawaii's performance here.

**CFSR Item 7: Appropriate and Timely Permanency Goal**
SFY 2013: 65 Cases Reviewed
54 Strengths, 11 ANI
SFY 2014: 65 Cases Reviewed
52 Strengths, 13 ANI

*DHS will determine the appropriate permanency goal for children in foster care on a timely basis.*

| State Fiscal Year CQI Data | Cases where children's permanency goals were appropriate & were established within 60 days of entry into foster care<br>(out of all children in foster care over 60 days)<br>**CFSR-PIP2 Goal: 86.8% Hawaii achieved this goal!** |
|---|---|

**Figure 38**



Timely & Appropriate Permanency Goal

SFY 2009: 81.3%
SFY 2010: 87.1%
SFY 2011: 73.4%
SFY 2012: 87.7%
SFY 2013: 83.1%
SFY 2014: 80.0%
PIP2 Goal: 86.8%
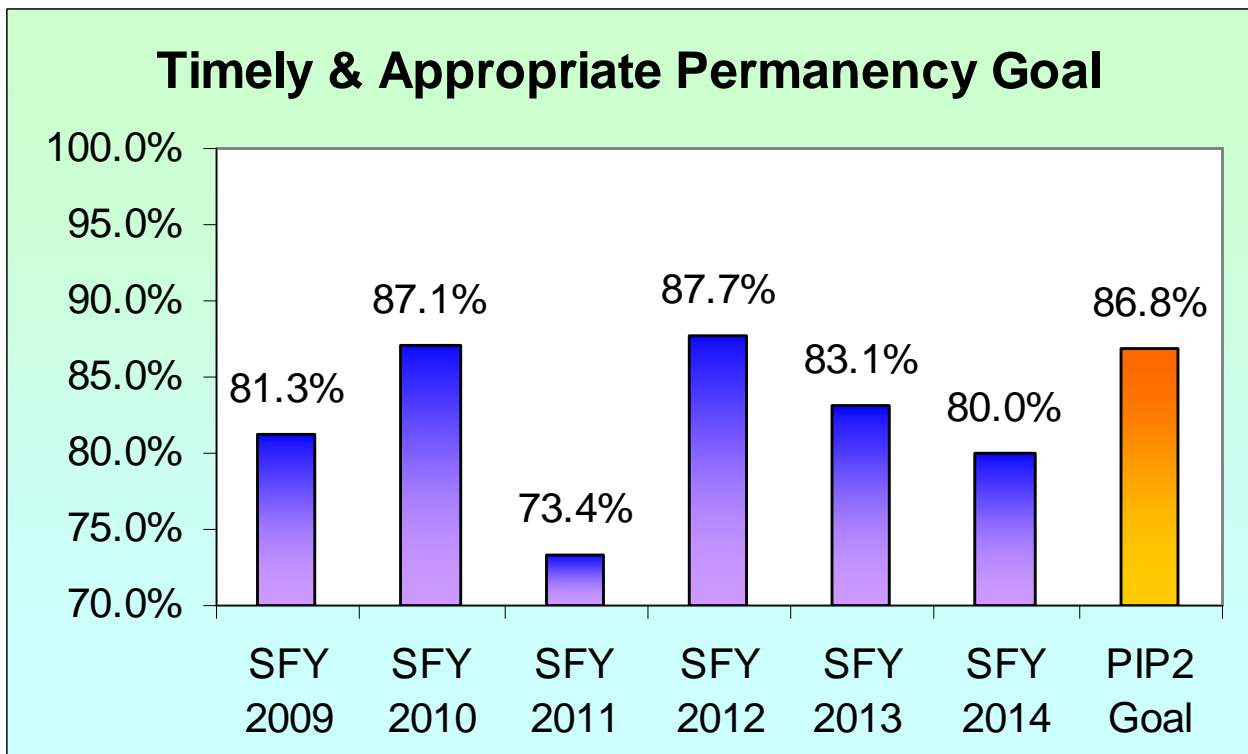
Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses whether permanency goals were appropriate and established for the child in a timely manner.

SUMMARY OF DATA

In the strength cases, the child's permanency goal was established timely and was appropriate to the needs of the child.

In the cases rated as areas needing improvement, the biggest problem observed over the last five years was that reunification was maintained as a permanency goal long after reunification was no longer a viable option. A second problem has been unwarranted delays in filing a motion for Termination of Parental Rights (TPR). A third problem has been the establishment of legal guardianship or adoption as the official case goal, without any plans to move in that direction, and when a more appropriate permanency goal may have been APPLA (Another Planned Permanent Living Arrangement).

Hawaii CWSB plans to formalize the use of APPLA as a permanency goal option in SFY 2015. Input from young people, the judiciary, and CWSB direct service staff has already been gathered to develop the necessary policies and procedures. Having spoken to representatives from other states about the potential pitfalls of implementing APPLA as a permanency option, Hawaii will ensure that strict guidelines are met and that use of this new goal does not cause CWSB to neglect any efforts to find permanent homes for children.

CWSB Administration is hopeful that with the use of Title IV-E Demonstration Project services SPAW and Wrap (both set to start at the beginning of calendar year 2015), Hawaii will see a reduction in time to TPR, which will lead to children achieving permanency faster.

### CFSR Item 8:  Achievement of Reunification & Guardianship Goals
SFY 2013: 45 Cases Reviewed
31 Strengths, 14 ANI
SFY 2014: 51 Cases Reviewed
37 Strengths, 14 ANI

*DHS will help children in foster care return safely to their families when appropriate.*

| State Fiscal Year CQI Data | Cases where reunification or guardianship with relatives was achieved or pursued in a timely fashion (generally within 12 months) (out of all cases that had reunification or guardianship with relatives as the permanency goal) CSFR  Goal: 95.0 % (Goal not yet met) |
|---|---|

**Figure 39**
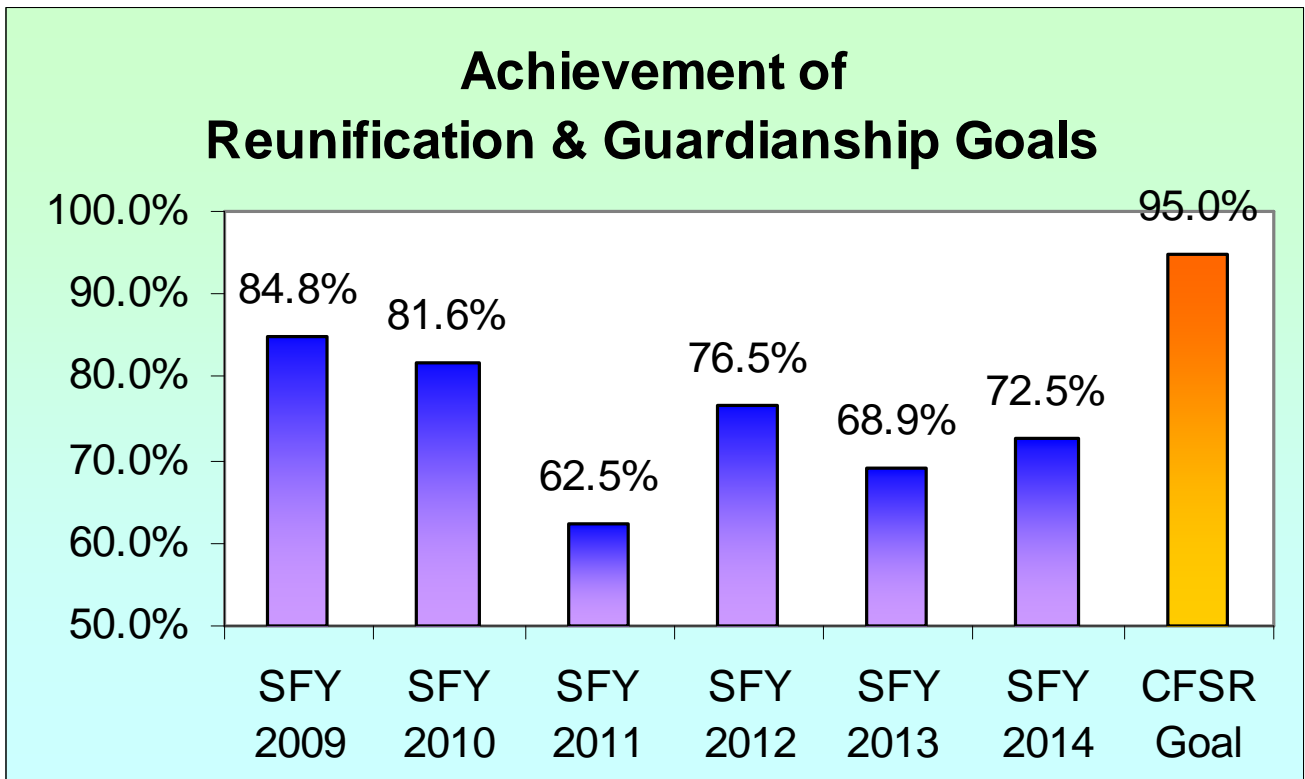


Achievement of Reunification & Guardianship Goals

| | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | CFSR Goal |
|---|---|---|---|---|---|---|---|
| | 84.8% | 81.6% | 62.5% | 76.5% | 68.9% | 72.5% | 95.0% |

Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses whether concerted efforts were made, during the PUR, to achieve reunification or guardianship in a timely manner.

SUMMARY OF DATA

In the cases rated as strengths, reunification or guardianship was achieved or is likely to be achieved timely. Cases rated as strengths have similarities such as quality monthly contacts with parents/caregivers and children, 'Ohana Conferences, and regular visits/'ohana time for children and their parents. Also, services were provided as needed and referrals were made timely. Concurrent planning was also evident in these cases.

In the cases that were rated as areas needing improvement, reunification or guardianship was not or would not likely be achieved within 12 or 18 months respectively. Issues that contributed to this problem over the past five years included caseworkers not meeting regularly with the parents, parents not being engaged in their case planning, parental incarceration, lack of concurrent planning, unnecessarily long waits before moving to legal guardianship, and children having special behavioral or medical needs.

Greater awareness of the need for concurrent planning has helped CWSB improve on this item. Training and discussions among Section Administrators, Supervisors and line staff contributed to the increased awareness and subsequent efforts.

New computerized ways to track visits (CPSS new coding system) will hopefully help with workers seeing the parents regularly, and thereby increase parental engagement in services.

Figure 40 displays data similar to Figure 39, but Figure 40 only includes reunification cases, not guardianship with relatives' cases. Also, Figure 40 reports statewide aggregate data, unlike Figure 39, which only reports on the selected cases reviewed. The percentages in Figure 40 are of the children who had been in foster care and were reunified with their parents or caretakers within 12 months of the latest removal, out of all children who were reunified at the time of discharge from foster care.

**Figure 40**
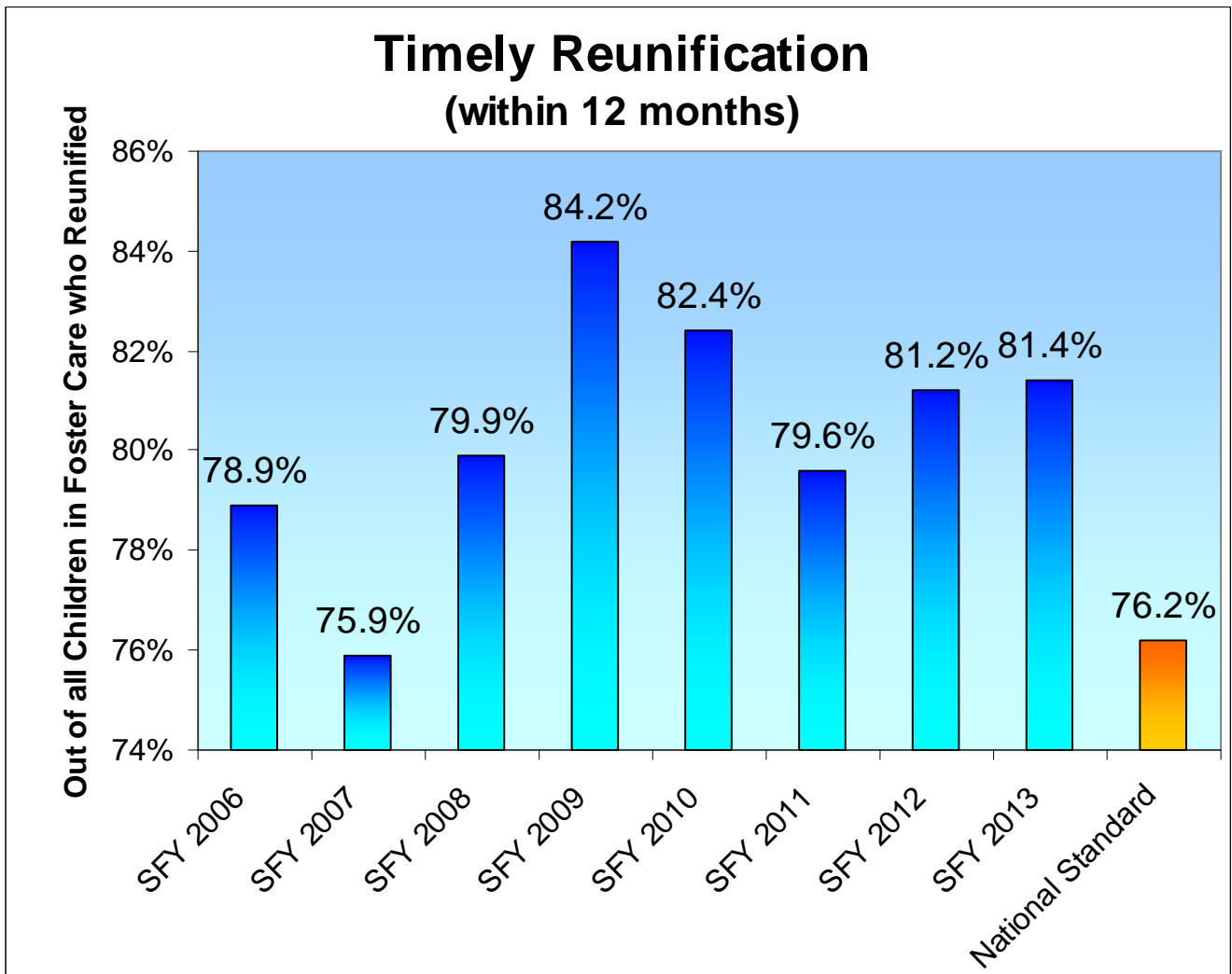
## Timely Reunification
### (within 12 months)



Data Source: DHS, Management Services Office; Statewide CWS Outcomes Report
Please note: For this measure, *higher* percentages are desirable.

Although Hawaii CWSB is proud that it has exceeded the National Standard for timely reunification for the past six years, CWSB continues to work hard on this issue and implement new practices to move children toward even faster reunification or adoption/legal guardianship. One effort in this area was the July 2012 Family Engagement statewide training for CWSB staff and community providers. DHS training staff partnered with experts in the community to motivate participants and provide valuable information on issues of engagement. Another practice that is beginning to show results promoting timely reunification is 'Ohana Time. Statewide trainings regarding 'Ohana Time were completed in May 2012. 'Ohana Time is described more fully above under *CFSR Item 5*.

Another practice focused on achieving more timely permanency is Hawaii's SPAW Program. SPAW is a case staffing/roundtable process that brings together representatives from all the services and systems that are working with the case, with the goal of breaking down systemic barriers to permanency. The design for SPAW came directly out of the successes and shortcomings of the Casey Family Programs funded Permanency Roundtables (PRTs) and Early Permanency Roundtables (EPRTs) of SFY 2010 and SFY 2011. At the very end of SFY 2012, CWSB began implementing SPAW, but due to staffing shortages, very few cases have been able to take advantage of this new option. More staff is needed to organize and facilitate SPAW. Initial responses to the SPAW process have been very encouraging. A mental health worker in Hawaii State's Department of Health (DOH), Child and Adolescent Mental Health Division (CAMHD) wrote an unsolicited email after she participated in her first SPAW meeting, saying "There were decisions (commitments) made at the SPAW meeting that took a matter of seconds to make that I've been hoping and asking for for several months but fell on deaf ears."

With optimism that SPAW may be an effective tool to achieving timely permanency for Hawaii's children in foster care, Hawaii DHS plans to fund and increase the SPAW practice as part of its Title IV-E Waiver Demonstration Project.

## CFSR Item 9:  Achievement of Adoption Goals
### SFY 2013: 24 Cases Reviewed
### 15 Strengths, 9 ANI
### SFY 2014: 20 Cases Reviewed
### 14 Strengths, 6 ANI

*DHS will achieve timely adoption, when that is appropriate for a child.*

| State Fiscal Year CQI | (out of all cases that had adoption as the permanency goal) CFSR Goal: 95.0%  (Goal not yet met) |
|---|---|

**Figure 41**



## Achievement of Adoption Goals

| | |
|---|---|
| 73.9% | SFY 2009 |
| 68.0% | SFY 2010 |
| 17.4% | SFY 2011 |
| 62.1% | SFY 2012 |
| 62.5% | SFY 2013 |
| 70.0% | SFY 2014 |
| 95.0% | CFSR Goal |
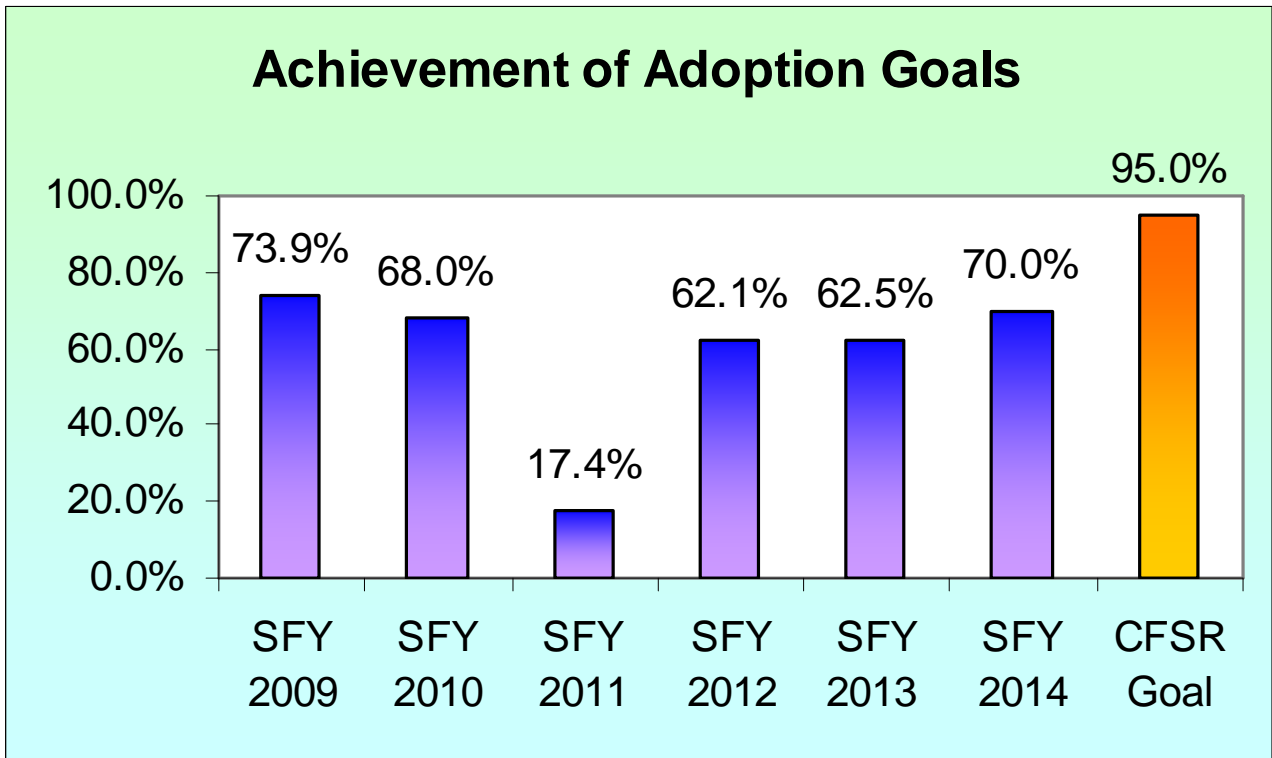
Data Source: UHMC-HCWCQI Project

In Figure 41, the major drop in performance in SFY 2011 is attributable to the CWSB RIF.

PURPOSE

This item assesses whether concerted efforts were made, or are being made, to achieve a finalized adoption in a timely manner during the PUR.

SUMMARY OF DATA

In the strength cases, adoption was achieved or was likely to be achieved timely. In these cases, the following contributed to timeliness: the Court and DHS agreed on the case goal; DHS was timely with service referrals and TPR filing; required documents were gathered early; children were placed early in homes that would be their adoptive placement; and, early relative search and contact was completed.

In the cases rated as ANI, earlier efforts were needed, like obtaining legal documents and searching for relatives. Timely filing for TPR has been an ongoing challenge. Finding suitable caregivers for children with special needs has also been a barrier to timely adoptions. A case changing hands to many workers over the life of the case is also a hindrance to speedy adoptions.

CWSB Administration is hopeful that with the use of Title IV-E Demonstration Project services SPAW and Wrap (both set to start at the beginning of calendar year 2015), Hawaii will see an improvement in the timely achievement of adoption goals. One of the benefits of SPAW implementation is the creation of a CWSB environment where there is an urgent priority to achieve permanency for every child in foster care.

Figure 42 reports on the same question as Figure 41, but Figure 42 includes statewide aggregate data from each fiscal year. Each bar shows for that year, the percentage of children who exited foster care to a finalized adoption within 24 months from the time of the latest removal from home.

**Figure 42**



**Timely Adoption
(within 24 months)**
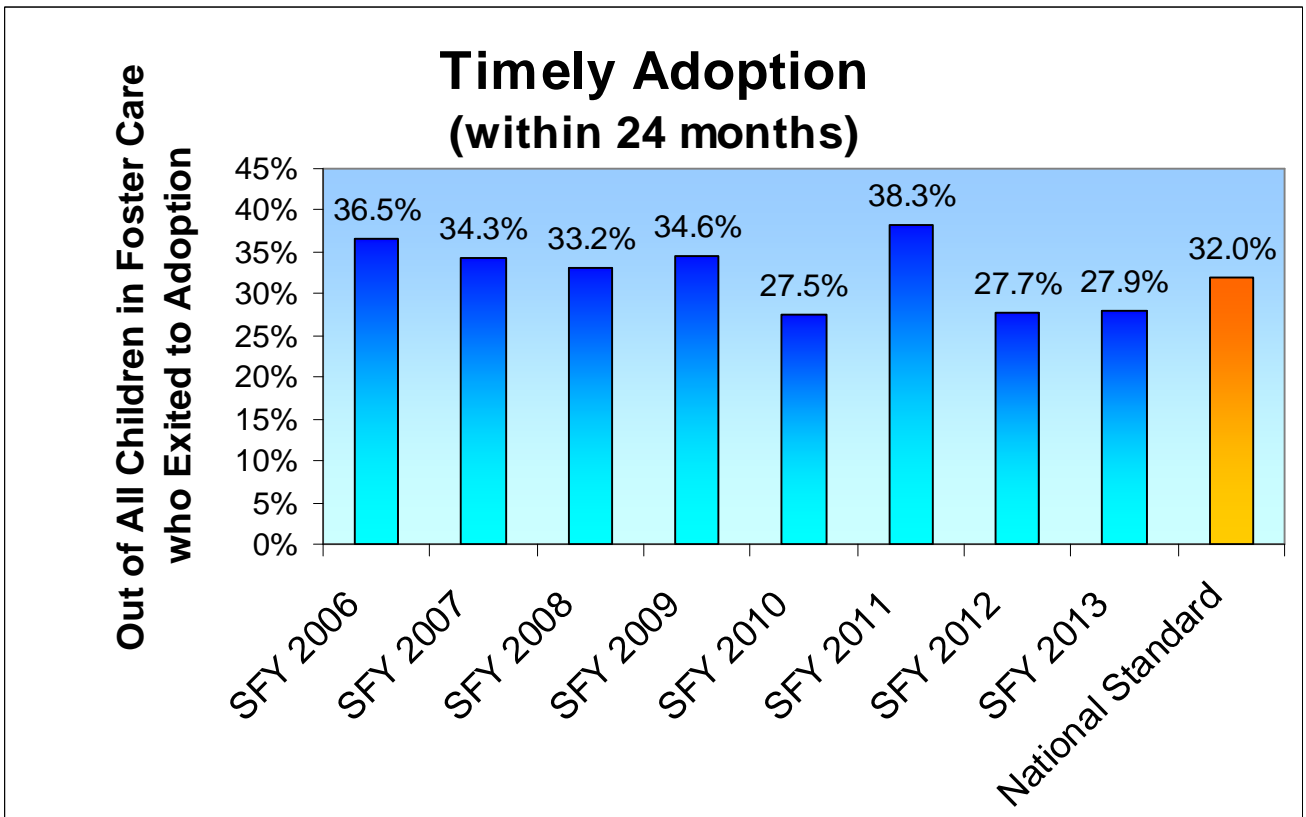
Data Source: DHS, Management Services Office; Statewide CWS Outcomes Report

**Figure 43**

Permanency Composite 2

| Hawaii's Data Composites | FFY 2009 | FFY 2010 | FFY 2011 | FFY 2012 | FFY 2013 | NATIONAL STANDARD |
|---|---|---|---|---|---|---|
| Permanency Composite 2: Timeliness of Adoptions | 120.4 | 130.6 | 151.6 | 142.9 | 138.4 | 106.4 or higher |

Data Source: Adoption and Foster Care Analyses and Reporting System (AFCARS)

The permanency composite measure in Figure 43 focuses on the timeliness of adoption, taking into account the following: (1) percentage of children exiting to adoption within 24 months of entry into foster care; (2) median length of stay in foster care for all children who were adopted; (3) percentage of children in care seventeen months or longer who were adopted; (4) percentage of children in care seventeen months or longer who became legally free for adoption; and (5) percentage of legally free children who were adopted within twelve months of becoming legally free.

In cases where the child will not be able to reunify with his/her parents, but the parents have been engaging in on-going 'Ohana Time, adoption will likely be expedited. Through 'Ohana Time, the

parents have likely already created a relationship with the potential adoptive parents, which may make any move toward TPR and adoption smoother and quicker. Older children will also be less likely to fight adoption if clarification is made up front that TPR does not entail permanently severing connections with birth parents. Hawaii DHS is well-aware that the continued bond between the child and birth parents is significantly more likely to be maintained in cases where the adoptive parents have already established a meaningful and ongoing relationship with birth parents, which is supported by 'Ohana Time. Hawaii CWSB is confident that 'Ohana Time is an important improvement to CWSB practice in numerous ways; further improvements in timely adoptions are expected as 'Ohana Time practices become ingrained in daily practice.

The implementation of SPAW, described above, under *CFSR Item 8*, is aimed at improving timely adoption as well as the timely achievement of other permanency goals.

### Item 10:  Other Planned Permanent Living Arrangement (OPPLA)

*DHS will establish other planned permanent living arrangements for children in foster care who do not have the goal of reunification, adoption, guardianship or permanent placement with relatives, and will provide services consistent with the goal.*

In SFY 2013, this alternative permanency goal did not exist in the State of Hawaii. CWSB has been working toward implementing this option by researching best practices, meeting with stakeholders, examining Hawaii's own policies, and reviewing policies and procedures of other states that allow for this alternative. Because Hawaii wants to be certain that there are clear and strict criteria (to avoid the pitfall of over-use that so many other states report), and smooth implementation of this new permanency option, OPPLA/APPLA is anticipated to start in SFY 2015.

**Figure 44**

Permanency Composite 3

| Hawaii's Data Composites | FFY 2009 | FFY 2010 | FFY 2011 | FFY 2012 | FFY 2013 | NATIONAL STANDARD |
|---|---|---|---|---|---|---|
| Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time | 119.8 | 121.6 | 124.3 | 135.9 | 130.0 | 121.7 or higher |

Data Source: Adoption and Foster Care Analysis and Reporting System (AFCARS)

The permanency composite measure in Figure 44 shows the extent to which permanency is achieved for children/youth that are in foster care for long periods of time, and the extent to which there are children growing up in and emancipating from foster care.

Hawaii CWSB's success in this composite over the past five years is partially attributable to concerted upfront family finding efforts. When family is identified early in the case, the path to permanency is expedited. Since Hawaii has policies that give preference to relatives for foster

care placement, adoption, and legal guardianship, if family is identified for potential long-term placement early, later in the case, upon TPR, CWSB has already prepared the family for adoption or legal guardianship. When family finding efforts are done up front and no relatives are identified to care for the child long-term, CWSB must regularly check back and refresh the efforts. At the same time, CWSB can work with non-relative caregivers to prepare them for potential adoption or legal guardianship so that when TPR occurs, barriers have already been cleared for adoption or legal guardianship.

## 2. Permanency Outcome 2

*The continuity of family relationships and connections is preserved for children.*

**CFSR Item 11:  Proximity of foster care placement**
**SFY 2013: 52 Cases Reviewed**
**52 Strengths, 0 ANI**
SFY 2014: 55 Cases Reviewed
55 Strengths, 0 ANI

*DHS will place foster children close to their birth parents or their own communities or counties.*

| State Fiscal Year CQI Data | Cases where children's foster homes were within an hour drive of their biological family (out of all foster care cases) **CFSR Goal: 95.0% Hawaii achieved this goal!** |
|---|---|

**Figure 45**
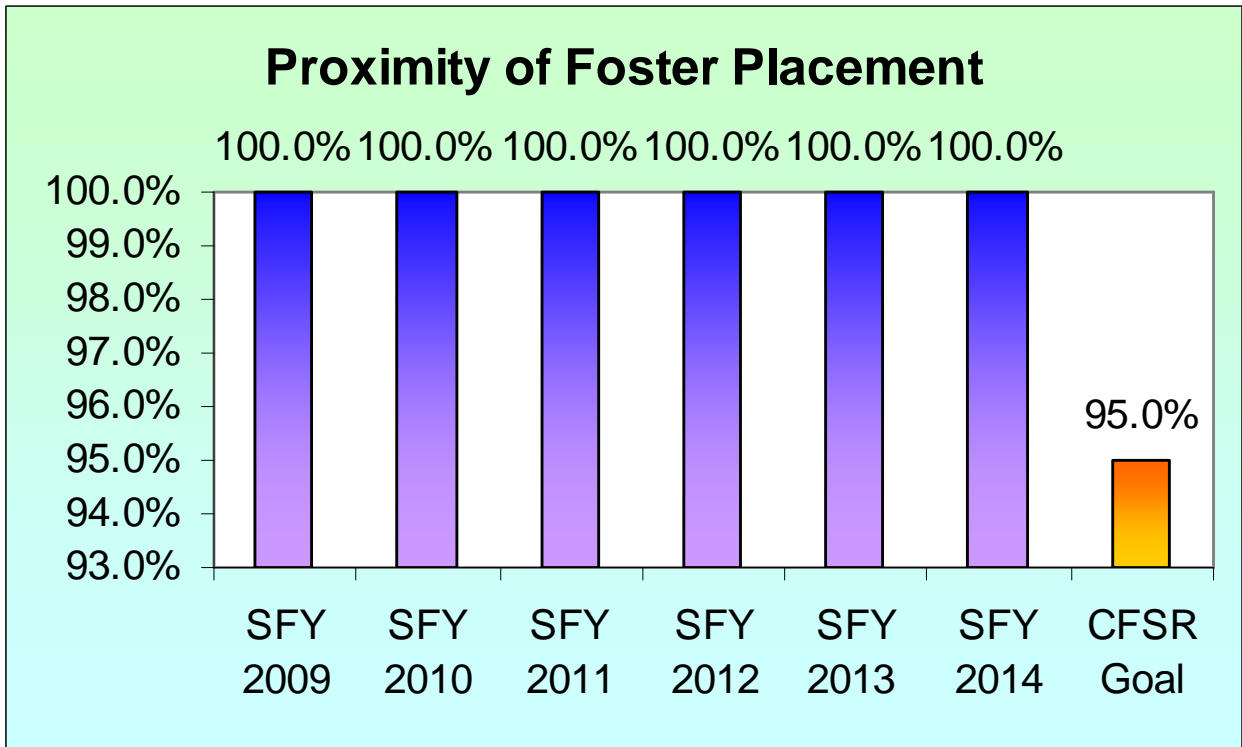


## Proximity of Foster Placement

| | | | | | | |
|---|---|---|---|---|---|---|
| 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | |

SFY 2009, SFY 2010, SFY 2011, SFY 2012, SFY 2013, SFY 2014 = 100.0%; CFSR Goal = 95.0%

Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses whether, during the PUR, concerted efforts were made to ensure that the child's foster care placement was close enough to the parent(s) to facilitate face-to-face contact between the child and the parent(s) while the child was in foster care.

SUMMARY OF DATA

In 100% of the applicable cases reviewed over all five years of the CFPS, children were placed in close proximity to parents to support the child/parent relationship.

Hawaii's geography allows children to maintain connections with their family when they are placed on the same island. In cases where children must be placed on another island, workers follow procedures for requesting courtesy services including arranging for regular contact.

**CFSR Item 12:  Placement of siblings**
SFY 2013: 42 Cases Reviewed
40 Strengths, 2 ANI
SFY 2014: 41 Cases Reviewed
39 Strengths, 2 ANI

*DHS will keep siblings together in foster care.*

| State Fiscal Year CQI Data | Cases where siblings are placed together in foster care (out of all foster care cases involving siblings) **CFSR Goal: 95.0%** Hawaii achieved this goal! |
|---|---|

**Figure 46**
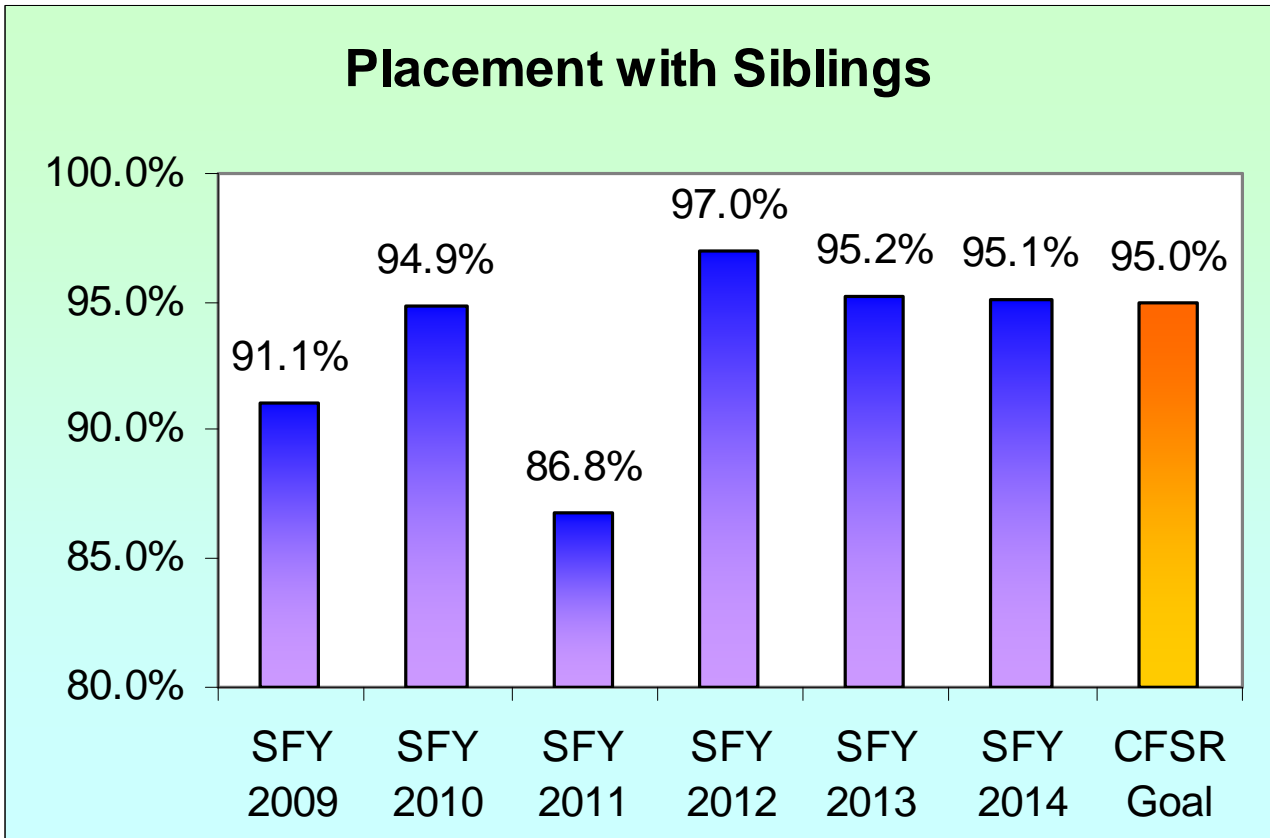


Data Source:  UHMC-HCWCQI Project

PURPOSE

This item assesses whether concerted efforts were made, during the PUR, to ensure that siblings in foster care are placed together, unless a separation is required to meet the needs of one of the siblings.

SUMMARY OF DATA

In the cases rated as strengths, siblings in foster care were either placed together or separate placements were required because of special circumstances. In several cases, these circumstances involved special medical or behavioral needs that were clearly documented, with efforts having been made to initially place the siblings together. In a few cases over the period of the CFSP, there was a clear logistical need to place large sibling groups in more than one home. Many of these cases were still rated as strengths when visitation plans were devised to ensure regular contact among all siblings.

In cases rated as areas needing improvement, siblings were placed separately and the reasons for the separation were not clear. Concerted efforts to address placing siblings together were needed.

CWSB continues to be committed to keeping siblings together in foster care. The impressive rise in the percentage of siblings placed together in foster care may be attributable to the increased use of 'Ohana Conferencing (due to the automatic referral process), and the targeted recruitment of resource caregivers who are willing to house sibling groups, through Hawaii DHS' contracted community social service agencies.

### CFSR Item 13: Visiting with parents and siblings in foster care
SFY 2013: 54 Cases Reviewed
42 Strengths, 12 ANI
SFY 2014: 55 Cases Reviewed
39 Strengths, 16 ANI

*DHS will plan and facilitate visitation between children in foster care and their parents and siblings placed separately in foster care.*

| State Fiscal Year CQI Data | CFSR Goal: 95.0%  (Goal not yet met) |
|---|---|

**Figure 47**
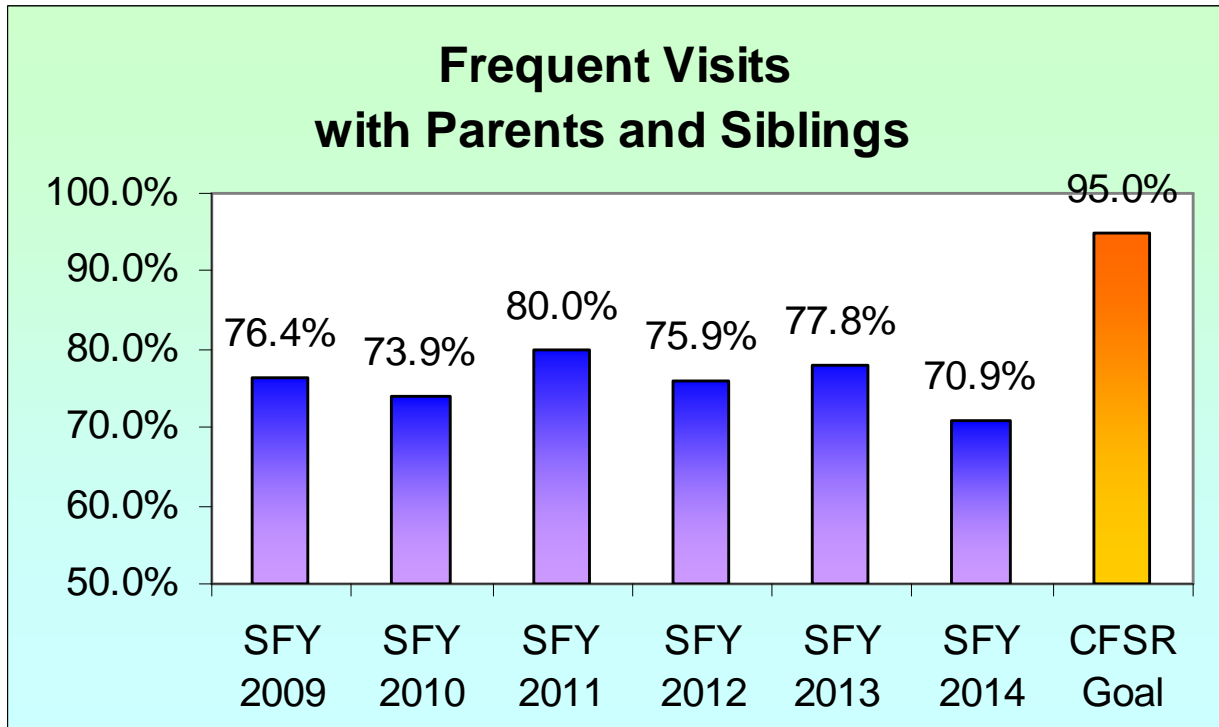


Frequent Visits
with Parents and Siblings

Data Source: UHMC-HCWCQI Project

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PURPOSE

This item assesses whether, during the PUR, concerted efforts were made to ensure that visitation between a child in foster care and his or her mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

SUMMARY OF DATA

In the strength cases, the child in foster care was provided with opportunities for quality visits with siblings and parents to ensure that the child had continuity in relationships with family members. In some cases transportation was provided by the agency.

In cases rated as areas needing improvement, efforts were needed to provide visitation/'Ohana time to fathers, parents with mutual TROs, and incarcerated parents. Sibling visits were occasionally not prioritized by the worker.

---

Figure 47 shows that Hawaii performed at approximately 75% during the last five years, providing the opportunity for great improvement on this item over the next five years.

Findings from Hawaii's CQI CFSR reviews indicated that areas needing improvement include: 1) providing 'Ohana time for fathers, 2) providing 'Ohana time to incarcerated parents, and 3) providing 'Ohana time for domestic violence parents with mutual Restraining Orders.

CWSB plans to continue collaborating with Project Visitation to allow siblings placed in different homes to have on-going contact. Project Visitation is a DHS-contracted service available on Oahu where volunteers facilitate sibling contact and transport siblings in different foster care placements to participate in fun activities together.

### CFSR Item 14:  Preserving connections
SFY 2013: 63 Cases Reviewed
52 Strengths, 11 ANI
SFY 2014: 64 Cases Reviewed
53 Strengths, 11 ANI

*DHS will preserve important connections for children in foster care, such as connections to neighborhoods, community, faith, family, tribe, school, and friends.*

| State Fiscal Year CQI | Cases where a child's important connections are preserved, while he/she is in foster care (out of all foster care cases) CFSR Goal: 95.0%  (Goal not yet met) |
|---|---|

**Figure 48**
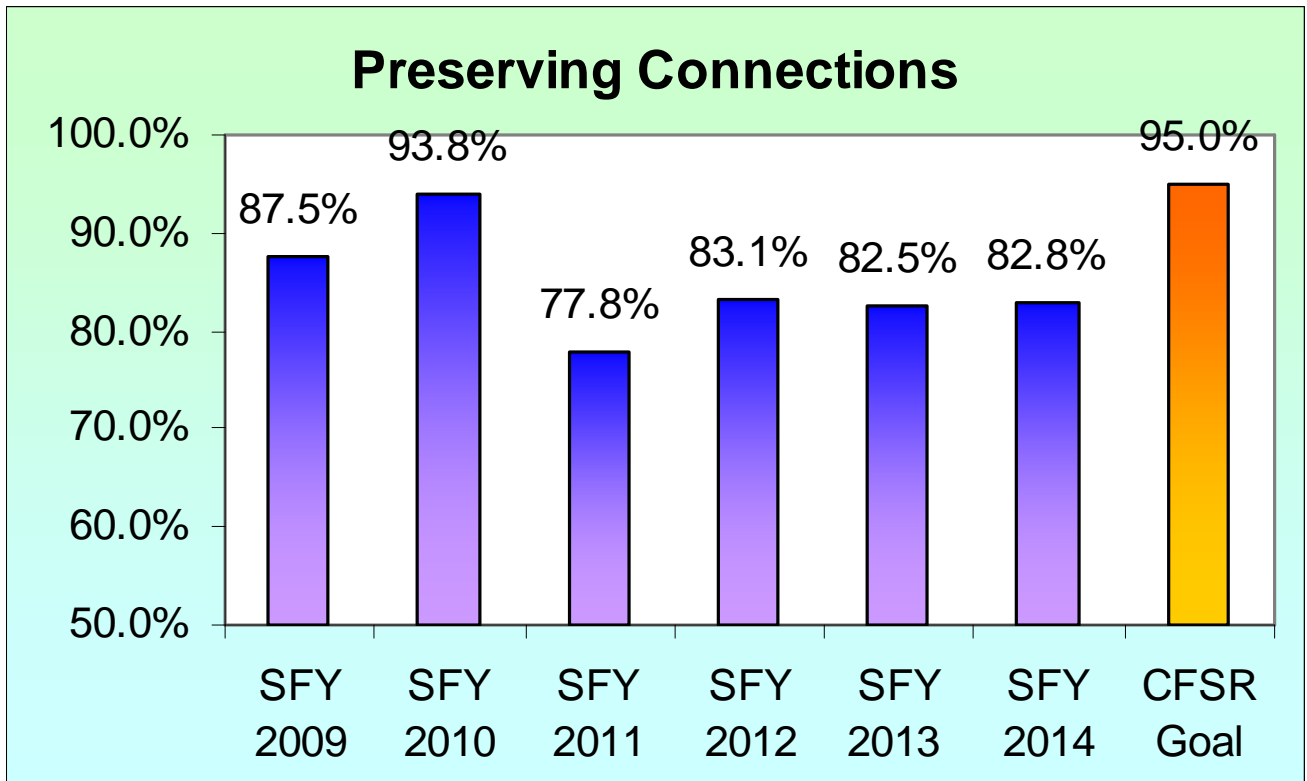


**Preserving Connections**

| | | | | | | |
|---|---|---|---|---|---|---|
| 87.5% | 93.8% | 77.8% | 83.1% | 82.5% | 82.8% | 95.0% |
| SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | CFSR Goal |

Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses whether, during the PUR, concerted efforts were made to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends.

SUMMARY OF DATA

In cases rated as strengths, children were maintained in their home community and kept connected to culture, school, family (including older siblings, grandparents, and cousins), sports, and friendships.

Areas needing improvement included: investigation of the youth's important family connections, exploring tribe membership eligibility for Native American children, keeping the child in the same school to maintain friendship and mentor connections, and facilitating regular contact with mainland relatives.

So much of the work in CWSB focuses on maintaining and nourishing the important bonds in a child's life, while he/she is in foster care. As national CWS practice trends move toward a greater emphasis on the overall well-being of children in foster care, Hawaii's practice is shifting as well. Preserving family, friend, tribe, culture, faith, neighborhood, community, and school relationships is at the core of Hawaii's work. As mentioned above, Hawaii is utilizing 'Ohana Conferencing (and thereby Family Findings/Connections) for more cases, due to the automatic referrals. This increase possibly caused Hawaii's improvement on this CFSR Item. Enriched connections with biological family members (the goal of 'Ohana Time) not only reduce the time a child spends in foster care, they have the independent benefit of improved emotional health for the child.

In March 2012, DHS began partnering with the State of Hawaii, Department of Education (DOE) to ensure educational stability for Hawaii's foster youth. This work is still in progress. Keeping children in their same school when they enter foster care will promote social and emotional links to neighborhood, community, and school. Hawaii's efforts with ICWA have also increased. In SFY 2012, more data was collected on Hawaii's ICWA population. CWSB staff attended an ICWA training in July 2013, and more ICWA information has been added to new hire training to strengthen ICWA compliance and understanding.

The CFSR reviews have clearly laid out the areas on which Hawaii CWSB needs to focus in order to improve in this item. CWSB plans to put more checks in place regarding Native American children's tribe status and following ICWA guidelines. In addition, educational stability work has begun and continues to expand.

**CFSR Item 15:  Relative Placement**
SFY 2013: 60 Cases Reviewed
51 Strengths, 9 ANI
SFY 2014: 62 Cases Reviewed
47 Strengths, 15 ANI

*DHS will identify relatives who could care for children entering foster care and use them as placement resources when appropriate.*

| State Fiscal Year CQI Data | Cases where children were placed with relatives, when appropriate (out of all foster care cases) CFSR Goal: 95.0%  (Goal not yet met) | |
|---|---|---|

**Figure 49**
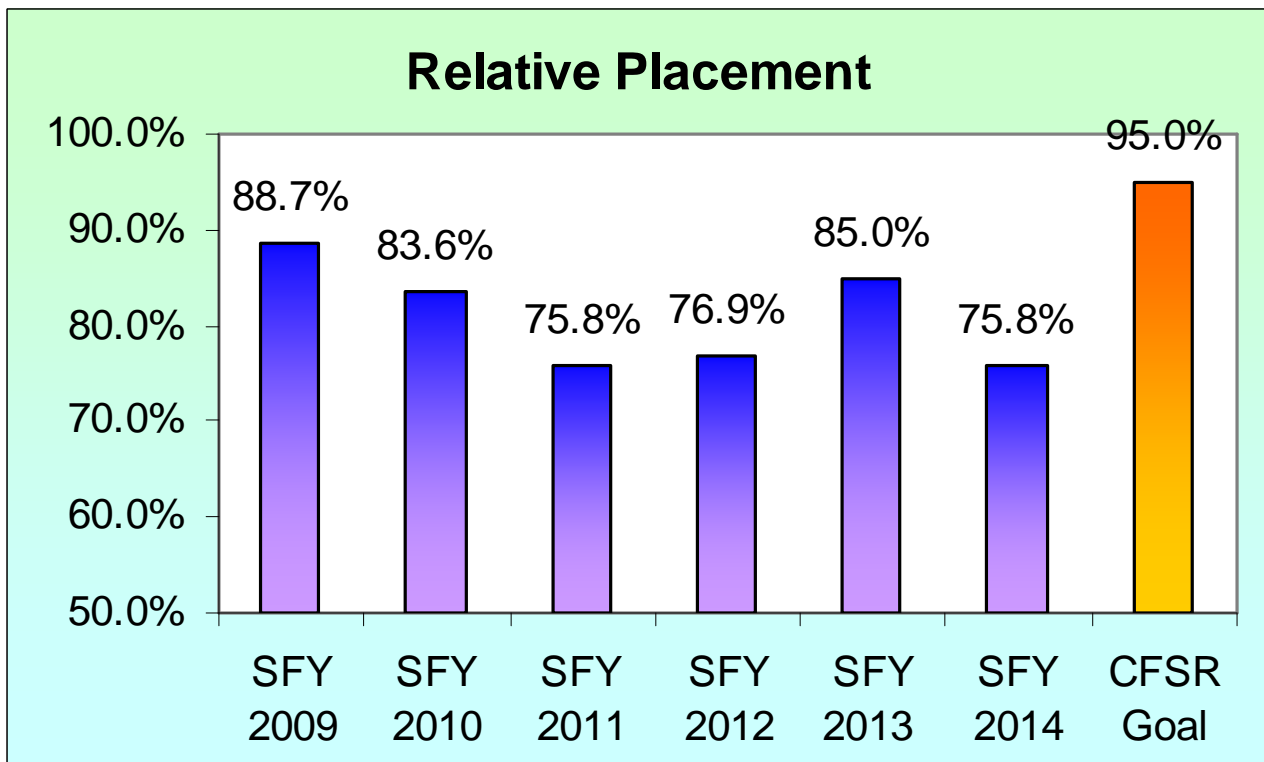


Relative Placement

- SFY 2009: 88.7%
- SFY 2010: 83.6%
- SFY 2011: 75.8%
- SFY 2012: 76.9%
- SFY 2013: 85.0%
- SFY 2014: 75.8%
- CFSR Goal: 95.0%

Data Source:  UHMC-HCWCQI Project

PURPOSE

This item assesses whether, during the PUR, concerted efforts were made to place the child with relatives when appropriate.

SUMMARY OF DATA
In the strength cases, efforts were made to place children with relatives when appropriate. In these cases, children were placed with relatives or concerted efforts were being made to place the child with relatives. Relative searches were being conducted to seek appropriate relative placement for the child.

In the cases that were rated as areas needing improvement, concerted efforts were needed to pursue identified relatives for placement after EPIC shared the results of their family finding search; formal family finding efforts were not done; and concerted efforts were needed to evaluate and contact both maternal and paternal relatives for possible placement.

The SFY 2013 data show significant improvement, which is the potential result of the mandatory referral for 'Ohana Conference and Family Finding for all foster care cases. The referrals began in January 2012.

Although not entirely apparent in the CFSR case record review data, when compared to other states, relative placement is a great strength of Hawaii CWSB, as evidenced by Figures 26 and 27 above.

## CFSR Item 16:  Relationship of child in care with parents
SFY 2013: 52 Cases Reviewed
38 Strengths, 14 ANI
SFY 2014: 53 Cases Reviewed
36 Strengths, 17 ANI

*DHS will promote or help maintain the parent-child relationship for children in foster care, when it is appropriate to do so.*

| State Fiscal Year CQI | Foster care cases where DHS made concerted efforts to promote the parent-child relationship, other than just arranging visitation (out of all foster care cases) CFSR Goal: 95.0%  (Goal not yet met) |
|---|---|

**Figure 50**
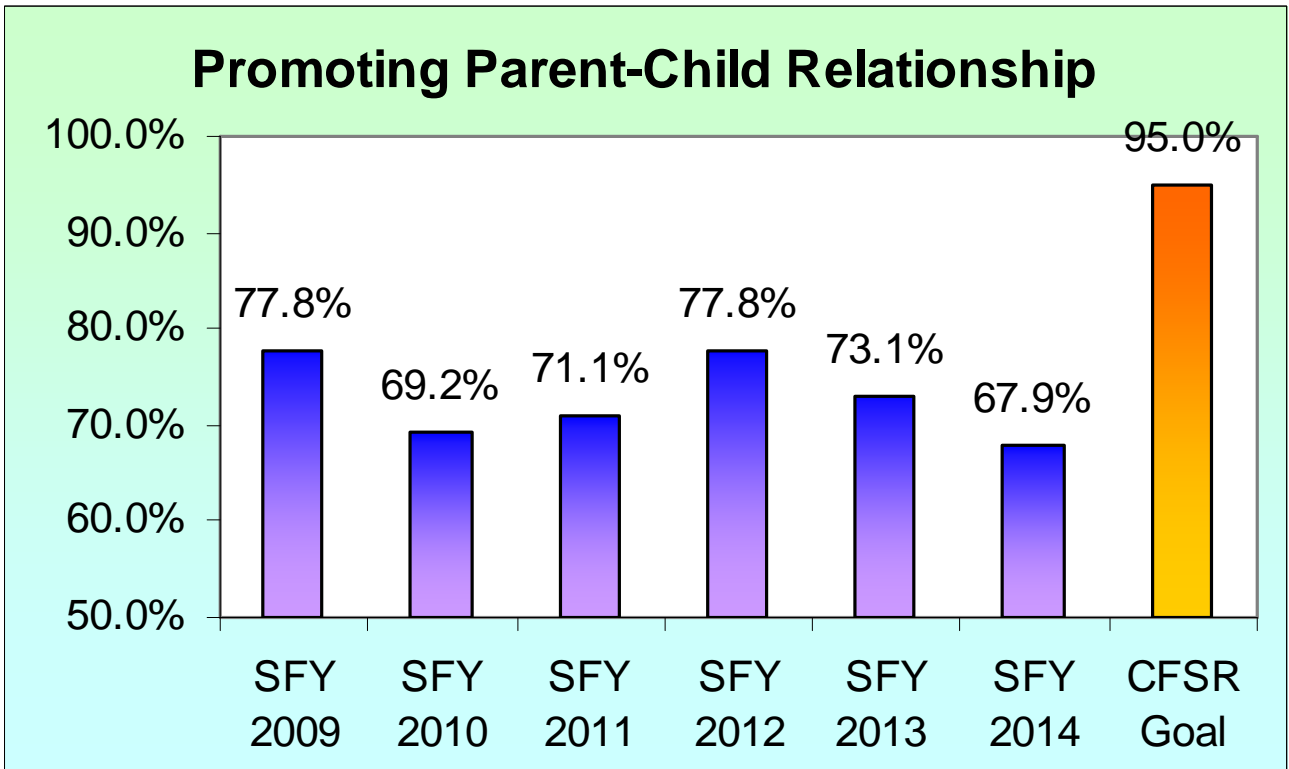
## Promoting Parent-Child Relationship



Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses whether, during the PUR, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

SUMMARY OF DATA

In cases rated as strengths, efforts were made to promote, support and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. 'Ohana Conferences were helpful to coordinate activities to maintain relationships with parents and children. Activities included children's doctor visits, family therapy, participation in extracurricular activities, and helping with homework.

In the cases needing improvement, one regularly seen problem over the five years of the CFSP has been the lack of efforts to support the children's relationships with their fathers, many of whom had been estranged from the mothers prior to CWS involvement.

Hawaii's Engaging Fathers and Engaging Families initiatives began in SFY 2012 and are continuing. Partnerships with Family Court and Child Support Enforcement provide staff trainings and information on different types of legal fathers and how to establish paternity.

An indirect benefit of the 48-hour tracking calls among Section Administrators has been the sharing of creative methods for finding family members. This has positive implications for establishing the contact needed with parents in order to promote the parent-child relationship.


## PART 3:  FAMILY ENGAGEMENT AND CHILD WELL-BEING

### A. PROGRAM AND SERVICE DESCRIPTIONS

1. **Monthly Caseworker Visits**

   a. **Overview**

   Hawaii CWSB's standard for the frequency of face-to-face visits with children in foster care, with children in-home, as well as with parents and with resource caregivers is at least once a month. During face-to-face visits, caseworkers focus on the safety, permanency, and well-being needs of the child, as well as review and discuss case plan services and goals with the birth parents and resource caregivers. Generally speaking, all visits must be conducted by the assigned social worker; however, during SFY 2013 and 2014, CWSB contracted with local community social service agencies to perform some

worker visits with children in foster care in units where the CWSB workers had unmanageable caseloads.

**b. Monthly Worker Face-To-Face Contact Record**

Part of Hawaii's Program Improvement Plan II (PIP2) required improving monthly face-to-face contact between the caseworker and the child, parents and resource families. A work group with CWSB staff, community members, and the NRC/CPS was formed to explore ideas and strategies to improve the quality, frequency, and documentation of monthly worker contacts. In December 2011, new procedures were issued to all staff to implement the Monthly Worker Face-To-Face Contact Record. This tool helps guide the worker to provide comprehensive visits that meet the child's safety, permanency, and well-being needs and goals. In March 2012, statewide training was completed for all CWSB units.

**c. Computer Tracking**

Since August of 2013, new tools were implemented to support ongoing tracking of worker visits with children, parents, and resource caregivers, and mechanisms were put in place to ensure visits are completed by the end of each month. These tools involved updates to Hawaii's CPSS computer data system, which took much longer than anticipated to implement.

The new monthly worker visits tracking and reporting system will be able to track clients who were or were not seen in the current month. Section Administrators and Supervisors will be able to know at any time of the month whether a child, parent or resource parent was seen or not in the same month. While conducting the monthly face-to-face visits, workers will be able to conduct safety assessments to increase performance on PIP Item #4.

After implementation of this new system in SFY 2015, CWSB will hold regular conference calls with the Section Administrators to track, support and provide assistance with having monthly visits with all children in active cases, whether the child is in foster care or in the family home. As this CPSS feature has just been implemented, Supervisors will need to reinforce that logs of face-to-face visits with the child must be inputted in a timely fashion.

**d. Netbooks**

The CQI Case Reviews revealed that many caseworkers were not logging some of their visits into CPSS. As a result, these visits were not being counted as having been completed simply because many caseworkers' efforts were not being captured through documentation. To address this problem, CWSB purchased forty netbooks for staff, using the FFY 2012 caseworker visit funds, and distributed the netbooks to staff. Feedback from the Sections to the CWSB Administrators indicated that all the

netbooks are being used and none were returned, although some workers indicated that the netbooks were heavy and they would have preferred iPads. With some of the FFY 2013 caseworker visit funds, CWSB purchased tablets with keyboards. Also, OIT is planning to install CPSS capabilities into the netbooks. All of these technology changes are designed to assist with the documentation of worker visits and completion of safety assessments, and to support workers in the field.

When a worker is able to fully document the content of a visit during the actual visit or immediately afterward, something made possible by these new devices, the quality of the documentation is superior to documentation that is done days or weeks later. With the use of the face-to-face worker visit shell on all of the netbooks and tablets, workers are prompted to check, ask, discuss, and document all needed topics relevant to the safety, permanency, and well-being of the child. This means workers are much less likely to miss something crucial.

Documentation on the netbooks and tablets is easier than documentation by hand or by typing into CPSS in the office. This greater ease is expected to increase both the quantity of visits documented and the quality of the documentation Information from Hawaii's CFSR indicates that cases with better documentation have overall better outcomes, with increased child well-being, faster reunification, and quicker movement to permanency, when needed.

CWSB is considering using more Title IV-B2 caseworker visit funds in the future to purchase more netbooks, tablets or possibly iPads, if utilization of the technology already purchased is effective and helps workers meet the goals for face-to-face contact with children, parents, and resource families. These goals include greater safety, permanency, and well-being for foster children. Hopefully, the use of the netbooks will also help with retention and recruitment of new, skilled, and motivated workers, since some young professionals reject CWSB job opportunities because of the notorious paperwork and outdated technology. Training will be provided to staff on effectively using the netbooks for tasks such as completing regular and timely safety and risk assessments, documenting monthly visits, logging medical issues and concerns, and writing Safe Family Home Reports and other reports.

e. **Secondary Worker**

Procedures and training to improve worker visits also included units establishing "teams," which include a secondary worker for each case, to ensure that children, parents, and resource families are visited monthly. CPSS is now able to assign a secondary worker to a case. The secondary worker will be familiar with the case for a successful team approach. Formal use of the secondary worker was implemented in SFY 2102. So far, the use of the secondary worker has not been widespread, and there has not been a clear correlation between the existence of a secondary worker and increased monthly worker visits. CWSB will continue to collect and analyze data about the assignment of secondary workers and will adjust strategies accordingly.

**f. CFSR and SIPs**

CWSB continues to use the CQI case reviews to provide feedback to Sections on their performance. Performance in the case reviews is used to develop Section Improvement Plans (SIP). One huge benefit of CQI case reviews is the identification of problem areas such as the following:

- insufficient staffing
- low morale of staff
- delays of needed case actions during the case transfers process
- delays in assignment of courtesy supervision for out-of-state and off-island cases
- lack of comprehensive efforts to find runaways.

The identification of these problems then provides an opportunity for CWSB to develop and implement targeted strategies to address the problems and improve overall performance and service delivery. Examples of possible strategies to address the problems listed above include:

- providing tracking mechanisms for workers
- discussing and reviewing the frequency and quality of caseworker visits during supervision
- clarifying procedures and expectations
- improving timely documentation, including mandatory "log time."

**g. Unit-Level Initiatives**

Tracking is also accomplished at the Unit level through documentation by assigned caseworkers that is then reviewed and verified by the Supervisors. For example, a Section has implemented an "I've seen this child" verification form that is completed by the assigned worker for each visit with a child. The verification form is then inserted into the child's record and entered into the CPSS.

**h. Family Journal**

The Family Journal is a tool for enhancing engagement in case planning with parents, children and youth served by CWSB. It is in binder form to assist parents with keeping an organized record of their case. Once the decision has been made for the family to receive ongoing services, the social worker provides a Family Journal to the family. If the parents live in separate homes, each parent receives a binder. Parents are encouraged to take their binders with them to their services, to meetings with their social worker, and to court hearings.

CWSB's initial implementation of the Family Journal occurred only on Maui and started on January 1, 2012. By early 2013, the use of the Family Journal was

fairly widespread and consistent in MCWSS, but then MCWSS entered a period when it lost a number of workers, operated with no Supervisors, and struggled to fill the vacant positions. As Maui struggled to cover cases and bring on new staff, the Family Journal was not consistently given out to new workers or used by existing workers. Once MCWSS staffing problems were resolved, all MCWSS staff, services providers, and the judge who hears the CWS cases participated in a January 2014 retraining/training on the Family Journals.

The next phase of the Family Journal staged implementation plan is implementation in the West Oahu Section (all four units) and in one Unit in East Hawaii. An initial presentation of the Family Journal to the West Oahu Section Administrator and four Unit Supervisors, and the East Hawaii Section Administrator and one Unit Supervisor, occurred on February 20, 2014. The Maui Section Administrator shared Maui's experience with the Family Journals and the value of the journal for parents.

The next step in implementing the Family Journal in the West Oahu Section and one Unit in East Hawaii is a training for staff and service providers that will occur in late SFY 2014 or early SFY 2015.

i. **National Standards**

Federal law requires the total number of monthly caseworker visits to children in foster care during a fiscal year to be at least 90% of the total number of such visits that would occur during the year if each child were visited once a month while in care. This mandate includes monthly visits for children in out-of-state placements and those on runaway status. The federal government is raising this standard to 95% starting in FFY 2015. There is also a federal standard requiring 50% of all visits to children in foster care to occur in the current residence of the child.

An annual federal Worker Visit with Child Survey collects national data that provides benchmarks for states. Figure 51 shows the data CWSB submitted for the FFY 2013 survey. Figure 52 shows how Hawaii's performance compared to the federal standard over a three-year period.

**Figure 51**

| Worker Visit Survey FFY 2013 | | | | | |
|---|---|---|---|---|---|
| Reporting Population | Months In-Care | Caseworker Visits | In-Home Visits | % of Visits | % of In-Home Visits |
| 313 | 2450 | 2009 | 1391 | 82 % 2009/2450 | 69 % 1391/2009 |

Data Source: Statewide Random Sample Survey FFY 2013

**Figure 52**

**Worker Visit Survey**
**Percentage of Monthly Visits to**
**Children in Foster Care**
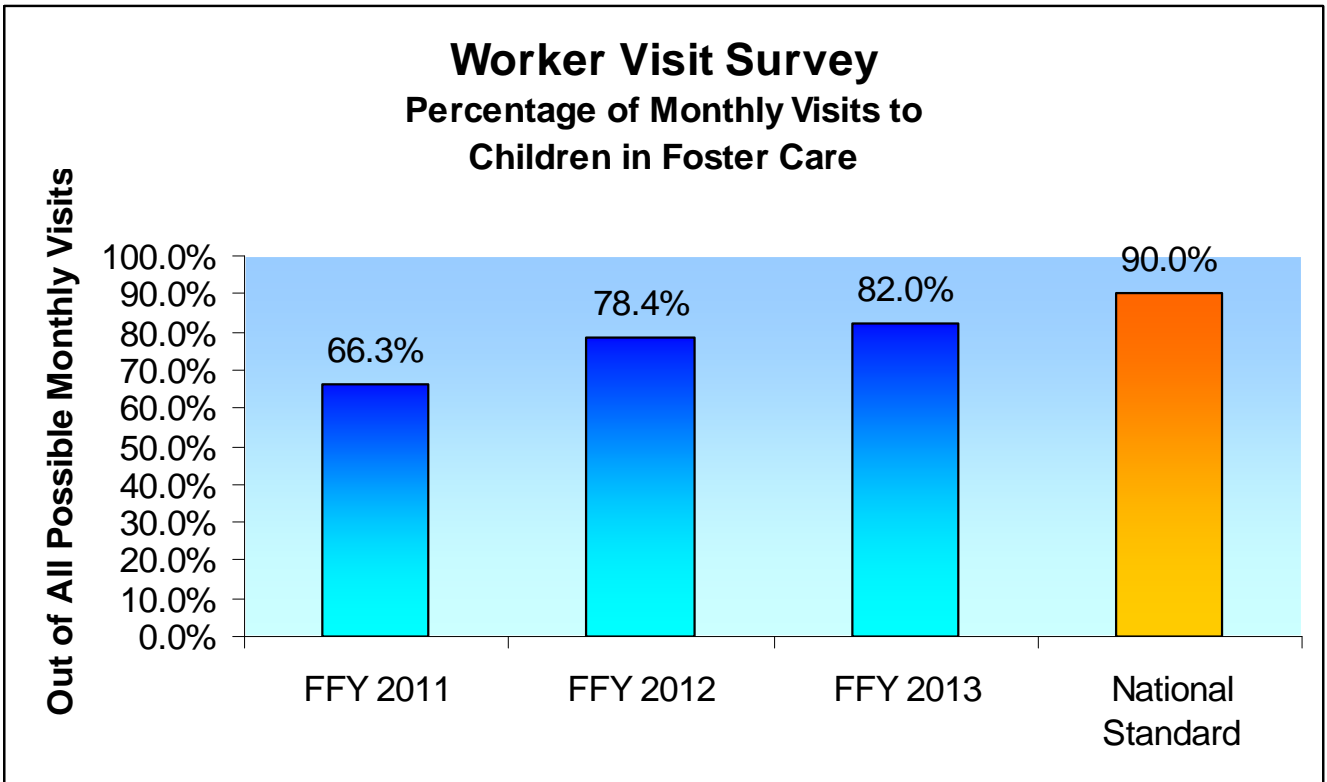


Data Source:  Statewide Random Sample Surveys

Figure 52 shows a trend of consistent improvement. To continue this trend, CWSB wanted to better understand the barriers to completing monthly face-to-face visits. Data about why monthly visits were not occurring was collected for every month without a visit for all of the cases of the federal Worker Visit with Child Survey for FFY 2013. Caseworkers provided the reasons for missed visits in an open comment format and that qualitative data was then reviewed and categorized, as seen Figure 53.

**Figure 53**

## Why was there no visit?
## FFY 2013



2, 0%
24, 5%
39, 8%
43, 9%
177, 39%
76, 16%
103, 23%

| ■ Workload | ■ No Documentation |
| ■ Scheduling Problems | ■ ICPC Issues |
| ■ Youth on the Run | ■ Transfer or Courtesy Case |
| ■ Worker Oversight | |
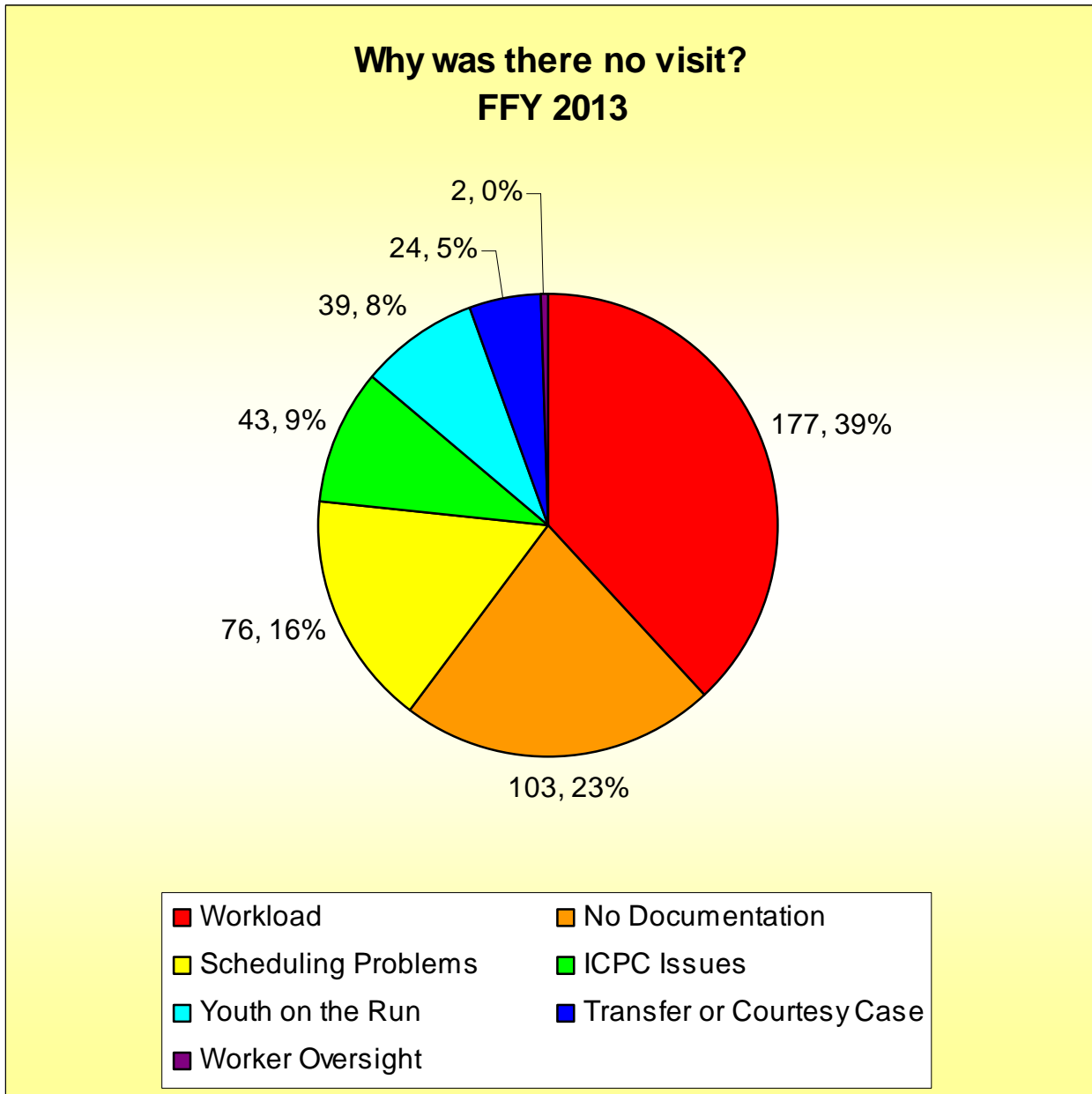
Data Source: Statewide Random Sample Surveys

"No Documentation" cases are shown in orange in Figure 53. In these cases, there was no documentation that a visit took place for that month, and either the worker could not recall if one did or the worker had left employment with CWSB and so no more information was obtainable.

The reasons for missed visits were largely the same for the two years (FFY 2012 and FFY 2013) that this data was collected, with a few notable differences. Some of the reasons given in the first year were based on misperceptions of visitation policy of individual workers, such as "the prior visit was at the end of the month and therefore the child was safe and didn't need to be seen in the following calendar month." These types of reasons were not seen in the second year of data collection. Better training and supervision probably corrected these misperceptions once they were revealed. There was also an 8% decrease from FFY 2012 to FFY 2013 in worker's citing "workload" as a reason for the lack of visit. CWSB is optimistic that this will continue as a growing trend, where workers understand and demonstrate in their practice the primacy of monthly worker visits.

This data was presented to Statewide Section Administrators and Supervisors at the Management Leadership Team (MLT) Meeting in March 2014. The presentation included a group brainstorm and discussion of strategies to address the identified barriers. Strategies that were discussed included:

• Developing stricter protocols regarding case transfers, including a mandatory visit by the transferring worker prior to transfer
• Using the new CPSS Worker Visit Tracking System
• Using SHAKA to track worker visits (or a sample of needed visits) with weekly statewide phone-calls with Section Administrators and Branch
• For ICPC cases, contracting with local social service agencies to do the monthly visits when a child is placed out of state, before the local CWS picks-up the case
• Developing stricter protocols regarding documentation of visits
• Creating a workgroup to strategize finding and meeting with youth who are on the run, even if they do not return to care
• Supervisors regularly reinforcing the vital importance of monthly face-to-face contacts, and helping worker to prioritize visits and visit documentation

The group was in agreement that addressing the barriers is essential for the safety of children in foster care. One tool that has helped with addressing barriers is the ability of CPSS to capture and report worker visits with children, parents, and resource caregivers. Changes that allow this data to be captured were made in FFY 2014.

**Figure 54**

# Worker Visit Survey
### Percentage of Visits in the Child's Residence
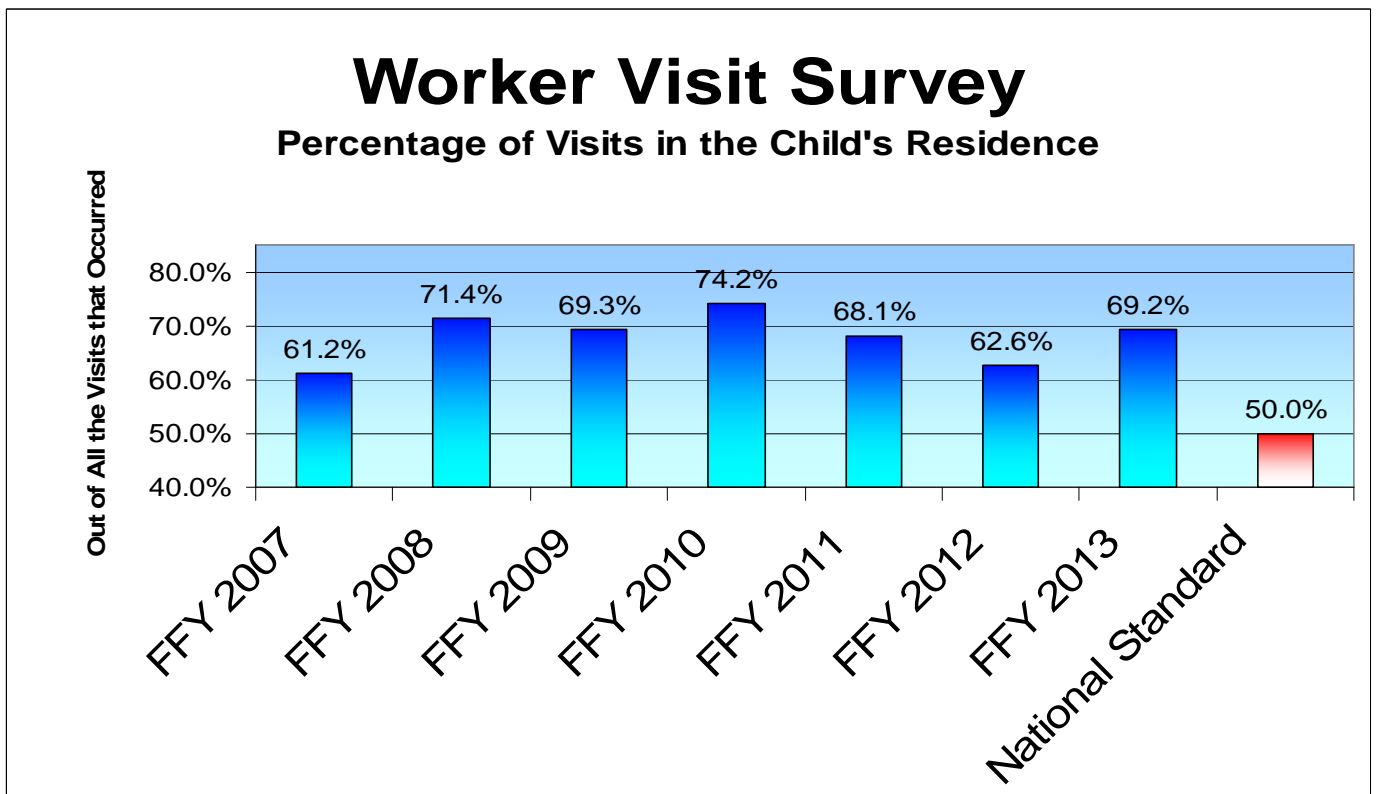


Data Source:  Statewide Random Sample Surveys

Hawaii is pleased that the rate of visits that occur in the location where the child is residing has continued to exceed the National Standard. Although Hawaii CWSB caseworkers understand the importance of regularly viewing the child's residence, they also know that often children are more candid and forthcoming about the situation with their resource caregivers when they are not in the physical space of the resource home.  Because of the need to balance visits in the home with visits in other locations, in order to effectively monitor the child's safety and well-being, Hawaii does not anticipate significant changes for this measure.

In addition to capturing the number of worker visits and the percentage of those visits that were conducted in the child's residence for the federal survey, Hawaii CWSB also collected the number of worker visits that included alone time between the worker and the child. Hawaii's statewide result for percentage of worker visits with alone time with the child was 83%. This is a 10% increase since FFY 2012. Hawaii DHS would like to see this percentage rise even further, as it believes that the worker spending time alone with the child is essential to accurately evaluating the child's safety and well-being.

j. **Staffing Shortage**

Due to Hawaii's economic downturn, CWSB experienced a significant RIF in January 2009. These reductions, along with involuntary staff reassignments to positions that required additional training, the reassignment of cases, and the implementation of furlough Fridays were major contributing factors which led to the decrease in monthly caseworker visits to children in care in FFY 2010 and FFY 2011. Furlough Fridays were discontinued in June 2011, the very end of SFY 2011. The hiring freeze was lifted in December 2011, allowing CWSB to start filling certain positions. A second hiring freeze occurred October 2013 through January 2014. New and returning employees are currently being hired for these vacant positions. The process or properly staffing the agency has been slow; as of June 2014, CWSB still had 93 vacant positions. These factors continue to negatively impact the workload in certain Sections, creating barriers to consistent monthly worker visits.

2. **Health Care Services**

Each child that enters foster care receives an initial health screening and assessment physical exam, and referral for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for prevention, early diagnosis, and medically necessary treatment of conditions revealed by the screening. Each child is also provided with State health insurance. Within 45 days in foster care, each child is provided with a Comprehensive Physical Exam. After the Comprehensive Exam, CWSB follows the EPSDT Medical (Physical and Mental) Health Screening Assessments Schedule, explained in item b. below.

a. **MedQuest**

The Fostering Connections Act of 2008 requires CWSB and the DHS MedQuest Division (MQD) to provide a continuum of health care for foster children.

Children who remain in the home receive medical plan coverage through their parents' or legal custodian's health plan. Children in out-of-home care are provided DHS' MedQuest health care services plan. This plan was developed by DHS in consultation with appropriate health care providers as well as experts and consumers of CWSB services.

The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are covered on a fee-for-service basis. The QUEST covered services include, but are not limited to:

- In-patient and out-patient hospital and clinical services (including X-ray and laboratory examinations)
- Physicians' services
- Nursing facility and home health services

- Drugs
- Biological and medical supplies (medical equipment and appliances)
- Podiatry (foot care)
- Whole blood
- Eye examinations, refraction and eyeglasses
- Dental services (individuals age 21 and older have an annual payment limit for non-emergency services)
- Family planning services
- Psychiatric/psychological services
- Diagnostic, screening, preventive and rehabilitative services
- EPSDT services
- Prosthetic devices (including hearing aids)
- Transportation to, from, and between medical facilities (including inter-island or out-of-state air transportation, food, and lodging as necessary)
- Respiratory care services
- Hospice care services

**b. Early and Periodic Screening, Diagnosis, and Treatment (EPSDT)**

The purpose of the EPSDT Program is to provide Medicaid-eligible infants, children and youth under age 21 with quality comprehensive health care through primary prevention, early diagnosis, and medically necessary treatment of conditions.

The scope of required services for the EPSDT Program is broader than for the Medicaid Program. According to the EPSDT statutory provisions of the federal Omnibus Budget Reconciliation Act of 1989 (OBRA '89), if medical conditions, defects, or illnesses are discovered as a result of an EPSDT screening, the State is mandated to cover the costs for all services (specifically, all Title XIX services that are included in Section 1905(a) of the Act) that are needed to treat, correct, or ameliorate these conditions.

EPSDT services include:

- Complete medical and dental exams;
- Hearing and vision tests, laboratory tests;
- Immunizations and skin tests for tuberculosis (TB);
- Assistance with necessary scheduling and transportation upon request.
- Unlimited mental health benefits.

An outline of the EPSDT Program follows.

*i. Medical (Physical and Mental) Health Screening Assessments Schedule:*
- Infancy: By age 1 month, and at 2, 4, 6, 9, and 12 months;
- Early Childhood: At 15, 18, and 24 months, and at 3 and 4 years old;
- Late Childhood: At 5, 6, 8, 10, and 12 years old; and
- Adolescence: At 14, 16, 18, and 20 years old.

*ii. Preventive Dental Services* (Once every six months beginning at age 12 months)
- Examination
- Prophylactic treatment
- Sealing and polishing

*iii. Diagnosis and Treatment Services for Covered Services and Non-Plan Services:*
- Inpatient, outpatient hospital and clinic services, including x-ray and laboratory examinations;
- Drugs, biological and medical supplies including medical equipment and appliances;
- Physicians' (including osteopathic) services;
- Nursing facility services and home health services;
- Whole blood;
- Eye examination, refractions and eye glasses; and
- Hospice care services.

## c. Kapiolani Child Protection Center (KCPC)

KCPC Medical Services specializes in treating children who are abused and neglected. They treat children at three locations on Oahu: Honolulu, Ewa Beach, and Waianae. They provide pre-placement exams (mandatory physical exams when a child enters foster care or changes placement setting), forensic exams, and follow-up comprehensive health exams for foster youth. KCPC is also able to provide ongoing follow-up medical services. However, KCPC is only on Oahu. Children in foster care on the neighbor islands are seen for the necessary exams in hospital emergency rooms and in the offices of their primary care physicians. KCPC's MDT, medical record review, and medical consultation services are available on all islands.

## d. Health Care Monitoring

Health care needs for foster children are monitored by various professionals including the Public Health Nurse, the primary care physician, the social worker, the Multidisciplinary Team, etc. The social workers receive a monthly printout of children who are due for their annual health and dental check-ups. Health needs are also discussed in the monthly supervisory reviews.

Health information is retained in the case record. A copy of health reports is also included in the Child Information Folder (CIF) provided to the resource caregivers upon a child's placement. As information changes, the updated information is sent to the resource caregiver to be placed in the CIF.

Medical information is updated in the child's record when the child's assigned worker receives reports. Information is provided to the child's resource caregivers and other entities on a need to know basis. Hawaii statute also allows the sharing of medical information between providers such as physicians.

The CWSB worker, resource parents, and health professionals assigned to the child's case ensures continuity of health care services while a child is in out-of-home care. When a child returns to the home, MEDQUEST provides medical insurance coverage during the transition from MQD coverage to the parent's coverage.

Oversight of prescription medicines, including psychotropic medications, for children in out-of-home care is provided by the CWSB worker in consultation with the primary care physicians and CAMHD staff providing care to a child, as well as the KCPC Multidisciplinary Team members, MQD staff, and other medical professionals.

The KCPC Multidisciplinary Teams statewide provide health care expertise and case consultation to CWSB. They were selected through an RFP process because of their experience and expertise in child welfare physical and mental health. As part of their contract, KCPC assists the CWSB in providing appropriate review, oversight and coordination of the use of psychotropic medications for children in out-of-home placement under the jurisdiction of the CWSB. KCPC staff participates in CWSB's statewide work group to create a unified State plan for increased oversight of psychotropic medication use for youth in foster care. Hawaii is currently exploring ways to enhance the Multidisciplinary Team contract to increase their quality and capacity in assessing psychotropic use.

CWSB workers have been notified of the requirement to inform all foster youth and youth participating in the Chafee Foster Care and Independence and/or Education and Training voucher program about the importance of designating another individual to make health care treatment decisions on behalf of the youth if he or she becomes unable to make those decisions. Youth are informed by their caseworkers, by information and forms posted on websites of organizations such as the Hawaii Foster Youth Coalition, It Takes an Ohana (Hawaii's resource family organization), and DHS. Youth are also informed about this during Youth Circles (as part of their transition planning). CWSB works with the Court Improvement Project (CIP) and organizations that provide legal assistance to youth to ensure that youth who choose to write an advance health care directive are appropriately counseled and assisted.

### e. Improving Exam Tracking and Oversight

CWSB is currently working with MQD to capture data and help community physicians complete the 45-day Comprehensive Exams and EPSDTs. CWSB is in discussion with the health plans, exploring ways to improve oversight of foster children receiving their EPSDT check-ups. Over the past year, MQD put in place liaison workers for each health insurance plan that they manage. These liaison workers are the direct contacts for CWSB staff that arrange for medical coverage and monitor the completion of the needed medical exams for foster youth. This has been an important development in CWSB's partnership with MQD and in CWSB being better able to monitor the medical services of foster youth.

### f. Psychotropic Medication

#### i. Overview

The over-prescription of psychotropic medication to foster children and youth is an issue of national concern. CWSB is working to further strengthen its health care oversight plan by developing a comprehensive strategy to address, track, and monitor youth who are prescribed psychotropic medications, and to ensure the provision of trauma-informed services to foster children. CWSB staff has taken advantage of the numerous national educational offerings on the topic, which have substantially helped to shape Hawaii's State plan.

Along with CWSB, Hawaii Medicare and Hawaii DOH CAMHD staff has been essential to CWSB's statewide efforts related to psychotropic medications and youth in foster care. Since early 2012, Hawaii CWSB has been convening a multi-disciplinary action team to address this issue in Hawaii. This statewide collaboration consists of representation from Oahu, Maui, Kauai and Hawaii Island, and includes:

- Former Foster Youth;
- Resource Caregivers;
- Birth Parents;
- CWSB Administrators, Supervisors, and Case Workers;
- DOH, CAMHD Division Administrators;
- the Medicare/MedQuest Medical Director;
- a DOE, School-Based Behavioral Health State Education Specialist;
- a University of Hawaii at Manoa Professor/Researcher;
- the Mental Health America, Hawaii Executive Director;
- the Court Improvement Project State Coordinator;
- Family Law Attorneys;
- Guardians ad litem; and
- staff from several community service agencies.

The ongoing work of this team focuses on the following goals and outcomes:

- Decreased use of inappropriate medications;
- Increased use of non-medical interventions and treatments for mental health issues and behavioral problems;
- Effective, appropriate medication use;
- More foster youth receiving mental health and behavioral health services on a timely basis (early identification and ongoing monitoring);
- Gradually increasing youth's responsibility for his/her own medication management;
- Increased youth voice in mental and behavioral health care;
- Improved school performance;
- Decreased number of foster placement changes for foster youth;
- Decreased length of stay in foster care;
- More successful transitions of foster youth to independent adult living;
- Increased line/field-level engagement regarding the management of youth's medications;
- Improved coordination and oversight of PCPs and Child and Adolescent Psychiatrist prescribers;
- CWS-based clinician to aid in oversight, management, and guidance, and to answer caregivers', caseworkers', and practitioners' questions about psych meds;
- Statewide awareness of the risks and benefits of psychotropic medications for youth;
- Reduced stigma regarding mental health and psychotropic medication use;
- Increased collaboration and communication among agencies/systems; and
- Happier and healthier youth, families, caregivers, and CWSB staff.

## ii. Hawaii vs. National Data

In order to understand psychotropic medication use among foster youth in Hawaii, CWSB gathered data in two ways: 1) caseworkers shared information about each child/youth on his/her caseload, and 2) MedQuest analyzed the MedQuest drug claims data for psychotropic medication for foster youth. In Hawaii, approximately 80% of foster children are covered by MedQuest; almost all of the remaining 20% are covered by TriCare through the U.S. Military. Through both counts, the results were the same: *approximately 7% of all Hawaii foster youth are taking psychotropic medication.* This is significantly lower than the national average for children in foster care which ranges from 15% - 65%, depending on the study.

MedQuest also completed a more targeted analysis of foster youth use of only antipsychotic medication, the most potentially dangerous of the psychotropic

medications for children. The comparison of these Hawaii percentages and national percentages is shown in Figure 55.

**Figure 55**

## Medicaid Children on Antipsychotic Medication

| | Hawaii Medicaid Study 2011 | National Medicaid Study 2007 |
|---|---|---|
| **All Children on Antipsychotics** | 1.1% | 1.6% |
| **Foster Children on Antipsychotics** | 2.5 – 4.0% | 12.4% |

Data Source: Hawaii Medicaid Study 2011 & National Medicaid Study 2007

Again, the Hawaii numbers compare favorably. Potential causes of these low rates are discussed below.

There is a trend in Hawaii that many PCPs/pediatricians prefer to not directly treat mental health issues. They feel it is outside of their area of expertise, and largely refer to a mental health provider, if there are indications of need. When a PCP refers a patient to another provider for mental health services, the patient often does not follow through on the referral. Some rural PCPs will refill prescriptions for psychotropic medications, but may not agree to start a child on a psychotropic medication. Most PCPs will not even refill a psychotropic medication prescription, thereby increasing barriers to use (e.g., travel, scheduling, finances, time investment, social stigma issues), since the patient must return to the prescribing psychiatrist for continued evaluation, monitoring, and mental health care. The low number of foster youth in Hawaii on psychotropic medication may be partially due to this problem of lack of willingness of PCPs to prescribe and/or monitor such drugs. Evidence of this trend can be seen in that 75% of all foster youth are prescribed their psychotropic medication by CAMHD.

A related reason that Hawaii rates of psychotropic medication use are low across the State (in all populations, not just the foster youth population) is because of lack of access to psychiatric services. Many individuals in Hawaii are not aware that their health insurance covers mental health services, and many live in rural areas, far from any psychiatrists.

Also, within CAMHD, there is not a high rate of prescribing psychotropic medications to youth because of a directive from the Director of the Hawaii State Department of Health. The directive was the result of the Felix Consent Decree of 1994, and stated that medication should never be used as a chemical restraint and that there should be no off-label prescriptions. Off-label is the use of a pharmaceutical drug for a condition for which the medication was not FDA-approved. Using a drug with an unapproved dosage or with an unapproved age group is considered off-label. Between 45% and 75% of psychotropic medications given to children and adolescents are prescribed off-label, in part because almost

none of the medications have FDA approval for use in children. Off-label prescribing is extremely common and not illegal.

Because of these factors, CWSB and its partners anticipate the possibility that Hawaii's rates of psychotropic medication use among foster youth may rise when more mental health screenings and assessments are introduced, and the public's awareness of mental health issues increases. With more youth identified as needing mental health services and more people aware that medication is an option, usage may increase.

It is important to keep in mind that, although the number of Hawaii youth being prescribed psychotropic medication may increase, when looking beyond the numbers and examining the new systems, practice, and policies, it is clear that the well-being of foster youth will continue to improve because of these efforts. Medical records are being reviewed more regularly; youth are more fully informed about their diagnoses, need for medication, and alternatives to medication; prescribing doctors are more communicative with patients and their families and caseworkers regarding these medications; more children's and youth's mental health needs are being addressed, due to increased mental health assessments; and youth are more actively involved in making decisions about their mental health.

### iii. Current Approaches

The following services/approaches are currently in place statewide in Hawaii for oversight of the use of psychotropic medication and for assessing/addressing the mental health needs of the foster youth population:

1) Kapiolani Child Protection Center (KCPC) Multidisciplinary Teams (MDT);
2) KCPC case consultation;
3) KCPC medical record reviews;
4) Mandatory Pre-Placement Exams;
5) Mandatory 45-day Comprehensive Exams, which may include mental health assessments;
6) Mandatory Mental Health Assessments, within 45 days of placement, which may be a psychological evaluation that assesses trauma related to abuse and removal;
7) Awareness Education for all current CWSB staff (trainings occurred in March 2012);
8) Psychotropic Medication Awareness Education has been added to CWSB new hire Core Training (first implemented in July 2012);
9) Mandatory Monthly Face-to-Face Contact between caseworker and child, caseworker and resource caregiver, and caseworker and biological parents (following updated written protocol for conducting monthly visits, caseworker must ask about psychotropic medication use and emotional

trauma – implemented March 2012; following updated written policy, caseworker must discuss the youth's progress with any psychotropic medication each month with youth, parents, and resource caregiver – implemented December 2012);

10) Regular contact between caseworker and child's doctors and therapists;
11) Regular contact between caseworker and child's school;
12) CWSB documentation of mental health diagnoses, medications, and monitoring of these medications (implemented in December 2012);
13) Mandatory use of *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care* prior to a youth in care beginning a psychotropic medication  (implemented in December 2012);
14) Caseworker ensures that youth's questions have been answered by the prescribing physician before a foster youth starts taking psychotropic medication (implemented December 2012);
15) DOH CAMHD staff available for consultation on psych meds for CWSB and KCPC (implemented in November 2012);
16) CWSB written policy that CWSB staff and resource caregivers will not force a youth to take medication against his/her will while in foster care (implemented December 2012);
17) Partnership and collaboration among CWS, DOE, CAMHD, and MQD; and
18) Distribution of *Practice & Policy Brief: Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges* to Family Court staff and attorneys statewide (January 2013).

### iv. Developed Approaches

The following plans have been developed by the Statewide Workgroup, but have not yet been implemented:
1) Computer monitoring of medication (flagging outliers)
2) List of Red Flags which would trigger further investigation/follow-up
3) Consent and Assent Forms and Policies
4) Formalized Monitoring Protocol
5) Training for Resource Caregivers

### v. Planned Approaches

The following services/tactics/approaches to decrease the inappropriate use of psychotropics by foster youth are part of Hawaii's plan for future implementation.
1) Increased availability and awareness of alternative therapies (e.g., Behavioral, Trauma-informed)
2) Standardized and frequent mental health screenings and assessments
3) Dedicated staff for oversight (funding has been identified.)
4) Monitoring how often youth have health exams and what is covered during the exams

5) Training/Awareness campaign to school counselors, PCPs, Psychiatrists, DHS staff, CAMHD staff, and statewide communities

**g. Medical Benefits for Former Foster Youth**

The Affordable Care Act (ACA), signed by President Obama in March 2010, contains a provision allowing children to remain covered under their parents' health insurance until the youth reach age 26. Effective January 1, 2014, the ACA also provides that, young adults who exit(ed) foster care at age 18 or later, and were enrolled in Medicaid when they aged out of care, are eligible for Medicaid coverage until age 26.

Hawaii's MedQuest had been providing such coverage on a sporadic basis but CWSB recently started working with MedQuest to identify all the young adults who should be receiving these benefits. Hawaii CWSB put procedures in place to ensure the continued medical coverage of all current foster youth who are transitioning to adulthood. As of January 1, 2014, all former foster youth are automatically covered by MedQuest when they reach 18, and the coverage extends until they turn 26.

**h. Collaboration among CWS, CAMHD, & DDD**
CWSB continues to work with the DOH, CAMHD to address the needs of youth with co-occurring mental health concerns and developmental disabilities through an implementation grant awarded to CAMHD by the Substance Abuse and Mental Health Services Administration. The goal is to identify and provide services to meet the needs of this population through collaboration with child serving agencies including CAMHD, CWSB, and the Department of Health, Developmental Disabilities Division (DDD) using a family-driven, youth-guided approach. Partnerships strengthen CWSB's work with these and other agencies, which helps improve service access and delivery to meet the needs of children served by CWSB.

**B. UPDATES, GOALS, MEASURES, PROGRESS, AND ACTION STEPS**

**1. Providing for Children's General Needs**

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

**CFSR Item 17: Services to Children/Youth, Parents and Resource Caregivers**
SFY 2013: 99 Cases Reviewed
73 Strengths, 26 ANI
SFY 2014: 99 Cases Reviewed
68 Strengths, 31 ANI

*DHS will assess the needs of children, parents and resource caregivers, and will provide needed services to children in foster care, to their parents and resource caregivers, and to children and families receiving in-home services.*

| State Fiscal Year CQI Data | Cases where appropriate assessments were completed and the needed services were provided for children, parents, and resource caregivers (out of all CWS cases, both in-home and foster care cases) **CFSR – PIP2 Goal:  75.8%   Hawaii achieved this goal!\*** |
|---|---|

**Figure 56**



Providing Services

| | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | PIP2 Goal |
| 69.0% | 73.0% | 62.6% | 73.7% | 73.7% | 68.7% | 75.8% |
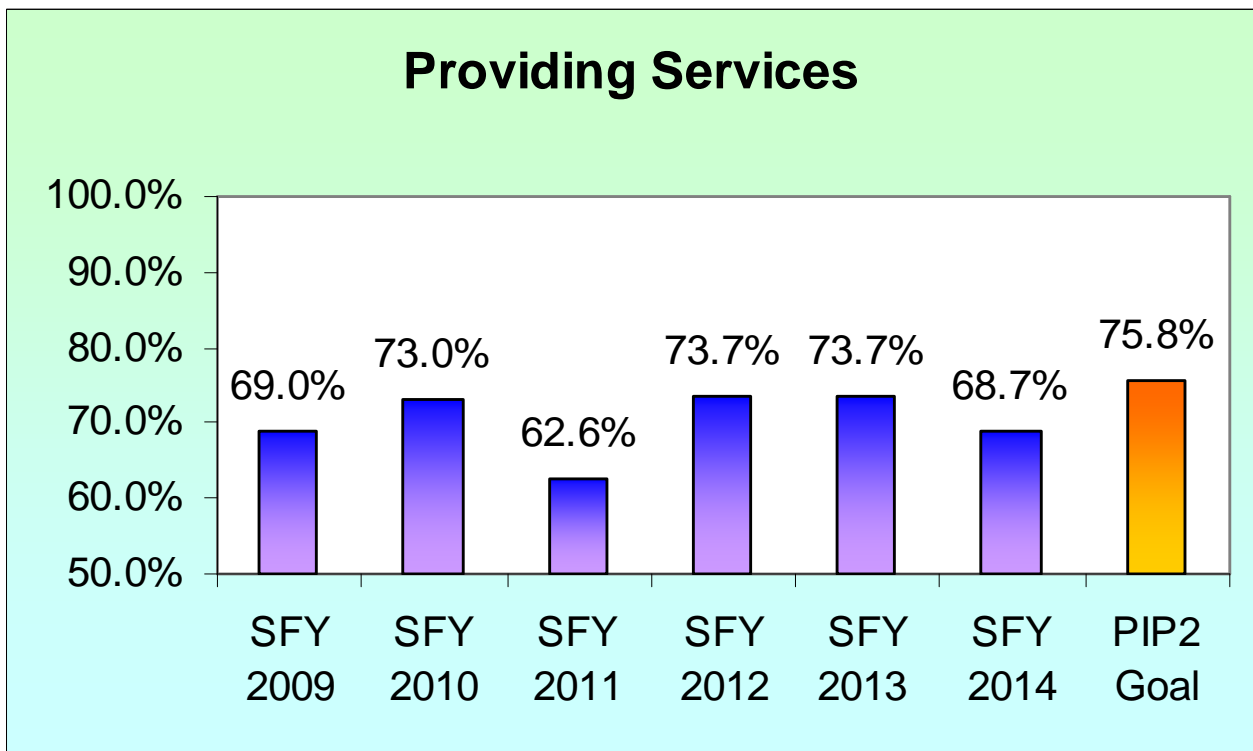
Data Source:  UHMC-HCWCQI Project

\*The data in Figure 56 is somewhat misleading, as it appears to indicate that the PIP2 goal was not met. However, in Quarter 7 (Q7) of the PIP, Hawaii achieved this goal, based on the 12-month data for the period ending September 2013. At the end of Q7, Hawaii reached a 77.8%

strength rating on this item, thereby achieving the PIP2 goal. Unfortunately, subsequent case reviews in SFY 2014 lowered the statewide total to the 68.7% presented in Figure 56.

PURPOSE

This item assesses whether, during the PUR, the agency made concerted efforts to assess the needs of children, parents, and resource caregivers; to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family; and provided the appropriate services. Assessment of needs should have occurred on an ongoing basis during the period of review, and, if the child entered foster care during the period under review, when the child entered care.

SUMMARY OF DATA

In the cases rated as strengths, efforts were made to assess the needs of children, parents, and resource caregivers or to identify the services necessary to achieve case goals and adequately address the relevant issues, and provided the appropriate services. Assessments and services included: caseworker interviews, contact with service providers, 'Ohana Conferences, psychological evaluations, Family Finding, home studies, couple's therapy, Easter Seals assessments and services, Healthy Start, Enhanced Healthy Start, domestic violence education, substance abuse assessments and treatment, Al-Anon Support Group, Intensive Outreach Support, Department of Education Individual Education Plan, YMCA, Department of Health, Early Head Start, Hope Program, individual therapy, family therapy, anger management, parenting education, supervised visits, CCSS outreach, Hale Mālama services, Hina Mauka services, resource caregiver training, clothing allowances, AAPI, Women's Way program, Hale Kokua, Make a Wish Foundation, Hospice care, Mokihana Project, interpreter services, assistance in seeking stable housing and employment, Enhanced Healthy Start, multi-disciplinary team meetings, supervised visitation, developing a family support system, assistance in organizing and planning care for the child, financial assistance, treatment for sexual abuse, anger management, domestic violence education, Independent Living, Payment and coordination of the child's high school prom and graduation, Boys and Girls Club, Youth Circle, clothing allowances, respite care, and Difficulty of Care payments.

In the cases rated as ANI, assessments were needed for fathers, mothers, children, and resource caregivers, listed in descending order of occurrence of problems. Irregular monthly caseworker contacts negatively impacted this performance item; without contact, the caseworker could not properly assess the clients' needs and progress in services. Specific barriers included parental incarceration, child on runaway status, child in another state without an assigned ICPC worker, and the need for interpreter services.

With the continued use of 'Ohana Conferences and the automatic referrals to 'Ohana Conferencing, the implementation of monthly 'Ohana Time, trainings, procedures clarifications, and the multiple collaborations with DOH, DOE and service providers, Hawaii expects continued growth and improvement in this item.

**CFSR Item 18: Engagement of Child & Parent in Case Planning**
SFY 2013: 94 Cases Reviewed
63 Strengths, 31 ANI
SFY 2014: 94 Cases Reviewed
62 Strengths, 32 ANI

*DHS will involve parents and children in the case planning process.*

| State Fiscal Year CQI | Cases where parents and children were actively involved in the case planning process<br>(out of all active CWS cases, both in-home and foster care cases)<br>CFSR & PIP2 Goal: 71.7%    Hawaii met this goal!* |
|---|---|

**Figure 57**



Engagement of Children and Parents in Case Planning
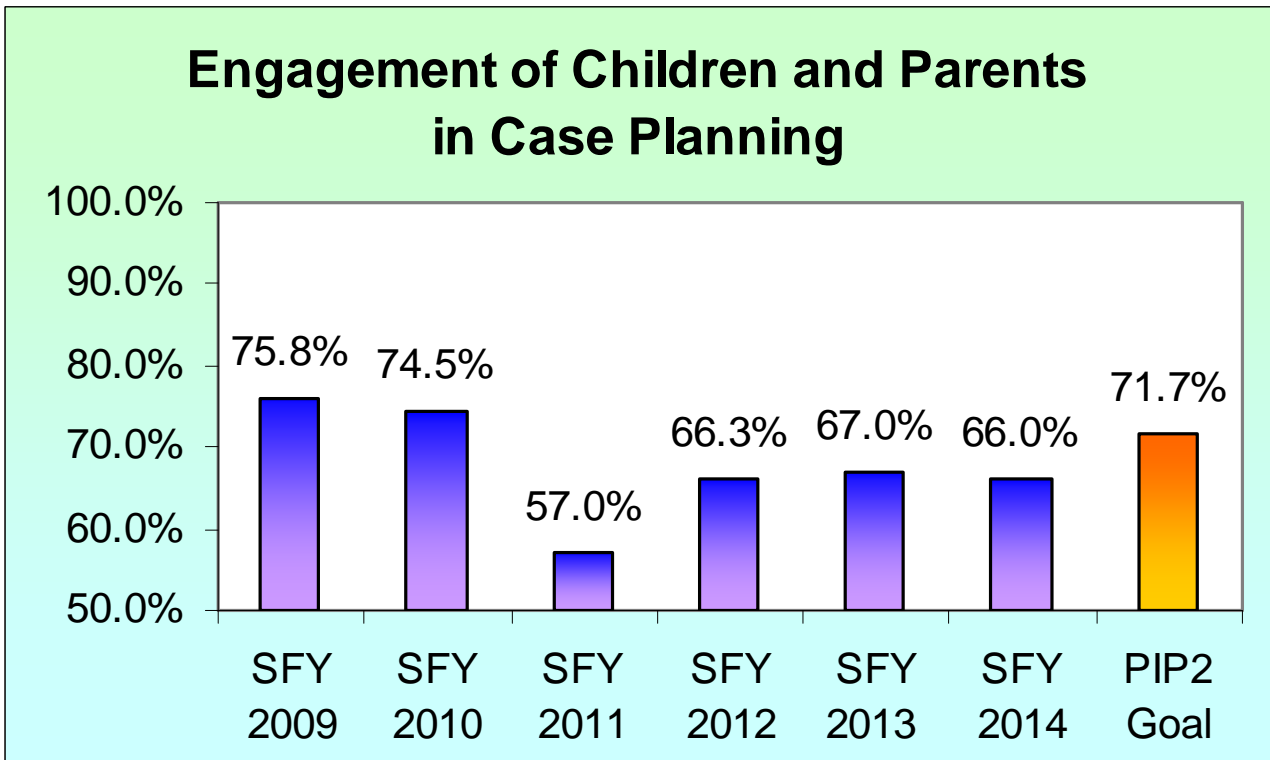
Data Source:  UHMC-HCWCQI Project

*The data in Figure 57 is somewhat misleading, as it appears to indicate that the PIP2 goal was not met. In Quarter 8 (Q8) of the PIP, Hawaii achieved this goal using the 12-month data for the period ending December 2013. At the end of Q8, Hawaii reached a 72.6% strength rating on this

item, thereby achieving the PIP2 goal. Unfortunately, subsequent case reviews in SFY 2014 lowered the statewide total to the 66.0% presented in Figure 57.

---

PURPOSE

This item assesses whether, during the PUR, concerted efforts were made to involve parents and children in case planning.

SUMMARY OF DATA

In the strength cases, concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed case direction through quality monthly visits which allowed families to express their feelings and have a voice in their plan. 'Ohana Conferences were used in many of these cases as an avenue for engagement. In several cases, the caseworker was instrumental in supporting the youth's attendance at court hearings so that his/her voice could be heard. Efforts to locate parents and children when they weren't readily available contributed to strength ratings.

In the cases rated as areas needing improvement, the most prevalent problem was the infrequency of contact, which prevented the client from engaging in case planning. Fathers were particularly vulnerable to not being involved. Parental incarceration was also an identified barrier.

---

Figure 57 shows the increase in parent and child involvement from SFY 2011 through the present. CWSB believes that the continued improvement is due to several factors. Automatic referrals of all entering foster care cases to 'Ohana Conferencing, Hawaii's Family Group Decision Making model, began on Oahu in January 2012 and on neighbor islands in March 2012. In September 2012, all CWSB staff statewide was trained on new efforts and strategies to engage fathers and families. This training included information on how to track down and work with non-custodial parents, which is directly relevant to the poor performance identified in the CFSR data in Figure 57. Identified in the narrative regarding ANI cases in the text box above is the problem of insufficient monthly visits with the caseworker, which is a major cause of lack of engagement in case planning. As described above in *PART 3, Section A.1.,* Hawaii is making great efforts to improve the frequency of worker visits.

In the PIP2, CWSB increased the use of family and youth involvement in decision-making through 'Ohana Conferencing and Youth Circles. Extended family is the natural support system and crucial to family engagement. 'Ohana Conferencing brings family members together to increase the understanding of child welfare involvement, to identify family and external resources, and to develop service and action plans to support the child and family. With children in relative placements, 'Ohana Conferencing can help support role clarification and communication which will support stable placements.

**Figure 58**



'Ohana Conferences and Youth Circles
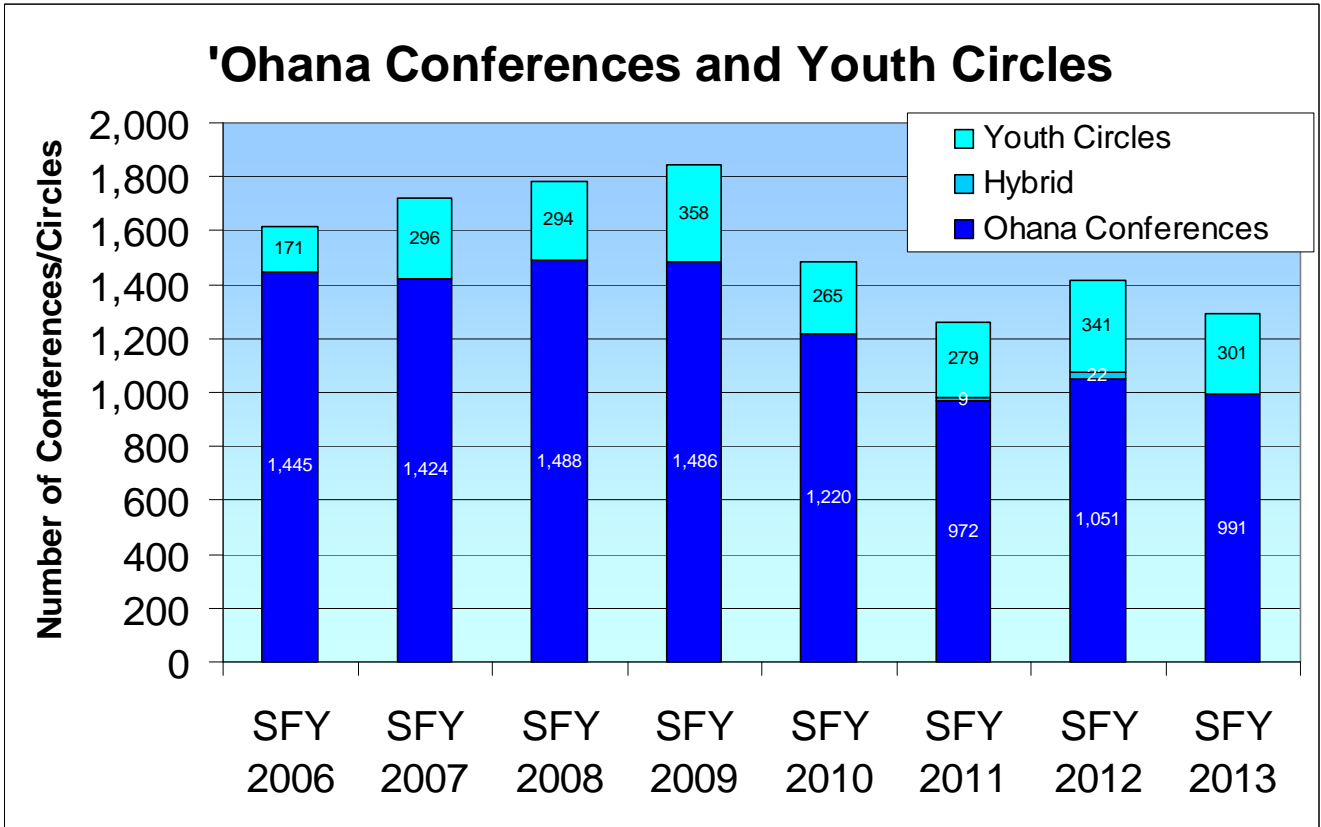
| | | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|---|---|
| TOTAL | | 1,616 | 1,720 | 1,782 | 1,844 | 1,485 | 1,260 | 1,414 | 1.292 |

Data Source: EPIC 'Ohana, Inc. fourth quarter Quarterly Activity Reports; & Direct Contact with EPIC Statistics Staff

Although there were slightly fewer conferences and circles in SFY 2013 than in SFY 2012, it is also the case that there were slightly fewer children in foster care in SFY 2013 than in SFY 2012. Because there is not a drop in family engagement (CFSR Item 18 above), CWSB is not concerned about the slight drop in the number of conferences and circles.

## CFSR Item 19:  Face-to-face contact with Children
### SFY 2013: 99 Cases Reviewed
### 62 Strengths, 37 ANI
### SFY 2014: 99 Cases Reviewed
### 63 Strengths, 36 ANI

*DHS will conduct face-to-face visits as often as needed and at least once a month with children in foster care and those who receive services in their own homes.*

| State Fiscal Year | Cases where children had live visits with their CWS case worker at least once a month, every month<br>(out of all CWS cases, both in-home and foster care cases)<br>**CFSR & PIP2 Goal: 65.4%      Hawaii Achieved this goal!** |
|---|---|

**Figure 59**



**Monthly Face-to-Face Contact with Children**

| | |
|---|---|
| SFY 2009 | 68.0% |
| SFY 2010 | 72.0% |
| SFY 2011 | 49.5% |
| SFY 2012 | 65.7% |
| SFY 2013 | 62.6% |
| SFY 2014 | 63.6% |
| PIP2 Goal | 65.4% |
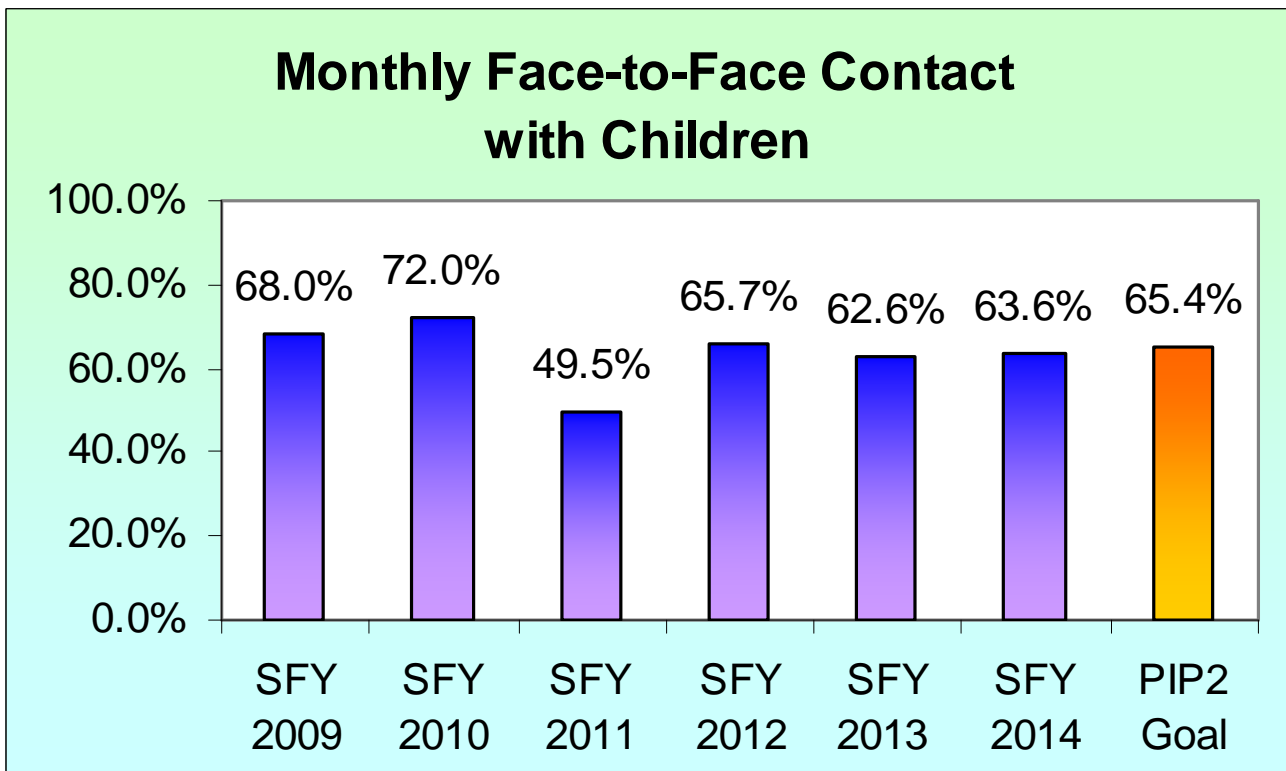
Data Source:  UHMC-HCWCQI Project

In the 12-month period ending in Quarter 6 of the PIP (in SFY 2012), Hawaii achieved this goal with a 72.6% strength rating.

PURPOSE

This item assesses whether, during the PUR, the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and well-being of the child(ren) and promote achievement of case goals.

SUMMARY OF DATA

In cases that were rated as strengths on this item, the frequency and quality of visits between caseworkers and children/youth were sufficient to ensure the children's safety, permanency and well-being, and promote achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency and well-being in a way appropriate for each specific child. In many of these cases, the caseworker had built good rapport with the child/youth and saw them in a variety of settings—home, school, community, etc. Caseworkers often noted observing interactions of the child with parents and/or siblings as part of their monthly contact. Documentation of case activities in logs of contact and/or on the monthly contact record was found.

In most of the cases rated as areas needing improvement, the frequency of contact with the child(ren) was less than monthly; with contact occurring in about half of the months the case was open during the PUR. However, over the course of the PIP, when contacts did occur in these cases, reviewers saw improved documentation and quality of contact. More efforts were needed in the following contexts: seeing all siblings in a case, runaway youth, case transfers, out-of-state (ICPC).

To track the progress throughout the month for individual cases and workers on CFSR Items 19 and 20, Maui Section developed an internal chart of these visits. This chart identifies which children have been seen and is given to the Unit Supervisors by the 15th of each month. The Supervisor then meets with the social worker to discuss plans to complete the worker's contacts. The Maui Section Administrator shared her successful tool at a Management Leadership Team Meeting (MLTM), and since then, several other Sections have adopted versions of this practice.

The CWSB administrators and Supervisors have put great energy into improving the frequency and quality of worker visits with children and parents. CWSB sees face-to-face contact as the cornerstone of quality case management and crucial to successful family outcomes. CWSB administrators and Supervisors are in continual conversation about ways to improve the frequency and quality of face-to-face visits. After engaging in extensive community collaborations and researching best practices across the country, CWSB revised the procedures and forms for face-to-face contacts. In March 2012, SSD trained all staff on these improvements. In SFY 2014, CPSS and SHAKA worked together to develop an effective and user-friendly way to track worker visits with children. Using the new tracking system that came out of that collaboration, in SFY 2015, CWSB will begin weekly meetings about children who have not

been visited. CWSB is optimistic that Hawaii will continue to see improvement in many CFSR items, due to these efforts.

### CFSR Item 20:  Face-to-face contact with Parents
SFY 2013: 86 Cases Reviewed
47 Strengths, 39 ANI
SFY 2014: 86 Cases Reviewed
47 Strengths, 39 ANI

*DHS will conduct face-to-face visits as often as needed, at least once a month, with parents of children in foster care and parents of children receiving in-home services.*

| State Fiscal Year CQI Data | Cases where both parents had live visits with their CWSB caseworker at least once a month, every month <br> (out of all CWS cases, both in-home and foster care cases) <br> **CFSR & PIP Goal: 60.3% Hawaii achieved this goal!\*** |
|---|---|

**Figure 60**



**Monthly Face-to-Face Contact with Parents**

SFY 2009: 58.5%
SFY 2010: 60.5%
SFY 2011: 51.3%
SFY 2012: 60.9%
SFY 2013: 54.7%
SFY 2014: 54.7%
PIP2 Goal: 60.3%
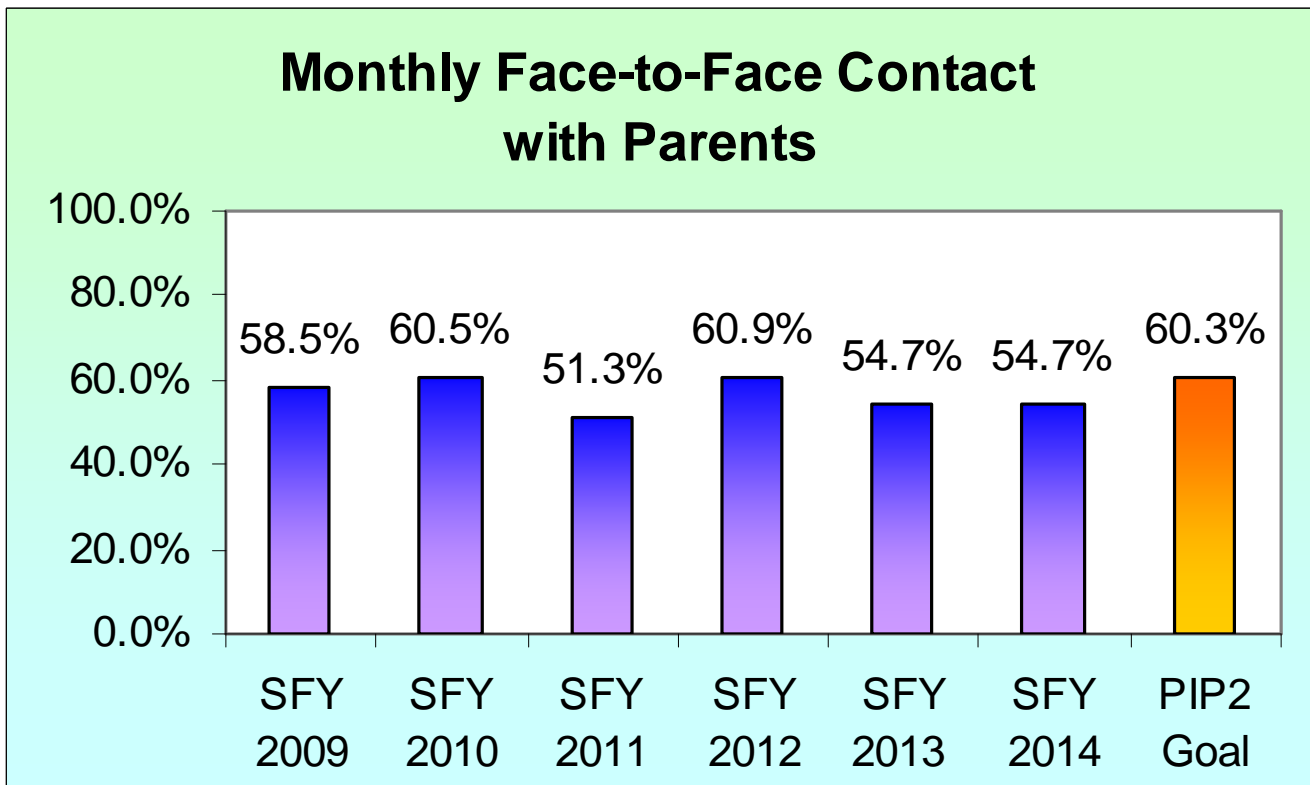
Data Source:  UHMC-HCWCQI Project

As can be seen in Figure 60, Hawaii achieved this goal with a 60.9% strength rating as of Quarter 6 of the PIP (SFY 2012).

---

PURPOSE

This item assesses the frequency and quality of contact with the parents by the caseworker when parental rights are not terminated.

SUMMARY OF DATA

For the cases rated as strengths, the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency and well-being of the children, and promote achievement of case goals. In these cases, both the mothers and fathers were contacted, involved, and engaged in case planning. Several caseworkers coordinated around parents' work schedules so that they could be involved in their case planning. During attempted home visits, upon finding no one at home, caseworkers sometimes sought out parents in the community to complete the monthly contact. Some of the cases rated as strengths were ICPC cases. Also, in some of the cases, although parents were not fully engaged, caseworkers continued monthly contacts to involve and support them in case planning. Phone contact was used to contact parents in addition to monthly in-person contacts or attempts to contact.

For all the cases rated as areas needing improvement, there was a lack of regular monthly contact or efforts to locate missing parents. In cases in which parents' whereabouts were known (i.e. they attended visits with their children regularly) but they were not responsive or easily engaged, more efforts were needed to contact and engage them. Problems included setting up courtesy workers on the neighbor islands to assist with parent contacts, incarcerated parents, parents in treatment facilities, workers only making contact with parents at court hearings or 'Ohana Time, missing or scanty documentation.

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CWSB believes that its work on engaging fathers and families has begun to positively affect worker visits with parents. CWSB created a workgroup which included community members and representatives from partner social service agencies, as well as CWSB line staff. This group researched and gathered effective strategies for engaging fathers and identifying and locating missing parents. The workgroup also drafted procedures regarding engaging families in case planning and developed a training for CWSB and VCM workers statewide. The training focused on engagement techniques and ways to overcome barriers to involving fathers in cases. These trainings took place in September 2012. Elements of the training were incorporated into new hire training to help sustain the practice modifications.

Hawaii CWSB's Citizen Review Panel has chosen Engaging Fathers and Worker Visits with Children, Parents and Resource Caregivers as the Panel's two areas of focus for SFY 2015. CWSB hopes to see more improvement here in the near future.

**2. Child's Educational Needs**

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

**CFSR Item 21:  Educational needs of the child**
SFY 2013: 70 Cases Reviewed
65 Strengths, 5 ANI
SFY 2014: 69 Cases Reviewed
63 Strengths, 6 ANI

*DHS will address the educational needs of children in foster care and those receiving services in their own homes.*

| State Fiscal Year CQI Data | Cases where children's educational needs are met (out of all CWS cases, both in-home and foster care cases) **CFSR Goal: 95.0%**  (Goal not yet met) |
|---|---|

**Figure 61**
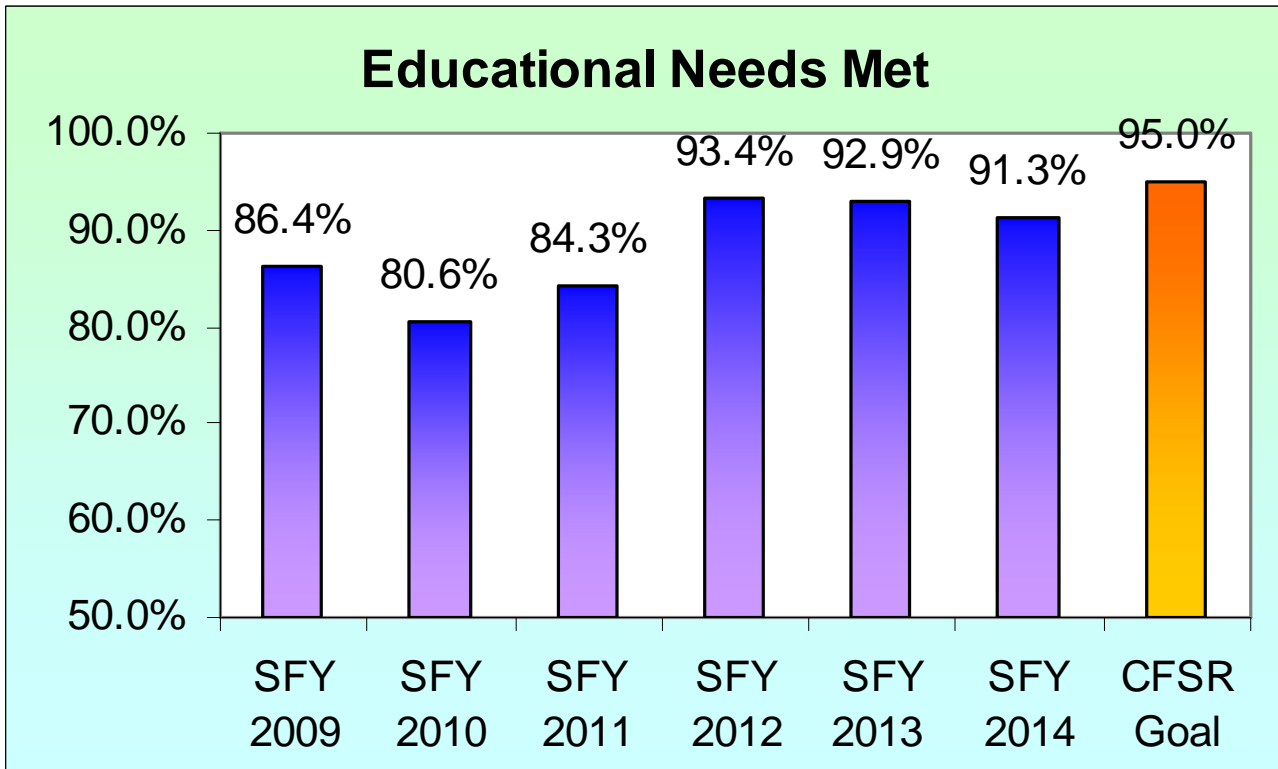
## Educational Needs Met



Data Source:  UHMC-HCWCQI Project

PURPOSE

This item assesses whether, during the PUR, the agency made concerted efforts to assess children's educational needs at the initial contact with the child (if the case was opened during the period under review) or on an ongoing basis (if the case was opened before the PUR), and whether identified needs were appropriately addressed in case planning and case management activities.

SUMMARY OF DATA

In the strength cases, children were assessed and provided with services to meet their educational needs. In these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs. Assessments and services included caseworker interviews, speech therapy, monitoring of academic performance, special education testing and services, pre-school registration, Enhanced Healthy Start, caseworker conferences with school teachers, attending IEP meetings, attendance at an alternative learning center, Primary School Adjustment Program, assistance in preschool enrollment, Mokihana, assistance in applying for college and scholarships, transportation to SAT testing, caseworker attendance at graduations, Head Start, ESL services, A+ Program, Baby Steps Play and Learn Group, and Preschool.

In most of the cases rated as areas needing improvement, there was no contact or efforts to make contact with the children so that needs could be assessed and appropriate referrals could be made. In a few of the ANI cases, more efforts were needed to address truancy.

a. **Educational Stability**

In collaboration with the DOE, Family Court, Legal Aid Society of Hawaii, and It Takes an 'Ohana, the CWSB developed and piloted protocols and guidelines to promote educational stability for children entering foster care.

A collaborative effort among DOE, DHS, and other stakeholders ensures compliance with both the letter and spirit of the federal Fostering Connections to Success and Increasing Adoptions Act of 2008. Children in foster care face many educational issues and obstacles that negatively impact their educational outcomes. The concept of educational stability is the presumption that a child's school placement should not change despite the child being taken into care, unless such change is in the child's best interest. This presumption applies equally to a child already in foster care who experiences a change in placements.

Guidelines have been drafted that detail how and when a child changes from one school to another as a result of either 1) being taken into foster custody, or 2) having a foster placement change. Decisions in this area will be a collaborative effort between

the DOE, DHS and other stakeholders, as appropriate. It is the intent of the guidelines that the school placement decision will be expeditiously made and if it is in the child's best interest to change schools, there will be a carefully planned transition from one school to the next.

### i. Goals of the Program

- Ensure educational stability for children in foster care
- Facilitate successful transitions, when a change in school is in the child's best interests.

### ii. Data

**Figure 62**

| Educational Stability Pilot Program Data | |
|---|---|
| Number of cases (February 2013 – February 2014) | 15 |
| Number of cases where child(ren) moved to new school | 9 |
| Number of cases where child(ren) remained in school of origin | 5 |
| Number of cases where child(ren) neither at school of origin nor moved to a new school | 1* |
| Number of Education Stability Meetings | 1^ |

\* This youth enrolled in Youth Challenge.

^ Meeting Outcome: Since the CWS case had just opened, it was decided that the student would remain at the school of origin. A second meeting was tentatively scheduled for April 2014 for the team to be updated on case progress and permanency goals.

### iii. Comments on the Pilot Cases

Several of the pilot cases concerned students who were enrolled in special education. For two of these pilot special education cases, it was determined to be in the child's best interest that the child should transfer to the new school. For a third pilot special education case, it was determined that remaining at the school of origin would be in the child's best interest, and that is what happened.

- For the first case, the school placement was a topic of discussion at an IEP meeting.
- For the second case, a meeting was originally scheduled, as there was disagreement regarding the school placement that would be in the child's best interest. After further discussion with the child, the DOH therapist and the child's private Psy.D. therapist agreed to transfer the child to the new school.
- For the third case, at an IEP meeting at the end of the 2012-2013 school year, the school of origin was aware that the student would be reunifying with father, who resided out of the school district. According to the CWSB worker, the instruction was for the DHS to submit a Geographic Exception (GE) request. A week before the 2013-2014 School Year began, the CWSB worker received notice that the GE had been denied. The CWSB worker is from a Unit outside of the West Oahu

(formerly known as Leeward) Section, and thus did not receive the Education Stability Training. The process and paperwork were explained to the worker. The worker filed an appeal to the GE denial and included the Ed Stability forms in the packet with the appeal paperwork. Within a few days, the worker received notice that upon DOE's further review of the case, the student would be best be served by remaining at the current school, and DOE officially approved the GE request.

For six of the cases where the child(ren) changed schools, the DOE Educational Stability Coordinator (ESC) was not aware of the cases until after the child(ren) had already transferred to the new school. For these cases, as the child had already transferred schools, the ESC asked the Department to complete the checklist as best as they could and return to her.

### iv. Training and Retraining

In an ongoing effort to train and educate CWSB staff and DOE principals and counselors about the Educational Stability pilot project, DHS and DOE completed five trainings starting in October 2013 and ending on February 21, 2014.

In October 2013, DHS completed a retraining of the educational stability pilot with CWSB Leeward staff and a training of other Sections that are receiving Leeward intakes.

In October and December 2013, DOE and DHS co-trained the DOE complex area superintendent, principals and counselors in the Campbell/Kapolei complex. The desired outcomes for training attendees were a) an understanding of the educational needs of children and youth in foster care, b) knowledge of the process and procedures of the educational stability pilot, c) networking with those responsible for the care of children and youth in foster care. CWSB Section Administrators, Supervisors, and social workers participated in the training and a group activity facilitated DOE and CWSB interaction. The October and December meetings included a panel of former foster youth and a resource caregiver. The former foster youths discussed the impact that changing schools had on them, and the resource caregiver discussed what she did to maintain the children in their school of origin.

The Waipahu area complex was unable to attend the October 2013 meeting because of another meeting on the same date; however, DOE and DHS provided training to the complex area superintendent and the principals in November 2013. In February 2014, DOE and DHS presented on the educational stability pilot to the Waipahu and Pearl City complex counselors who had been unable to attend any of the other trainings.

**v. Moving Forward**

Moving forward, DOE and DHS plan to hold quarterly face-to-face meetings with the complex area superintendents and other DOE staff, along with DHS social workers who have implemented the educational stability process, to learn what worked and what didn't work and revise the process accordingly.

**3. Child's Physical and Mental Health Needs**

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

<div align="center">

**CFSR Item 22: Medical and Dental Health of Children/Youth**
SFY 2013: 78 Cases Reviewed
69 Strengths, 9 ANI
SFY 2014: 84 Cases Reviewed
70 Strengths, 14 ANI

</div>

*DHS will ensure that the physical health and medical needs of children are identified in assessment and case planning activities and that those needs are addressed through services.*

| State Fiscal Year CQI Data | Cases where children's physical health needs were met<br>(out of all CWS cases, both in-home and foster care cases)<br>**CFSR Goal: 95.0%  (Goal not yet met)** |
|---|---|

**Figure 63**



## Children's Physical Health Needs Met

| | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 | CFSR Goal |
|---|---|---|---|---|---|---|---|
| | 80.0% | 90.8% | 82.1% | 91.3% | 88.5% | 83.3% | 95.0% |
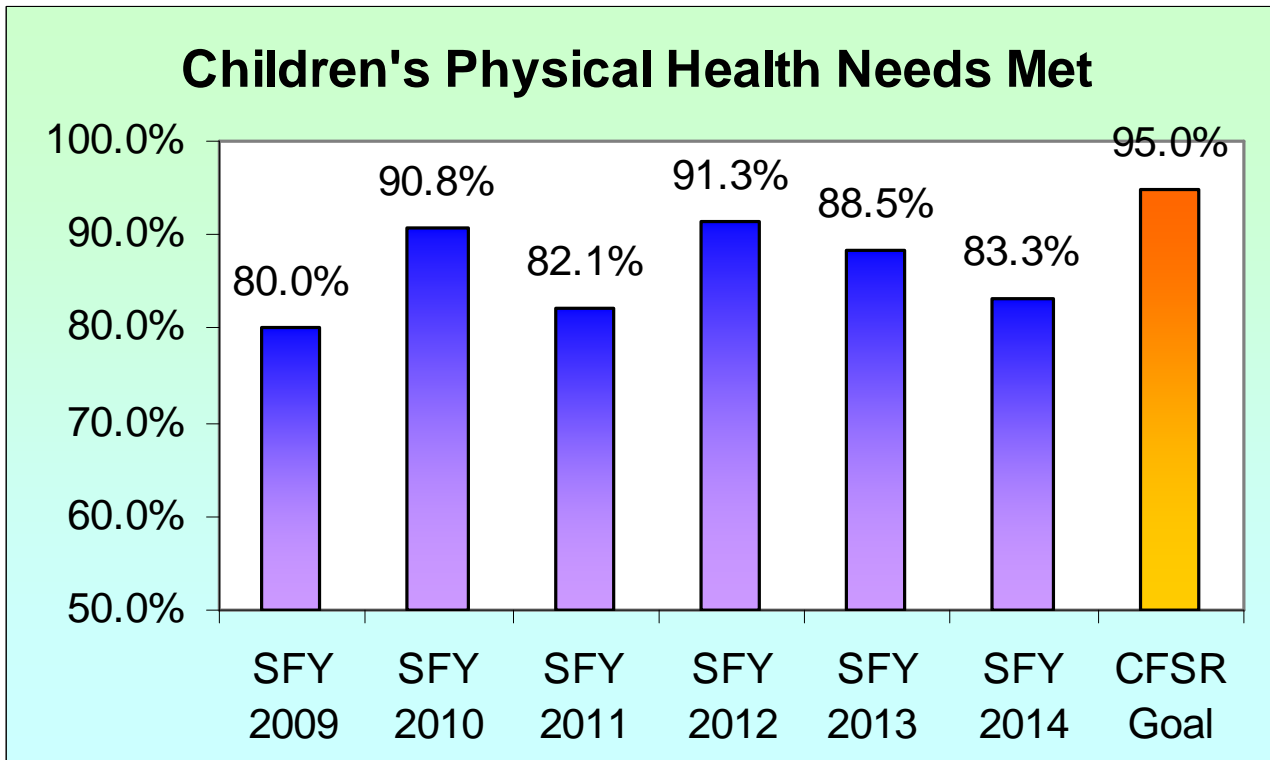
Data Source: UHMC-HCWCQI Project

PURPOSE

This item applies to all foster care cases *and* applicable in-home cases. It determines whether the agency made concerted efforts, during the PUR, to assess the children's medical and dental health needs upon initial contact (if the case opened during the period under review) and on an ongoing basis, and whether identified needs (including the need for routine care) were appropriately addressed.

SUMMARY OF DATA

In the cases rated as strengths, children were assessed and provided with services to address their physical and dental health needs. In these cases, resource caregivers and sometimes Unit Aides are credited for initiating and following up on much of the work needed to meet children's medical and dental needs. Assessments and services included physical and dental exams, pre-placement exams, well-baby check-ups and immunizations, EPSDT, caseworker assistance in attaining health insurance, funding for braces through QLCC, pediatric cardiologist evaluation, Enhanced Healthy Start, nutritional counseling, vision exam and glasses, physical therapy, TB test, transportation to medical appointments, medication management, birth control, Easter Seals, Kapiolani Medical Center services, occupational therapy, and speech therapy.

In the cases rated as areas needing improvement, some had no medical follow-up visits after the initial Pre-Placement Physical Exam (PPE), some were missing dental appointments/care only, and some cases needed more regular visits from the caseworker in order to assure that the children's health needs were met.

As part of the revised worker visit protocol and documentation forms, the caseworker is explicitly reminded to inquire with children, parents, and resource caregivers about the physical well-being of the child at every monthly visit with each of the parties. Workers' recommendations for routine care are based on the American Academy of Pediatric standards. These protocol revisions and the related change in practice may be responsible for the increase that can be seen in Figure 63 between SFY 2011 and SFY 2012.

One aspect of our future computer system that CSWB staff is looking forward to is a better way to track physical and dental health care appointments and follow-up. Currently, CWSB employs inelegant manual systems, but when the new system is fully functional, doctors, dentists, school officials, therapists, and caregivers will all be able to enter information that will be tracked and monitored.

**CFSR Item 23: Mental Health Assessments and Services for Children/Youth**
SFY 2013: 70 Cases Reviewed
58 Strengths, 12 ANI
SFY 2014: 75 Cases Reviewed
57 Strengths, 18 ANI

*DHS will ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services.*

| State Fiscal Year CQI Data | Cases where children's mental/behavioral health needs were met (out of all CWS cases, both in-home and foster care cases) **CFSR Goal: 95.0 %** (Goal not yet met) |
|---|---|

**Figure 64**



**Children's Mental Health Needs Met**

- SFY 2009: 75.7%
- SFY 2010: 77.1%
- SFY 2011: 75.7%
- SFY 2012: 82.4%
- SFY 2013: 82.9%
- SFY 2014: 76.0%
- CFSR Goal: 95.0%
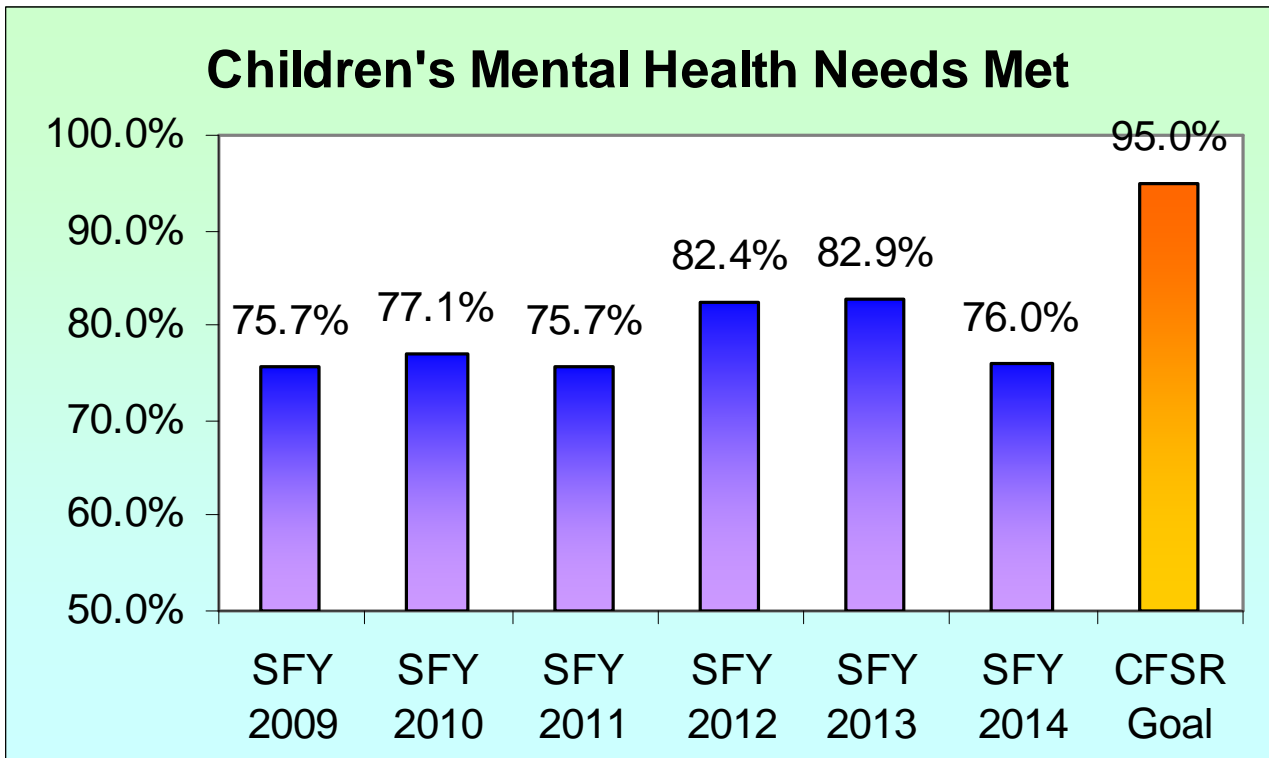
Data Source: UHMC-HCWCQI Project

PURPOSE

To determine whether, during the PUR, the agency addressed the mental/behavioral health needs of the child(ren).

SUMMARY OF DATA

In the cases rated as strengths, children were assessed and provided with services to address their mental/emotional health needs. Assessments and services included caseworker interviews, psychological evaluations, individual therapy, family therapy, contact with service providers, cognitive therapy, substance abuse treatment, Department of Health services, psychiatric services, Hale ʻOpio, therapy to address sexual abuse, Mokihana, residential treatment, ʻOhana Sex Abuse Treatment Program, playgroup, and Early Intervention Services.

For some of the cases rated as areas needing improvement, assessments of mental health needs did not occur. For other cases, referrals for needed mental health services were not made. For yet others, referrals for therapeutic services were made, but the services were never provided. In a smaller portion of ANI cases, children received mental health services, but more assessment was needed for appropriate ongoing care.

CWSB Administrators created a collaborative workgroup with representation from the DOH CAMHD, the Court Improvement Project (CIP), former foster youth, Hawaii Families as Allies, Mental Health America of Hawaii, CWSB and VCM caseworkers, a private psychologist, and the Kapiolani Child Protection Center (KCPC). With the workgroup's guidance, CWSB developed procedures on screening/assessment for children's mental health, service coordination based on the results of the screening/assessment, monitoring and follow-up. This CWSB Mental Health workgroup also created new mental health tools and trainings for CWSB and VCM staff.

In March 2012, CWSB Administrators and trainers from SSD trained all CWSB and VCM staff on all islands on the new procedures. The training emphasized the importance of proper mental and behavioral health assessments and treatment for children who have been abused and/or neglected. Workers were coached on how to make the necessary referrals for treatment, how to prepare a youth for therapy, and how to follow-up with families and children regarding progress and potential ongoing needs for services.

Hawaii CWSB is optimistic about continued growth in meeting the mental health needs of children, as CWSB Administrators continue to regularly collaborate with DOH CAMHD, Hawaii Medicaid, DOE, Hawaii Families as Allies, DOH- Division of Developmental Disabilities (DDD), former foster youth, Mental Health American of Hawaii, CIP, KCPC, and other providers, agencies and individuals to improve mental health services and outcomes for foster youth. One example is CWSB's active participation in DOH's five-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Project Laulima (*Laulima* means *cooperation* in the Hawaiian language.) The purpose of Project

Laulima is to create infrastructure and improve inter- and intra- agency communication around cases in which children have both mental health diagnoses and developmental disabilities.

CWSB understands that almost every child and parent CWSB works with has been traumatized in some way. CWSB knows how vital high quality mental and behavioral health services are to the well-being and long-term success of CWS families. The recent national emphasis on Trauma-Informed Care for foster youth has been beneficial to Hawaii, as CWSB and partner agencies take advantage of the easily accessible webinars, conferences, trainings, research and web-based materials. Trauma-informed assessments and improved access to quality mental health services are priorities for Hawaii CWSB's health care oversight plans for the next five years. CWSB is committed to continued work in meeting the unique mental health needs of Hawaii CWS families until they are all on a path to healing and recovery.


# PART 4: SYSTEMIC FACTORS

## A. STATEWIDE INFORMATION SYSTEM

Over the course of the five-year CFSP, Hawaii continued to rely on and make minor changes to its automated computer data system, Child Protective Service System (CPSS). The system is used for readily identifying the status, demographic characteristics, location, and placement goals of every child who is in foster care. CPSS also houses an enormous amount of historical CWSB foster care data.

Hawaii also continued to use the SHAKA (State of Hawaii Automated Keiki Assistance) system for certain functions, such as the 48-hour Tracker to monitor timely response to child abuse and neglect intakes, the National Youth in Transition Database, worker visit surveys, tracking completion of transition plans for youth who will be aging out of foster care, applications for higher education allowances and education and training vouchers, etc.

In September 2012, an independent consulting firm, Gartner Consulting, completed an assessment of SHAKA and the Social Service Division's data and technology needs. The recommendation was for CWSB to keep SHAKA as an ongoing support system for various projects, but to look for new approaches to technology.

In January 2013, the Director of DHS sent a letter to experts at University of Hawaii, Maui College who had developed SHAKA informing them that DHS was reviewing its approach to technology in accordance with the Governor's vision of modernizing Hawaii's information technology (IT) infrastructure and systems to create a strong technology backbone capable of supporting and enhancing State services. In accordance with the Governor's plans, DHS intends to build, leverage and maximize integrated systems that will operate across DHS' varying divisions and offices, utilizing the platform currently being built for the MedQuest Division's Integrated Eligibility Systems. DHS has continued to contract with UH to keep certain ongoing programs, and new tasks have needed pre-approval.

Gartner Consulting has been working with SSD to develop specifications for a new computer data system. Many CWSB staff members have met with Gartner representatives on numerous occasions over SFY 2013 and 2014 to help the consultants gain a complete understanding of the complex needs of SSD. The new system will be fully developed and implemented in stages over the next five years, using pieces of CPSS and SHAKA until the new system is complete.

## B. FEDERAL AND STATE LAWS AND RULES THAT AFFECT CWSB PRACTICE

Over the past five years, numerous changes and additions to federal and State laws and rules have affected Hawaii CWSB practice.

Hawaii's case review system has been improved through the revision of the Child Protective Act (HRS Chapter 587A), extensive revisions to the court report templates, ongoing revisions to the procedures to reflect changes to the Child Protective Act, and six Hawaii Administrative Rules (HARs) that were promulgated on December 9, 2010. The revised Child Protective Act (HRS Chapter 587A) was signed into law on May 24, 2010.

Use of the revised CWSB court templates began on March 1, 2011. The court templates have undergone further revision to include revised policies and to make them shorter while still providing enough information to be in compliance with the HRS 587A, the Title IV-E State Plan, and the State's administrative rules.

Six new administrative rules became effective on December 9, 2010:
• Hawaii Administrative Rule (HAR) 1610 Child Welfare Casework Services
• HAR 1617 Foster Care Maintenance and Related Payments
• HAR 1620 Adoption Assistance and Reimbursement of Nonrecurring Adoption Expenses for Children with Special Needs
• HAR 1621 Permanency Assistance
• HAR1625 Licensing of Resource Family Homes for Children
• HAR 1627 Licensing of Child Caring Institutions.
With the adoption of these rules, Hawaii came into compliance with Federal regulations governing child welfare services.

In August 2012, the Annual Child Welfare Law Update conference spoke to the amended HRS 587A-4 "Aggravated Circumstances" definition which now includes these provisions:
• "6) The parent has committed sexual abuse against another child of the parent"
• "7) The parent is required to register with a sex offender registry under section 113(a) of the Adam Walsh Child Protection and Safety Act, Title 42 United States Code Section 16913(a)."
These revisions to the Child Protective Act were signed into law on April 17, 2012 by Governor Neil Abercrombie. This amendment was the final step necessary for Hawaii to fully comply with CAPTA.

In 2013, CWSB, along with other State departments, crafted and supported a legislative bill to extend foster care to age 21 on a voluntary basis. The bill passed both the State House and Senate and the Governor signed Act 252 into law on July 1, 2013. Hawaii's extended care program, Imua Kākou, was implemented on July 1, 2014.

In developing Imua Kākou, CWSB facilitated discussions with community partners and other stakeholders, including DHS staff, young adults, Family Court, service providers, the Children's Bureau and National Resource Centers. While a new administrative rule is expected to be promulgated by the end of the calendar year 2014, policy and procedures have been implemented to support and guide the program effective July 1, 2014.

The State's Safe Family Home Report was revised to reflect CWSB's understanding of concurrent permanency planning. In conjunction with the changes by CWSB, the Family Court orders were revised to include concurrent permanency planning for the child. Revised concurrent planning procedures were issued to staff in September 2012. Procedures were updated in SHAKA for staff reference. In May 2013, the concurrent planning procedures were revised to reflect further clarification that concurrent planning begins alongside the goal of reunification.

On June 20, 2014, Hawaii's Governor signed into law six bills which relate to CWSB practice, addressing sex abuse, prostitution and human trafficking, crimes against children, and domestic violence. These new laws are briefly described below.

*House Bill 2038 (Relating to Human Trafficking)* establishes the human trafficking victims services fund to be administered by the Department of Labor and Industrial Relations to provide support and services to human trafficking victims. This measure also imposes human trafficking victim fees upon persons convicted of labor trafficking and promoting prostitution offenses. The passage of this bill was partially due to the efforts of the State of Hawaii Coalition Against Human Trafficking, of which DHS representatives are members. As CWSB develops policies and procedures to appropriately meet the needs of minor trafficking survivors, CWSB will work with the Department of Labor and Industrial Relations to ensure access to the new funds for child victims' services.

*Senate Bill 2687 (Relating to Limitation of Actions)* extends the period by an additional two years that a victim of child sexual abuse may bring an otherwise time-barred civil action against an abuser or entity with a duty or care, including the state and counties.

*House Bill 2034 (Relating to Sexual Assault)* removes the statute of limitations for criminal actions of sexual assault in the first and second degrees, as well as the continuous sexual assault of a minor under the age of 14.

*House Bill 1926 (Relating to Crime)* amends the offense of solicitation of a minor for prostitution and the offense of prostitution to include sadomasochistic abuse under the definition of sexual conduct, including clarification that a law enforcement officer shall not be exempt from the offense while acting in the course and scope of duties. This measure also amends the

applicability of a deferred acceptance of a guilty or *nolo contendere* plea and clarifies sentencing of repeat offenders and enhanced sentences for repeat violent and sexual offenders.

*Senate Bill 702 (Relating to Child Abuse),* known as "Alicia's Law," establishes an internet crimes against children special fund and an internet crimes against children fee of up to $100 for each felony or misdemeanor conviction. Fees will be deposited into the special fund, which will be used by the Department of the Attorney General to combat internet crimes against children. This measure also appropriates $62,500 into the new special fund.

*House Bill 1993 (Relating to Domestic Violence)* requires a police officer to make a reasonable inquiry of witnesses or household members when physical abuse or harm is suspected and order a no-contact period of 48 hours. This measure also makes the commission of physical abuse in the presence of a family or household member under the age of 14 a class C felony.

As of June 2014, the Hawaii Administrative Rules (HARs) governing CWSB were being reviewed to ensure adequacy and compliance with current federal and State requirements. HARs being revised include those relating to confidentiality, foster care maintenance payments, extended adoption and guardianship assistance payments, and licensing of foster boarding homes and child caring institutions. New HARs are being developed for extended care to age 21, independent living services, higher education, and adoption assistance for private adoptions of children with special needs. The goal for promulgation is by the end of December 2014.

## C. QUALITY ASSURANCE (QA) SYSTEM

### 1. Administrative Structure

#### a. Overview

Throughout this Section (*Section III, Part 3, C. Quality Assurance System,*) evidence abounds that Hawaii CWSB is engaged in impressive quality assurance practices. CWSB promotes the ideals of continuous quality improvement (CQI) in various arenas within CWSB work. An important missing piece for a comprehensive quality assurance system in Hawaii is a solid foundational administrative structure and strong administrative oversight. Hawaii CWSB has identified this lack of formalized structure as an area in need of development. CWSB understands the importance of standardizing and operationalizing its QA and CQI efforts and activities.

Below is a list of CWSB activities and systems that are part of its CQI process.

i.  University of Hawaii, Maui College, Quality Improvement Project
ii.  Quality Case Reviews – each Section, once per year
iii.  Performance Appraisal System (PAS) – every employee, at least once per year
iv.  Purchase of Service (POS), Quarterly Activity Reports (QARs) – every contract, once a quarter

v.        Outcome-Based Management Reports – each Section, monthly
vi.      Training and Meeting Evaluations – after each major training or meeting
vii.    POS Contract Evaluations – each contract, periodically and as needed
        (and according to POS staff availability)
viii.   CPSS Database
ix.      SHAKA Database
x.        DHS Management Services Office, Research and Statistics Staff
xi.      Policies & Procedures Manual
xii.    Hawaii Revised Statutes (HRSs)
xiii.   Hawaii Administrative Rules (HARs)
xiv.   Management Information and Compliance Unit
xv.    Performance Improvement Plan (I & II)
xvi.   Corrective Action Plan (for employees with areas in need of improvement)
xvii.   Corrective Action Plan (for contract providers with areas in need of improvement)
xviii.  Case Files
xix.    Individual Supervision Meetings
xx.      Group Supervision Meetings
xxi.    Data Reports to Branch Administrators, Program Development Administrators, Section Administrators, and Supervisors
xxii.   Branch Administrators & Section Administrators Meetings – weekly
xxiii.  Strategic Planning Committee Meetings – quarterly
xxiv.  CWSB Branch Meetings – quarterly
xxv.   Management Leadership Team Meetings – quarterly
xxvi.  48-Hour Tracker Meetings for new CWS cases – weekly
xxvii. 5-Day Tracker Meeting for new VCM cases – every two weeks
xxviii. Monthly Face-to-Face Meetings – weekly
        (scheduled to begin in early SFY 2015)
xxix.  Unit Staff Meetings – approximately bimonthly
xxx.   Unit Morning Briefings – daily
xxxi.  In-service Trainings for CWSB staff– approximately bimonthly
xxxii.  In-service Trainings for Resource Caregivers – approximately quarterly
xxxiii. Varied Community Partnership Meetings – approximately monthly
xxxiv. Internal Communication Forms (ICFs)
        (to state or clarify policies and practice)

b.  **Written Policies**

CWSB has created written policies, procedures, and practices for many of these systems and activities, but not all. For example, there is a Supervisor's manual for Hawaii's PAS, which includes forms for annual employee evaluations and the specification for the formal Corrective Action Plan system. All POS contracts include requirements for QA, which detail measurement tools, frequency of QA activities, and follow-up plans.

### c. CQI/QA Staff

Hawaii CWSB has one QA-designated staff position within Program Development. During SFY 2013 and SFY 2014, the QA focus of this position was data management and increasing data use and accessibility in CWSB practice.

The Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project from University of Hawaii, Maui College (UHMC) conducts case reviews to promote consistency in the quality of practice and adherence to practice standards. It also engages in other QA projects as needed and requested by CWS. HCWCQI is contracted by CWS. The project has grown over the past year. The project now has six staff. Three staff members focus on the CFSR/CQI Case Review process and related practice improvement, and provide training and technical assistance; one focuses on QA work with the Social Services Division's POS unit regarding CWSB contracts and providers; and the two other staff support needs related to project management, data collection and analysis, and case review logistics.

SSD, SSO has a Management Information and Compliance Unit (MICU) that supports the entire Social Services Division (SSD) (i.e., both CWSB and ACCSB). This Unit has one dedicated staff person and a Supervisor who also supervises another unit. The staff in MICU helps ensure compliance with federal regulations through quality data collection and packaging. Unfortunately, the MICU staff position was vacant from November 2012 through August 2014. During the vacancy, numerous staff from throughout SSD pitched in to cover the most crucial responsibilities of the position. SSD is optimistic that federal data compliance will improve with the hire of the new MICU Specialist.

In order to strengthen Hawaii's QA/CQI efforts, CWSB has enhanced UHMC-HCWCQI Project's contract for SFY 2015. In addition to the work described above, the Project will also be involved in the following activities:
  i.   Integrating the new federal CFSR requirements into Hawaii's CFSR system
  ii.  Implementing the revised CFSR with the newly-incorporated federal requirements
  iii. Increased CWSB POS contract monitoring
  iv.  Tracking and gathering feedback on the consistent implementation of new CWSB initiatives and forms.

## 2. Data Collection

### a. Case Level Data (Gathering, Inputting, & Instruments)

CWSB currently has two computer data information systems, in addition to paper files for CWS case information. Upon hire, all CWSB staff members are trained on proper data collection, data entry, and safety and risk instrument administration in their formal Core training and through shadowing seasoned employees. Regular in-

service trainings regarding quality data entry are provided as needed within a Unit or Section and occasionally statewide.

**b. Extracting Data Process**

From their desktops in the office, all CWSB staff members are able to easily view individual caseworker caseloads, individual case logs of contact, and individual case information in CPSS. However, it is not possible for CWSB Administrators and Supervisors to easily extract much of the data that they need directly from CPSS. Therefore, DHS OIT and MSO staff members regularly (usually monthly or annually) extract requested information for use by Administrators and Supervisors. Hawaii CWSB is challenged by making data usable to those who need it because even the CPSS data extractions are often in a format that is not easy to manipulate. SHAKA is significantly more user-friendly, and the data that is in this system is extractable (with some built-in analysis) by all CWSB staff users.

**c. Resolving Data Quality Issues**

The quality of the data entered into CPSS is monitored in a number of ways.

Some Supervisors review their workers' entries regularly. The Section Administrators and Supervisors are presented with printouts of data errors in specific regions of the system, when inconsistencies are found. The Supervisors then work with their line staff to correct the errors.

The Management Information and Compliance Unit (MICU) reviews huge quantities of data for inconsistencies, outliers, surprising trends, and other errors. In direct consultation with line staff, MICU corrects errors and Staff Development provides refresher trainings on data entry to units as needed. For example, in SFY 2011, MICU noticed that the reentry into foster care rate was inexplicably high in one Section. MICU drilled down into the data and figured out that workers in that Section were coding every court appearance with a new legal code in such a manner that it was read by CPSS as a new entry into foster care. MICU retrained the staff in that Section to input the problematic data correctly, and MICU also worked with them to correct all past mistaken entries.

During SFY 2013 and SFY 2014, CWSB worked with the system programmer to add more error alerts to CPSS to prevent certain common data input errors. The new alerts tell the employee how to correct the data input error. For example, as part of Hawaii's Title IV-E PIP, CWSB is working to link the licensed resource caregiver list to the location of child placement data, so that a worker cannot input data that indicates a foster child is placed in an unlicensed home.

Although there are varied data quality monitoring efforts in CWS, CWSB has identified a need for written policies regarding continuous assessment of data quality.

Due to staff shortages in MICU, CWSB is struggling with data quality, monitoring, and corrections.

**d. Using Data to Identify Problems**

All CWSB Administrators and Supervisors review data reports continually to help them properly manage daily operations and identify problems. Administrators request specific data reports in order to examine data on a targeted topic area. For example, Program Development Administrators pull data on the ethnic make-up of all the children in foster care and look for disproportionality. They then break down the data further to determine which geographic regions have the greatest problems with disproportionality, and for which ethnic groups. They can then design interventions (like 'aha) for those regions. Similarly, CWSB workers, Supervisors, and Administrators can access weekly reports in SHAKA, which list cases that were assigned for investigation and do not yet have a case disposition entered into CPSS. The problem that these reports identify and help Supervisors manage could be a data entry issue, a workload issue, or a training issue; the Supervisor investigates and addresses the problem. (This investigation status report used to be a monthly print-out that was sent only to Supervisors. The current weekly user-friendly and more broadly accessible format was created in response to a staff request.)      Monthly, Section Administrators review data that shows the length of time that a child has been in foster care. They gather cases with periods in care that are concerning and work with their Supervisors to ensure that the appropriate actions are being taken in all cases to move children to permanency as quickly as possible. Also, monthly, administrators and Supervisors receive excel files listing all the children in foster care and in in-home care. These lists are used to track worker caseloads, and are used by Program Development and Branch staff to examine patterns and explore trends. The 48-hour Tracker is another example of a data tool that helps staff identify and address problems. (This Tracker system is discussed under *Section III Program Overview, Part 1. Safety, B. Updates, Goals, Measures, and Progress, 1. General Safety, CFSR Item 1: Timeliness of Initial Response of Investigations.)*

The data that is gathered from the case reviews by HCWCQI, which has a formal system for identifying areas in need of improvement, is fed back to the Sections and improvement plans are developed collaboratively among the Section Administrators, his/her Supervisors, and the HCWCQI staff. The implementation and facilitation of these improvement plans is guided by the Section Administrators. HCWCQI staff check back with the Sections on their plans only annually, when the next case review occurs. CWSB has noticed that there is a gap in the monitoring of progress on the improvement plans. CWSB and HCWCQI intend to use these improvement plans in a more active manner with regular check-ins, beginning in SFY 2015.

**e. Monitoring Accuracy of Data for Federal Requirements**

Administrators and MICU staff monitor all data that is reported to the Federal government for validity and accuracy. Error and data inconsistency reports are routinely generated that identify possible data quality issues that MICU uses on a routine basis to help ensure AFCARS, NCANDS, and NYTD data are accurate.

MICU provides technical assistance to line staff on data issues, on-line case verification and monitoring of CWSB and foster home licensing case records for accuracy of claims for Federal funds and compliance with Federal and State regulations for children in foster care.

FPPEU participated in two audits during the reporting period. One was the Hawaii Title IV-E review. Due to a number of errors found during that review, CWSB is engaged in a program improvement plan which began April 1, 2014 and will end March 31, 2015. FPPEU participated in a State audit from the end December 2013 through February 2014. The results of the State audit are pending.

## 3. Case Record Review

### a. Overview

Many improvements have been made to strengthen CWSB's quality assurance system since the first CFSR and over the last five years. Since the initial improvements, the Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project from University of Hawaii, Maui College (UHMC) conducts case reviews to promote consistency in the quality of practice and adherence to practice standards. The case review process was developed in collaboration with the National Resource Center for Organizational Improvement (NRCOI) and is modeled after the Federal CFSR, utilizing a similar review instrument and sampling methodology.

HCWCQI staff attends DHS trainings related to procedure and practice as well as other pertinent trainings and conferences that are offered to DHS staff, to stay abreast of changes to child welfare procedures and practice. CQI staff also participates in some of the PIP2 workgroups so that information gathered in the CQI reviews can be readily shared. In addition, in SFY 2014, staff from both HCWCQI and CWSB has had the opportunity to participate in JBS International's CQI Training Academy.

### b. Process

#### i. What is Reviewed and How Often

Onsite case reviews are conducted once every fiscal year in seven Child Welfare Services Sections across the state. In previous years, eight Sections were reviewed. This modification was needed to accommodate changes made to the CWSB organizational structure in SFY2010, when two Sections on Oahu (Diamond Head and Central) were combined into one. Changes were also made in

the number of reviewed cases per Oahu Section to compensate for this. ROSES Systems Solutions, LLC, a consultant to the DHS Support Services Office, produces a random sample of cases corresponding to the identified sampling period. Twelve cases (eight foster care and four in-home cases) are reviewed for each of the four Neighbor Island CWSB Sections for different periods under review. Seventeen cases (with a similar breakdown of 11 foster care and six in-home cases) are reviewed for each Oahu CWSB Section under different periods of review. VCM cases represent two of the four selected in-home cases for neighbor islands and three of the six selected in-home cases for Oahu Sections. The findings from each Section are then aggregated to comprise the random sample of approximately 100 cases for statewide review.

There is one Section in CWSB that is not part of this annual review system – Statewide CWSB Section. This Section houses four units: two statewide CWSB Intake Units, one Foster Care Income Maintenance Unit, and a Home-Based Support Services Unit, which is largely defunct. The work of these units is not assessable using the CFSR tool employed for all of the other case reviews, since these units do not touch cases in similar ways.

## ii. Review Teams

For each CWSB Section review, six or eight review teams are recruited; each review team consists of two reviewers. Reviewers from the community are used more now than in years past, due to the increased demands of the reduced CWSB workforce. Reviewers attend a one-day training to prepare for the onsite review. Review trainings continue to incorporate Practice Model values and PIP2 goals and strategies. In addition to strengthening the CQI review process, this helps create awareness amongst community partners who serve CWSB families and children/youth.

## iii. Case Preparation

Approximately six weeks prior to the on-site review, the HCWCQI staff begins preparing cases to ensure that all the information and workers needed for the review are available during the review. Cases are rated based on activities that occurred during the identified period under review. The identified time period coincides with the corresponding AFCARS submission period.

## iv. Collecting Quality Data & Documenting Findings

The most current federal CFSR Onsite Review Instrument is used in the HCWCQI reviews in all seven Sections. The on-site case reviews include interviews with as many key participants involved in the case as possible. Interviews with workers, Supervisors, parents, resource caregivers, children, service providers, guardians ad litem, and other key case participants are an

integral part of the review process. Review findings incorporate the feedback of these participants in addition to the information documented in the actual case file. The HCWCQI staff provides on-site coordination and assistance. They also review and approve all case review instruments to ensure accuracy and completeness. Each review team debriefs the cases they reviewed to assure consistency in ratings. Reviewers are asked to note effective case practices as well as concerns, as they review the cases. More effort and attention is being placed on capturing strategies used in cases that lead to strength ratings. Information gathered is shared with the Section under review as well as with other Sections.

## c. Sharing Results

A general overview of preliminary results is offered to the Section Administrator on the last day of the review, as time allows.

All of the data that is collected from the on-site case reviews is incorporated into a written report of review findings for each CWSB Section. The report identifies strengths, areas needing improvement and needs related to training, supervision, and policy reform. The report format, revised in 2010, includes charts with ratings over a period of time for each Section. This creates perspective, given the small samples, and a visual for identifying trends and growth/decline for each performance item. Also, the current reports more clearly explain how cases demonstrate strengths and also show areas needing improvement.

## d. Action Plans

Based on these findings and other information, Section Administrators, with technical assistance from HCWCQI staff, develop an action plan to address key areas needing improvement. The Section Administrators consider the findings of their supervisory review reports as well as their ratings on the national practice standard indicators as they analyze the areas of practice that need to be improved and devise appropriate strategies to address them.

During the PIP2 period, the performance items in Action Plans focused on the PIP2 performance items 1, 3, 4, 7, 17, 18, 19, and 20. In developing the Action Plans, the Section's CQI review results, outcome reports, and relevant procedures and practice are discussed for the relevant performance items. Section Administrators, Supervisors, CQI Staff, and others identified by the Branch or Section participate in this process. Effective strategies that have been identified by individual Supervisors, staff, or by other Sections, are explored in the development of each Section's Action Plans. Section Administrators have the primary responsibility for overseeing their Action Plans. Because each Section is reviewed annually, Action Plans include methods to measure progress at least quarterly for each strategy explored. Each Section communicates the results of their review along with their plans for improvements with their staff.

e. **PIP2 Steering Committee and CQI Council**

Throughout SFY 2013 and SFY 2014, CWSB continued to convene meetings with the PIP2 Steering Committee on a quarterly basis. This Committee was formed to focus on supporting achievement of the PIP2 goals. The Committee represented a wide cross-section of CWSB staff and community members. Committee members received a copy of each Section's Onsite Case Review report to review and analyze as well as PIP2 reports that summarized quarterly activities. Members reviewed trends and other relevant data and made recommendations for improvement. They also participated in PIP2 quarterly calls with ACF and in targeted subject matter committees. Their perspectives and contributions in the development and revisions of procedures and staff tools have been invaluable.

As of April 25, 2014, CWSB completed the PIP2. ACF acknowledged the completion of all PIP2 activities and achievement of all PIP2 goals. In theory, the PIP2 Steering Committee could now be disbanded.

However, the feedback and input of the PIP2 Steering Committee has been so beneficial, due to the breadth of expertise and experience of the members, that CWSB decided to keep the committee intact and transition the group to become CWSB's CQI Council. The first meeting of the transitioned committee, as the CWSB CQI Council, was August 13, 2014. CWSB envisions the Council helping to guide CWSB's efforts to become more effective, efficient, accountable, and transparent. CWSB will partner with the Council to develop new CQI initiatives, plans, and structure.

f. **Related Activities**

In addition to a case review process based on the CFSR model, CWSB's quality assurance system requires execution of administrative and supervisory review responsibilities through:

i. Case reviews (Administrative Review Panel, Licensing Review Panels, Child-specific/Relative Licensing, etc.) that also promote teaming, consistent application of policies and procedures, clinical assessment and good practice;
ii. Ongoing evaluation of initiatives such as the Maili Receiving Home, Project First Care, etc; and,
iii. Required review and sign-off by Unit Supervisors on certain critical decisions for all cases.

CWSB has identified performance measures in relation to Branch goals. Also, CWSB has developed several dashboard (data) reports that drill down to all levels for caseworkers, Supervisors and administrators to review at Branch, Section, and worker meetings. These reports support discussions with staff towards the completion of

activities and tasks related to the safety, permanency, and well-being needs of children. These dashboard reports are currently developed with retrospective data extracted from CPSS and may in the future be developed using SHAKA or another data system to be accessible in real time.

## 4. Data Analysis and Dissemination

### a. Gathering, Organizing, and Tracking Information

At the start of employment with CWSB, as part of Core Training, all staff is trained on proper data entry and there are ongoing efforts to ensure the continued entry is accurate. CPSS and SHAKA each compile and organize data with the help of their technical and systems management teams. Data is organized in ways requested by CWSB Administrators in order to make the data as useful as possible.

Some employees are tasked with specific types of data organization and tracking. For example, Unit Supervisors make efforts to ensure that cases get closed in a timely fashion. Some have a system to check on each caseworker's caseload monthly, identifying cases that can be closed (gathering the data). They then compile all the cases into one list in groupings by worker (organizing the data). Finally, they delegate the various steps to close a case to available staff, and they follow in CPSS which cases are getting closed (tracking the data). Another example is the POS Program Specialist who reviews quarterly service activity reports from CWS-contracted providers. The information has been gathered and organized into the report by the service provider, but the POS Program Specialist checks the data for accuracy (through comparing summarized data with individual client data, and also with CPSS data) and then also tracks trends in the performance and service delivery, so that CWSB can make changes to the contracts in a timely way in order to best meet the needs of Hawaii's families.

### b. Data Analysis Process

According to Hawaii's May 2014 Workforce Survey, approximately 56% of CWSB Administrators and Supervisors have master's degrees in social work (MSWs). With the added direction and guidance from the NRC-CWDT, this translates to leadership that is skilled in viewing and analyzing data, and moving that data-informed understanding of CWSB practice into action toward improvement. Every CWSB Administrator and Supervisor spends time digesting the data reports that they receive and creating action plans to address the trends they have identified.

For example, on the island of Kauai, the CWSB Section Administrator looked at her Section data and noticed that there was a problem with timely response to new intakes. She then looked further at the data to see circumstances under which the time lags were longest and discussed the issue with her staff. She realized that staff sometimes misjudged the amount of time they had to respond to an intake. She also

realized that when a worker wasn't in the office, sometimes intakes would sit without anyone knowing that immediate action was needed. To tackle these problems, the Kauai Section Administrator implemented corrective measures in all her units. Now, every intake is stamped in red at the top with the date and time by which the assessment worker must see all children in the case, so that there is never confusion about investigation response deadlines. Also, every intake that is assigned to Kauai is hand-delivered to the hand of the assigned assessment worker, so there is never any delay or ambiguity in who is assigned the new investigation. When viewing investigative response time data by Section in Hawaii, one can see that Kauai's efforts have made a difference, as their response times have improved. Because of the weekly 48-hour Tracker calls among Branch and Section Administrators throughout the State, where Kauai was able to share their successful tactics, Hawaii is now incorporating Kauai's innovations statewide.

c. **Disseminating Data to Stakeholders**

Hawaii DHS is open with its data. On the DHS website, CWSB posts several data-rich reports, including this APSR. In addition to making data publicly accessible in this way, CWSB Administrators disseminate data to stakeholders and community partners at collaboration and work group meetings. As CWSB uses data to inform the decision-makers before policies are written, data is presented at many meetings and conferences. CWB shares AFCARS, NCANDS, and HCWCQI Case Review data reports with the CWS Advisory Council, the Court Improvement Project Advisory Committee, and the Citizens' Review Panel, to name a few.

One major example of CWSB sharing data with stakeholders is how Hawaii worked with the community to achieve PIP2 success. Updates on every measurable item were disseminated and discussed at every PIP2 Steering Committee Meeting. Detailed CWSB data was regularly shared with each workgroup addressing specific areas of focus of the PIP2.

d. **Feedback on Performance from Stakeholders, Community Partners, and Agencies**

Through CWSB's participation in innumerable workgroups, conferences, committees, boards, teams, surveys, collaborations, meetings, 'aha, partnerships, councils, and caucuses, performance data is shared and discussed. Stakeholders, community service providers, partner agencies, and many others regularly come together with CWSB to collaborate and improve CWSB and related systems of care. CWSB leadership encourages honest feedback from all participants in these meetings and creates an environment where all perspectives and experiences are valued. Almost always, these gatherings include ample time for stakeholders and others to voice their opinions and perspectives and proposals for action. These views are taken seriously and given full weight in the collaborative decision-making process. The practice of fully including all relevant parties in designing new CWSB systems to address problems began in Hawaii with PIP workgroups, but has become central to all CWSB policy work.

5.  **Feedback and Adjustments**

    a.  **Results – Guiding Collaborative & Administrative Efforts**

    As just described, DHS administrators, who have the authority to make decisions about changes in policy and practice, often attend collaborative meetings where they can hear feedback directly from stakeholders, community partners, and other state agencies. CWSB ensures that the data and information gathered reaches the right people, and that those people take appropriate action.  Hawaii CWSB understands that this is essential to quality assurance.

    CWSB is a dynamic, not a stagnant, system, where the only constant is change. The feedback and adjustment loop is perpetual.

    Revisions of the SFHR illustrate CWSB's collaborative process. Administrators had heard from Supervisors and field staff that the format of the SFHR was cumbersome and included forced redundancy. In 2010, a workgroup was formed to investigate the problems and create a revised SFHR shell. The workgroup included CWSB staff at various levels across the State, representatives from Family Court and the Deputy Attorney General's Office, resource caregivers, biological parents, community providers, and former foster youth. The workgroup wrote a revised shell of the SFHR that was approved by the courts and CWSB, as well as the other members of the workgroup. CWSB staff was trained on the updated SFHR and it was implemented in 2011. After approximately six months of use of the new format, the workgroup came together again and looked at the feedback from CWSB staff and the courts on the new SFHR. The group then completed additional revisions and modifications to the SFHR. This newly-revised SFHR was then disseminated to CWSB staff for use. In 2012, after the concurrent planning workgroup determined necessary action steps for full implementation of the new guidelines and policy, the SFHR was again revised. CWSB sees the SFHR as a living document that will need to be adjusted and modified as policies, practice, and society change, similar to all aspects of CWSB practice.

    b.  **Results – Employed by Supervisors**

    Supervisors and field workers are using data to improve CWSB practice on a daily basis, and efforts to increase opportunities in this area abound.

    As of September 2014, examples of ongoing use by individual units are below.

        i.  **SHAKA 48-hour Tracker**

Supervisors use this tool to know exactly what the assessment worker has achieved with a new investigation and which workers may need assistance to complete the necessary tasks within the mandatory timeframe. The Supervisor is also able to assign new investigations with greater knowledge of which workers are truly available complete a task. CWSB believes that the use of this tool significantly contributed to achieving its PIP goal in timeliness of initial response.

## ii. CPSS Lists of Investigations without Dispositions

Because of this tool, Supervisors are able to work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort.

## iii. CPSS Lists of Children's Length of Stay in Foster Care

This list helps to guide Supervisors in their work with staff to meet ASFA guidelines, move cases more quickly to permanency, and help staff stay on top of all of their cases, so no case is overlooked.

## iv. CPSS Lists of Workers' Caseload

These lists help Supervisors maintain balanced workloads. They also guide all individual supervision meetings, where the worker reports progress and challenges with each case.

Examples of *upcoming* data tools for Supervisors are listed below.

## v. CPSS Monthly Worker Face-to-Face Visit Tracker

At the beginning of SFY 2015, Hawaii began implementation of this new management tool. Within CPSS, caseworkers are now able to indicate exactly which individual(s) in each case they visited and on what date(s), so that it will be significantly easier than before to keep accurate track of which members of cases remain to be seen in a given month. In the past, this information was largely captured in narrative form in CPSS logs; the new system captures this data in an easily extractable way. With the Tracker data showing who still needs a visit at any point in the month, Unit Supervisors are now better able to help their workers prioritize and manage their time in order to achieve the goal of every child, parent, and resource family seen in every case, every month. Since regular worker visits are directly linked to success in so many of the CFSR items, Hawaii CWSB anticipates broad positive effects from use of this new management tool.

### vi. Court Report Due Dates List

CWSB is working on creating a new component to CPSS which will keep track of all upcoming court dates in all cases. Currently, court dates are entered in logs in narrative, non-extractable form. Supervisors will be able to use these lists to more easily track when court reports are due from each worker. Again, this tool will assist the Supervisor in helping staff prioritize their time and achieve the goal of timely court report submissions.

### vii. List of Youth in Foster Care on Psychotropic Medications

One part of DHS' efforts to increase oversight of psychotropic medication and foster youth is monitoring the medications and those who are on them in a computer-based system. The Hawaii Psychotropic Medications and Foster Youth Team presented both CPSS technology staff and SHAKA staff with a list of the psychotropic medication that are most commonly prescribed to youth and the related diagnoses. The plan is that CWSB caseworkers (and eventually physicians) will enter youth's diagnoses and prescribed psychotropic medications and dosage into CPSS (or another CWSB database). In the future, Hawaii will have a system for flagging cases that require further monitoring of the psychotropic medication, e.g. cases where the diagnosis does not match the medication, the child is under age 6, the child is on more than one antipsychotic, the dosage is outside of acceptable guidelines, the child has not had the appropriate medical assessment, etc.

This future tool will aid not just the designated workers as they monitor youth and their medications, but also the Supervisor. With this list, the Unit Supervisor will easily know which youth on cases in his/her Unit have mental health issues and/or behavior problems. This will help the Supervisor to support his/her caseworkers on exploring and determining the most appropriate and effective services for these youth. The Supervisor will also have another tool for balancing challenging cases across caseworkers.

## c. Results – Informing Policy and Practice

All of the policy and practice decisions made by CWSB Administrators (Branch-level Administrators, Program Development Administrators, and Section Administrators) are informed by many sources, including

i.    CPSS Case Data
ii.   HCWCQI Case Reviews
iii.  SHAKA 48-hour Tracker
iv.   NYTD Data
v.    Workgroup Discussions

      vi.    Staff Meeting Brainstorms
     vii.   National CWS Data
   viii.   U.S. Census Bureau Data
     ix.   CWSB In-House Surveys
      x.   POS Contract Reports
     xi.   Federal Worker Visit Survey
    xii.   Citizen Review Panel Reports
   xiii.   DOE & DOH Information
   xiv.   AFCARS Data
    xv.   NCANDS Data
   xvi.   Focus Group Discussions
  xvii.   Contracted Reports (e.g. IL Evaluation Report)

All CWSB Administrators understand the importance of not making policy and practice decisions in isolation; they embrace input and welcome relevant data to help them come to the best choices possible for Hawaii's families.

### d. Adjusting CQI Process

As Hawaii fully develops its QA system, ways to easily make adjustments to the system will be built in. Hawaii is fortunate to have the high-functioning Case Review model as a basis for its larger QA process. In SFY 2012, input from Hawaii's statewide CWSB advisory groups and local citizen review panels led to a specially-designed CQI review of Hawaii's CWSB intake procedures and practice. This review was designed and conducted by HCWCQI.

In order for the CQI system to move in concert with the ever-changing needs of the agency and of the populations that CWSB serves, regular alterations to the CQI process are essential. Hawaii's CQI process is and must continue to be open to modification and transformation in order to drive the organizational change necessary to continue improving outcomes for children and families in Hawaii.

## D. STAFF & PROVIDER TRAINING

### 1. Overview

Initial training is provided for staff and resource caregivers, including a variety of community training opportunities.

### 2. CWSB Staff Core Training

Over the course of the five-year CFSR, Staff Development Services in SSD continued to be responsible for coordinating and providing uniform, competency-based, practice-relevant training to all new CWSB staff. Staff Development focuses on providing consistent baseline level training for all CWSB new hires statewide, and for contracted community-based

Differential Response System (DRS) organizations in order to support achievement of the goals and objectives of CWSB. The DRS organizations include the agencies providing Family Strengthening Services and Voluntary Case Management Services.

A revised core curriculum training for new hires has been implemented. Core training is provided in four tracks: social worker, licensing, paraprofessional, and clerical. Core training includes the following categories necessary for the administration of the foster care program: referrals to services; preparation for and participation in judicial determinations; placement of the child; development of case plans; case reviews; and case management.

### 3. CWSB Staff Ongoing Training

The SSD Staff Development Office coordinates the Ongoing Trainings for CWSB staff.

As part of PIP 1 and 2, CWSB staff's participation in CQI Case Reviews is a training option open to staff to enhance their skills and knowledge base. To ensure staff is participating in CQI Case Reviews, the Staff Development Office will work with the HCWCQI staff to place newly hired CWSB staff in upcoming Case Reviews. Additionally, a requirement was included in the contracts for all CWSB-contracted purchase of service (POS) staff to participate as reviewers in one of Hawaii's CQI Case Reviews at least every three years.

As part of PIP2, CWSB put in place the requirement that staff receive a minimum of fifteen hours per year of ongoing training. In addition to the special trainings listed below, current staff is invited to attend the training sessions for new staff to refresh their skills and knowledge and also to receive the most updated information on practice and services. There are ample opportunities for staff to obtain the necessary number of training hours. The SSD Staff Development Office emails announcements of all trainings to the Sections statewide. The Staff Development Office ensures that spots are set aside for CWSB staff at numerous public trainings. Attendance records are kept for in-house trainings. When staff members attend trainings at other agencies and sites, the workers must report the training to the Staff Development Office, which keeps a comprehensive record of staff attendance at trainings, including who is behind on training hours. CWSB is working toward more complete compliance with the new training requirements. DHS wants to create an environment where workers understand the value of ongoing training and are self-motivated to fulfill the requirements.

There were ongoing trainings for CWSB Staff during SFY 2013; topics covered included

  a. 2012 Annual Child Welfare Law Update;
  b. 2012 Annual Conference: Hawaii State Coalition Against Domestic Violence;
  c. 27th Annual San Diego International Conference on Child & Family Maltreatment 2013;
  d. A Crash Course for the First-Time Manager or Supervisor;
  e. Domestic Violence/Children's Brain Development;
  f. CWSB Screening and Assessing Families for Domestic Violence;

g. East Hawaii Safety Assessment PIP – Refresher;
h. EEO Updates and Understanding Accommodations;
i. Ethics Training for State Employees;
j. Family Partnership and Engagement (Hilo Session);
k. Family Partnership and Engagement (Kauai Session);
l. Family Partnership and Engagement (Kona Session);
m. Family Partnership and Engagement (Maui Session);
n. Family Partnership and Engagement (Oahu Session);
o. Gartner Focus Group;
p. Institute of Violence, Abuse and Trauma (IVAT);
q. Investigation and Prosecution of Child Fatalities and Physical Abuse;
r. IV-E Eligibility and AFCARS Training;
s. Management and Leadership Team Meeting;
t. Pulama I Ka 'Ohana - A Women's Health Conference Domestic Violence Action Center;
u. Transition to Independence Process for Youth with Complex Needs;
v. Trauma and Trauma-Informed Care; and
w. Pathways to Healing: Understanding the Trauma behind the Behavior.

## 4. New and Ongoing Trainings for Supervisors and Section Administrators (SA)

The CWSB Supervisors and Section Administrators continue to participate in a quarterly Management Leadership Team Meeting (MLTM). The Management and Leadership Team Meeting training is designed to provide a venue for sharing PIP2/Practice Model information and leadership discussions regarding moving practice forward to accomplish CWSB priorities and goals. Participants fill out evaluations after each meeting. The feedback has been quite positive; these meetings have helped Hawaii CWSB leadership be fully informed about new initiatives and an integral part of their development. CWSB plans to continue MLTMs over the next five years, using the feedback from the evaluations to enhance their efficacy.

Another training venue that Supervisors and Section Administrators began participating in is the National Child Welfare Workforce Institute Leadership Academy for Supervisors (LAS). This is an online training with a follow up facilitated webinar. The first cohort which includes all of the Section Administrators started in April 2013. The first Leadership Academy for Supervisors Live Network (LASLN) took place on May 1, 2013. This program includes six units: Introductory Module, Foundations of Leadership, Leading in Context, Leading People, Leading for Results, Leading Systems Change. The Section Administrators who participated found it helpful and all agreed that LAS would benefit their Supervisors. The plan is for all Supervisors to complete the LAS in cohorts with five to ten Supervisors each.

Independent of the LAS, CWSB will be developing a training for new Supervisors, ideally with the input of the NRC, as new NRC support becomes available.

**5. Pre-Service & Ongoing Training for Resource Families and Trainings for Other Service Providers** (including CWSB staff, judiciary, and providers such as Child-Caring Institutional-CCI staff)

The Pre-Service Curriculum is entitled H.A.N.A.I (Hawaii Assures Nurturing and Involvement). The HANAI Curriculum was developed by a collaboration of CWSB staff, stakeholders, providers, cultural consultants, and the University of Hawaii partners. This collaboration replaced PRIDE in August 2009 and has provided increased consistency of training information as well as increased flexibility and accessibility to training. The collaboration also emphasized the need to increase cultural sensitivity to ensure that CWSB remains appropriate and relevant to Hawaii's multi-ethnic community. Also, statewide ongoing training has been increased through a CWSB Purchase of Service contract to provide increased accessibility and to meet ongoing training requirements. These pre-service and ongoing trainings are provided through the Partners in Development-Hui Ho`omalu contract which is a collaboration of primarily three agencies: Partners in Development Foundation, Catholic Charities Hawaii and Family Programs Hawaii.

The ongoing training is primarily designed for resource and permanency families, but is also open to CWSB staff, judiciary, and other service providers such as CCI staff, and other partners. The Partners in Development-Hui Ho`omalu also partners with local and statewide collaborations such as Foster Care Training Committees (FCTCs) on each island. These trainings are also open to resource families, CWSB staff, judiciary, and other service providers such as CCI staff, and other partners. See below for the various topics covered in SFY 2013 and SFY 2014. Each year will always include topics on adolescence and independent living issues.

In SFY 2013, the following training topics were provided:

a. "Mixed Plate: Ohana Time, Ongoing Trainings and You; Important Information To Give Voice To"
b. "Nurturing the Growth of Gay, Lesbian, and Transgendered Children and Youth"
c. "ADHD: What Is It and What Can I Do About It"
d. "Caregivers and the Court"
e. "Helping Adopted and Foster Youth Cope With Grief and Loss"
f. "Hoolohe Pono: Youth Suicide and Prevention and Bullying Prevention"
g. "Kids Are What They Eat – How Food Affects Your Child's Behavior"
h. "Making Proud Choices"
i. "Pathways to Healing: Understanding the Trauma Behind the Behavior"
j. "Positive Supports for Challenging Behaviors"
k. "H.O.P.E. Helping Our Providers Educate: Tips for Effective Communication with Youth About Sexual Health"

In SFY 2014, the following training topics were provided:

a. "Overmedication and Children in Foster Care"
b. "Kids Are What They Eat: How Food Affects Behaviors"
c. "H.O.P.E. Helping Our Providers Educate: Tips for Effective Communication with Youth on Sexual Health"
d. "A Follow Up To…Pathways To Healing: Understanding the Trauma Behind the Behavior"
e. "Fostering CommUNITY: Connecting Our 'Ohana"
f. "Supporting Teens to Have a Successful Transition into their Education and Employment Aspirations"
g. "Statewide Videoconference: Advocating at the Hawai'i State Legislature for Keiki's Rights"
h. "Weathering the Storm: Understanding the Stress of Adoption"
i. "Successful Futures: Helping Children, Adolescents, and Young Adults Thrive" (April – May)

Independent Living (IL) topics/trainings in SFY 2013 included:

a. "Better Start I: How To Pick A College / How To Pay for College / Resources For College." Youth were assisted in filling out their FAFSA.
b. "Supporting Teens to Have A Successful Transition To Adulthood"
c. "Teen Day VII: Dream4Real" – Featured foster youth alumni sharing their success stories, resources, opportunities to talk with family court judges, and a mock hearing to encourage foster youth and resource caregivers to attend hearings and workshops.

Independent Living (IL) topics/trainings in SFY 2014 included:
a. "Better Start I: Interactive Career Exploration Workshop"
b. "Better Start II: How to Pick a College / How to Pay for College / Resources for College." Youth were assisted in filling out their FAFSA.
c. "An Introduction to: Making Proud Choices"
d. "Teen Day VIII: Dream4Real"
e. "Better Start III: Soft Skills and ILP Resources" (May)
f. "Teen Day IX: Dream4Real" (June)

## 6. Local Conferences and Trainings, through Law School & Judiciary

There is ongoing and effective collaboration with Family Court on Oahu through the Hawaii Court Improvement Project (CIP) and University of Hawaii Law School Task Order. A multitude of trainings have been developed through this effective partnership, including *'Ohana Is Forever* conferences and events which are organized, in part, by former foster youth in collaboration with the CIP. Activities and training have included: Hot Topic Conferences, IVAT (Institute on Violence and Trauma) Conferences, Annual Child Welfare Law Updates, and Teen Days. CWSB staff, parents involved in active Zero to Three child welfare cases, service providers, resource caregivers, and legal professionals working in ZTT

cases also have the opportunity to attend monthly workshops on child development and available community resources and services.

A representative from Family Court on Oahu sits on a Strategic Planning Committee with CWSB and Casey Family Programs to identify and explore current and timely issues related to CWSB. Additionally, the Physical Abuse Task Force was developed among CWSB, the Attorney General's office, the Honolulu Prosecutor's office and the Honolulu Police Department to improve the processing of serious physical abuse cases between civil and criminal proceedings. Through these coordinated efforts, staff has received timely and valuable training. The Law School Task Order has also provided training on Child Welfare to CASA volunteers and staff, as well as the annual statewide Family Court Symposium.

## E. SERVICE ARRAY FOR TITLE IV-B

Hawaii was in substantial conformity with the systemic factor of Service Array in its 2009 CFSR. Hawaii has an array of services in place to assess and address the needs of children and families through CWSB caseworkers, the use of POS contracts, coordination with other State departments, and partnerships with community-based agencies. It has been an ongoing challenge to provide a sufficient array of service on all of the islands and in all rural areas.

**Figure 65**

**IVB-2 Service Categories, SFY 2013 Expenditures, & People Served**

| Category | Percentage | Services | Location | Amount |
|---|---|---|---|---|
| Family Preservation | 20% | Upper Puna Family Center | East Hawaii | $189,217 |
| Family Support | 25% | FSS | Kauai | $118,261 |
| | | CCSS/VCM | Oahu | $118,261 |
| Family Reunification | 35% | Substance Abuse Counseling | West Hawaii | $165,564 |
| | | Comprehensive Counseling and Support Services | Maui | $165,564 |
| Adoption Promotion | 20% | Post permanency support services | Oahu | $80,000 |
| | | Resource Family Support-Warm Line | Statewide | $79,217 |
| | | Post permanency support services | West Hawaii | $30,000 |
| TOTAL | 100% | | | $946,084 |

Data source: SFY2013 fourth quarter Quarterly Activity Reports from IVB-2 Service Providers

The Department made major changes in delivering Title IV-B funded services within SFYs 2012 and 2013. The changes are described immediately below.

## 1. Family Preservation – Hawaii Island

The population in Puna grew from 5,500 in 1970 to over 31,000 in 2000 and continues to grow at an accelerated pace. About one-third of the population growth in Hawaii is occurring in Upper Puna, between Kea'au and Volcano. Unsurprisingly, Upper Puna is also experiencing an increase in reported Child Abuse and Neglect cases.

The Upper Puna Family Center provides the community with a gathering place that is accessible to community members, and where children and families can seek help and guidance so that they can remain an intact family unit, free from child abuse and neglect.

### a. Service Activities

    i. Information and Referral Service
    ii. Mediation
    iii. Family and Relationship Counseling
    iv. Resources to Meet Basic Needs (food, clothing, and emergency assistance)
    v. Community Development to strengthen families and enhance child safety
    vi. Collaboration with Other Service Providers
    vii. Advisory Board
    viii. Volunteer Recruitment
    ix. Outreach Services
    x. Child Care (for families requiring childcare during activities and services provided)

## 2. Family Support – Kauai

These services are part of an existing contract.

### a. Service Activities

    i. Assessment
    ii. Referral Services
    iii. Identification of the Family's Needs
    iv. Development of a Service Plan with the Family to Meet their Needs
    v. Coordination of the Service Activities
    vi. Child-Related Skills Building Activities
    vii. Parental Life Skills Building
    viii. Child Safety Support Activities

## 3. Family Support – Oahu

This service is part of an existing contract.

### a. Service Activities

    i. Assessment
    ii. Development of an Individualized Program Plan
    iii. Crisis Intervention Services
    iv. Counseling
    v. Role Modeling
    vi. Child Development Education

     vii.   Transportation
    viii.  Outreach
     ix.   Child-Related Skills Building
     x.    Parental Life Skills Building
     xi.   Support Activities

## 4. Family Reunification – West Hawaii

This contract strengthens and stabilizes families with substance abuse problems in West Hawaii to include services in Kau. Children are included in parenting activities where appropriate.

### a. Service Activities

     i.    Assessment
     ii.   Service Coordination and Linkage
    iii.  Comprehensive Mental Health Assessment
     iv.  Psychological Evaluations
     v.   Individualized Program Planning
     vi.  Case Management
     vii.  Counseling Services
    viii. Parental Life Skills Groups
     ix.  Outreach Services
     x.   Home Visits
     xi.  Hands-on Instruction in Parenting
     xii. Practical Life Skills Instruction
    xiii. Role Modeling
    xiv. Budgeting Education
     xv. Nutrition Education.

## 5. Family Reunification – Maui

This contract strengthens families that meet the following criteria:
- Parent or primary caregiver has substance abuse or mental health needs
- CWSB or other agency referred the family to this service
- Child(ren) is/are (a) victim(s) of maltreatment or is/are at risk of abuse and/or neglect.

### a. Service Activities

     i.    Assessment
     ii.   Crisis Intervention Services
    iii.  Individualized Program Planning
     iv.  Case Management
     v.   Counseling Services
     vi.  Substance Abuse Education and/or Treatment

    vii.   Parental Life Skills
    viii.  Child-Related Skills Building Services

## 6. Adoption Promotion – Oahu & West Hawaii

Two contracts strengthen and stabilize pre-permanency (adoptive, legal guardianship or permanent custodial) families and families that have adopted, assumed legal guardianship, or assumed permanent custody of a child and are referred by CWS, another professional agency, or are self-referred.

### a. Service Activities

    i.    Assessment
    ii.   In-Home Crisis Intervention
    iii.  Individualized Program Plan
    iv.  Case Management
    v.   Counseling Services
    vi.  Parent Groups
    vii.  Training for Permanency Families
    viii. Training for Permanency Professionals
    ix.  Parenting Skills Education
    x.   Permanency Information and Referral

## F. COLLABORATION & RESPONSIVENESS TO THE COMMUNITY

### 1. Community Collaborations

Community partnership has been a focus and a strength of CWSB, especially since the first CFSR/PIP. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all of its initiatives and ongoing processes. CWSB engages its stakeholders and community partners at all levels of decision-making. Full collaboration is not only CWSB's policy; it is the priority of CWSB's practice.

CWSB's collaborators include the following:

    a.    Consumers (birth parents, relatives, youth, and resource families);
    b.    Court Improvement Project (CIP)
    c.    Family Court Judges
    d.    Family Court Attorneys
    e.    GALs
    f.    CASAs
    g.    Family Drug Court
    h.    Legal Aid Society of Hawaii (LASH)

i. Zero to Three Court
j. Hawaii Foster Youth Coalition
k. HI H.O.P.E.S. (foster youth and former foster youth group)
l. It Takes an 'Ohana (ITAO)
m. Native Hawaiian Community Representatives
n. Micronesian Community Representatives
o. Tongan Community Representatives
p. Samoan Community Representatives
q. Filipino Community Representatives
r. Faith-based Community Organizations
s. Molokai Community Service Council
t. Office of Hawaiian Affairs (OHA)
u. Queen Liliuokalani Community Centers (QLCC)
v. Journey to Success
w. Catholic Charities Hawaii (CCH)
x. Parents and Children Together (PACT)
y. Child and Family Service (CFS)
z. Family Programs Hawaii (FPH)
aa. YWCA of Hawaii Island
bb. YWCA of Kauai
cc. Boys and Girls Club
dd. Maui Family Support Services
ee. Kapiolani Child Protection Center
ff. Neighborhood Place of Kona
gg. P.A.R.E.N.T.S., Inc.
hh. The Salvation Army Family Programs
ii. Maui Youth and Family Services (MYFS)
jj. Central Oahu Youth Services Association, Inc.
kk. Windward Spouse Abuse Shelter
ll. Insights to Success
mm. SAS Services
nn. Blueprint for Change
oo. Hina Mauka (substance abuse treatment program)
pp. Hale Kipa (social service agency for youth)
qq. Hope, Help, & Healing Kauai
rr. Lokahi Treatment Center
ss. Kids Hurt Too, Inc.
tt. EPIC 'Ohana, Inc.
uu. Catalyst Group
vv. Neighborhood Place of Puna
ww. Domestic Violence Action Committee (DVAC)
xx. Children's Justice Centers (CJCs)
yy. Aloha Care Center
zz. Partners in Development Foundation (PIDF)
aaa. Family Advocacy Programs (military social services)

bbb. Law Enforcement
ccc. State of Hawaii, Department of Health (DOH)
(including the Child and Adolescent Mental Health Division – CAMHD, the Developmental Disabilities Division – DDD, the Adult Mental Health Division, the Family Health Services Division, the Maternal and Child Health Branch, the Children with Special Health Needs Branch, and the Alcohol and Drug Abuse Division)
ddd. State of Hawaii, Department of Education (DOE)
(including Hawaiian Charter and Immersion Schools)
eee. State of Hawaii, Department of Hawaiian Homelands
fff. MedQuest Division (state health insurance provider)
ggg. Office of Youth Services (OYS)
hhh. HMSA (health insurance provider)
iii. Kaiser Permanente
jjj. TriCare Health Insurance (military health insurance)
kkk. Hawaii Pacific Health
lll. Castle Medical Center
mmm. Waianae Coast Comprehensive Health Center
nnn. Kapiolani Medical Center for Women and Children
ooo. Straub Medical Center
ppp. University of Hawaii, School of Social Work
qqq. University of Hawaii, Law School
rrr. University of Hawaii, Maui College
sss. Hawaii Families as Allies
ttt. Mental Health America of Hawaii
uuu. Hawaii Youth Services Network
vvv. Coalition for a Drug-Free Hawaii (CDFH)
www. Fostering A Dream (FAD)

Some community collaboration activities are highlighted below.

- In partnership with Casey Family Programs, through the Strategic Planning Committee, and in collaboration with community partners, the Oahu CWSB Sections organized four 'aha in Palama, Nanakuli, Wahiawa, and Waipahu. These meetings brought together birth families, CWSB staff, service providers, court staff, and community members. The 'aha provided information and a better understanding of CWSB program process and procedures and addressed the clients' questions and concerns, with the goal of informing, empowering, and strengthening families. These events were held between May and October 2013.

- Oahu Section 2 continued to work with the Family Drug Court (FDC) program and the Zero to Three Court program to provide drug treatment services and intense family engagement. Oahu Section 2 added one more FDC worker. Although there are a significant number of vacancies, Oahu recognizes that the success of the program needed to be shared with more families.

- In order to improve communication and collaboration with the community, during SFY 2013, EHCWSS hosted various 'Aha Koa events in an effort to engage Native Hawaiian fathers in their children's lives. There is a spiritual component to this group that involves chanting and a connection to nature. The Section hopes that these events will result in a significant decrease in the number of foster care placements and a strong emphasis on promoting family preservation. The following activities convened under the umbrella of 'Aha Koa:

  | March 24, 2013 | Continue the 'Aha Koa Journey |
  | June 22, 2013 | Koa Tree Planting |
  | September 13-14, 2013 | Laulau preparation/cooking and Native Hawaiian Species Count and Water Safety |

  The final 'Aha Koa event of 2013 was a daytime event for men and their sons at the Kuki 'i Heiau in Puna. Kuki'i is one of the last navigational heiaus in the entire State of Hawaii. A moolelo, which is the traditional history and background of Kuki'i, was presented to the 'Aha Koa group by Keone Kalawe, caretaker of Kuki'i. The 'Aha Koa group reciprocated the knowledge given by performing community service and cleaning the area around the heiau that had become overgrown with weeds and shrubs. This act of community service fit with the 'Aha Koa goals of malama (stewardship) and pilina (connecting fathers with their sons).

  In the evening, the men's partners/spouses and daughters were invited to meet at the 'Imiloa Astronomy Center in Hilo for dinner and a navigational experience at the 'Imiloa planetarium. Kalepa Babayan, who is considered one of the top navigators in the world, facilitated the event and conducted a one-hour program that explained the history and culture of Hawaiian navigation and how it developed over the years. The program also spoke to the mission of 'Aha Koa of connecting fathers and sons by showing the importance of having direction in life and provisioning for that journey. Symbolically, fathers are navigators for their families.

  The navigational program also took participants from the real world to the virtual world in order to enhance the whole experience and give closure for the year.

  The year 2014 has also been filled with 'Aha Koa projects/activities that continue to support and strengthen the relationship between Native Hawaiian men and their sons, and enhance family connections/involvement. With the support and assistance of the Casey Family Programs, P.A.R.E.N.T.S., Inc. initiated a grant to the Geist Foundation for additional funding to support its Father's Initiatives that will also benefit the 'Aha Koa group.

- In the same vein of engaging and empowering at-risk men in the East Hawaii community, the Casey Family Programs provided $6,000 for a community collaboration to develop a Men's Domestic Violence Conference that was held on

October 19, 2013. The conference was successful and participants indicated a desire to attend a subsequent conference in the year 2014. Overall, the participants stressed the importance of public awareness on the issue of domestic violence. The key community partners that organized the conference were P.A.R.E.N.T.S., Inc., Child & Family Service (contracted domestic violence provider), and Epic, Inc.

- In East Hawaii, Monthly Purchase of Service Contracts (POS) meetings occur regularly to review program updates (including progress and concerns), activities that will benefit all providers, and to clarify roles and responsibilities.

- The CWSB staff represents the State in various meetings (e.g., Big Island Coalition to Prevent Child Abuse; CP Hui to support aging-out youth; Hui with Department of Health/Family Guidance Center, probation, DOE, and Attorney Generals to address high-end problem cases; Interagency Advisory Committee; Child Death Reviews; etc.). In addition, the CWSB is present at various community activities (including setting up information booths at fairs) that support children who have been abused and/or neglected (e.g., Waiakea Lyons Club for yearly Christmas party, Ellsworth's Toys for Tots and bike giveaway, Mothers Against Drug Driving (MADD), domestic violence vigils, etc.).

- In November 2013, East Hawaii and West Hawaii CWSB Sections convened Meet and Greet conferences with the Department of Health/Family Guidance Center to build bridges and strengthen the working relationship among workers.

- East Hawaii staff has provided training for the community on Hawaii's mandatory reporting law. Attendees have included police recruits, public school teachers and administrators, and staff from private and public agencies. In addition, the East Hawaii staff has hosted conferences on topics such as Dynamics of Child Sexual Abuse and Sexual Assault Nurse Examiner/Sexual Assault Response Team (SANE/SART).

## 2. Consultation and Coordination Between Tribes and the State

In the month of May 2014, Hawaii CWSB had fifteen Native American children in foster care. The fifteen children included three groups of three siblings each. The remaining six children are sole children in each case. One sibling group is under Voluntary Foster Custody legal status, so no petition has been filed. For all of the other cases, the ICWA-required documents were filed when petitions for foster custody were filed in Family Court.

Although CWSB's current procedures and practice for complying with ICWA are sound, improvement is needed in the area of tracking data and using data to monitor children with Native American heritage. The current CPSS system already has fields that capture ethnicity of American Indian and Alaska Native children. DHS plans to extract these data on a quarterly basis for the purpose of monitoring compliance with ICWA regulations.

In making the best plans possible for these children, in SFYs 2012 and 2013, CWSB collaborated with several tribes including the Creek Tribe, Chawtaw Tribe, Comanche Tribe, Ruby Tribe, Mohican Tribe, Old Harbor Tribe, and the Sun'aq Tribe of Kodiak. Most of the contact with the tribal representatives occurs by phone and email. Since most of the current placements for these children are with relatives, the tribes support the placements.

CWSB procedures require that caseworkers ask parents and relatives if the child may be or is of American Indian heritage. When there is reason to believe that the child may be Native American, the caseworker informs the Deputy Attorney General (DAG) assigned to the case. The DAG sends a registered letter to the Tribe (if known) or to the Bureau of Indian Affairs. Most of the responses from the Bureau of Indian Affairs are that the child is not registered as an American Indian Child. In these situations, if it is appropriate, the caseworker may encourage the family to register the child. When CWSB does receive a positive confirmation of registration, tribal rights are adhered to. Should the tribe wish to take custody of the child, CWSB relinquishes the child to the tribe and terminates jurisdiction in Hawaii. All necessary documents and information on the child including Title IV-E eligibility are handed over to the American Indian representative. CWSB also exchanges with the tribe the most current CFSP and APSR.

### 3. Child Welfare Waiver Demonstration Activities

Hawaii was one of eight states approved by the federal Administration for Children and Families to conduct a Title IV-E waiver demonstration project in FFY 2013. This project will grant Hawaii greater flexibility in the use of federal foster care funds to serve children and families. Hawaii has proposed an ambitious project, which includes many initiatives to be piloted on the islands of Hawaii and Oahu. The Waiver Demonstration will begin on October 1, 2014 on the Island of Oahu, and one year later it will be implemented on the Island of Hawaii. Hawaii views the Title IV-E Waiver Demonstration Project as an opportunity to build on and enhance its CWSB programs and practices that have already been implemented successfully in Hawaii. The proposed demonstration project has two primary goals: reducing unnecessary entry into foster care and reducing the length of time children are in foster care. CWSB estimates that a total of 5,132 families, including 7,979 children, will be offered Waiver-funded services over the course of the five-year demonstration (2014-2019).

Hawaii has four major innovations for the Waiver project:

### a. Crisis Response Team (CRT)

The proposed CRT will be staffed by CWSB social workers trained in crisis response who will quickly respond in-person within 1-2 hours to new intakes referred to CWS for hospital or police bookings. The crisis social workers will be able to quickly assess the safety and risk factors of the case and then:

    i.  determine that no services are needed,
   ii.  refer the case to differential response of  FSS or VCM,
  iii.  refer the case for Intensive Home-Based Services (IHBS)  (see below),
  iv.  refer to law enforcement in order to take the child into foster custody
   v.  refer the case for formal CWS investigation.

This quick, live assessment should greatly reduce the number of unnecessary entries into Hawaii's foster care system. Hawaii's statewide data indicate that in State FY 2012, 34% of all children who entered and exited foster care within 12 months were returned to their parent(s) within five days of being removed; 47% were returned within 10 days.

**b. Intensive Home-Based Services (IHBS)**

When determined necessary by the CRT, specially-trained social service workers will respond to the family home within 4-8 hours to help create and implement a safety plan that will stabilize the home in order to prevent removal of the child(ren).  This service will be available to families up to 6-8 weeks and will use the Homebuilders model of intervention.

**c.  Wrap Services**

Wrap Services is a system of care implementing individualized, comprehensive services for youth with complicated multi-dimensional problems. Wrap will be provided to families that are involved with several systems and need the support to reduce the time in foster care. Wrap integrates all child welfare, mental health, juvenile justice, educational, social and supportive services for youth into a single system of care and care management.

Children in care for about nine months will receive a Wrap assessment to address their length of stay, including problems delaying reunification or the inability of the child to return to the family home or other permanent placement. In partnership, the Wrap coordinating committee, the child, his or her family, and members of their support system work together to identify strengths, need and goals, and develop a family-centered individualized plan.

Hawaii currently has a Wrap pilot project that has engaged eleven youths and their families. It is based on the "Wraparound" system of care model and the Milwaukee Wraparound Model.

**d.  Safety Permanency and Well-Being Roundtables (SPAW)**

SPAW services are for children in care for nine months or more, who have multiple agency involvement and for whom reunification is most likely not the plan. Professionals from the various agencies involved with the child and family will convene and implement a plan to achieve permanency in a timely manner. SPAW is designed as a case staffing system to break down systemic barriers to permanency, while ensuring high levels of safety and well-being.

SPAW differs from Ohana Conferences, other case meetings, Wrap services, and Multi-Disciplinary Team meetings primarily because the family is not directly involved in the process. The SPAW consists of service providers, other professionals involved with the child and family, consultants (cultural, medical, mental health, etc.), social workers, and CWSB Administrators. The participants will have the authority to make decisions on behalf of their agencies. The SPAW coordinator will follow up to ensure completion of action plans. If systemic problems exist which are hindering the family's progress in reunification services or the family's ability to move toward permanency, SPAW members will problem-solve and intervene to address these problems.

Services for the IHBS, Wrap and SPAW will be procured for the Waiver Demonstration Project.

## G. FOSTER/RESOURCE & ADOPTIVE FAMILY RECRUITMENT & RETENTION

Hawaii was in substantial conformity with the systemic factor of Foster/Resource and Adoptive Family Recruitment and Retention in its 2009 CFSR. For SFY 2012, CWSB continued to put forth targeted efforts to recruit and license Native Hawaiian resource homes, as the largest population of children in care continues to be Native Hawaiian. Hawaii has also enhanced efforts to partner with other minority and ethnic community leaders to help their families and communities, and to recruit resource families.

CWSB's primary focus continues to be placement with relatives, which is reinforced through legislation, policy and procedural clarifications, trainings, case reviews, enhanced family finding and relative notification efforts and 'Ohana Conferencing. CWSB also has a contract with Hui Ho'omalu to provide targeted recruitment for Native Hawaiian general licensed homes, as well as general recruitment for resource caregivers. The contract also provides for licensure trainings and home studies for both general-licensed and child-specific (relative or kin) families. The Hui contract includes support services for CWSB resource families and CWSB permanency families. These contractors also partner with Wendy's Wonderful Kids and other agencies, stakeholders, and community partners for recruitment, trainings, and support services. Hawaii CWSB also continues in its partnership with Casey Family Programs and Native Hawaiian community resources to organize and conduct statewide, Native Hawaiian 'Aha (community gatherings) in targeted locales to provide resources to sustain birth families and support recruitment of Native Hawaiian families. In 2011, the community-based `Aha expanded to include other ethnic groups, including the Micronesian and Tongan communities.

CWSB understands that maintaining positive relationships with resource caregivers is an important way to reduce turnover. Receiving the Kuakini award is an example of this success. In January 2014, Debra Yoshizumi, a CWSB caseworker on Oahu was one of the first recipients of the Kuakini Award presented by It Takes an 'Ohana, a resource caregiver advocacy group. The award is presented to honor those who go beyond the ordinary in the areas of accessibility, advocacy, commitment, and dedication to bring about positive outcomes for children and families affected by child welfare.

**Figure 66**

## Number of Resource Homes Statewide
## General-Licensed and Child-Specific Licensed



Legend: Child-Specific, General
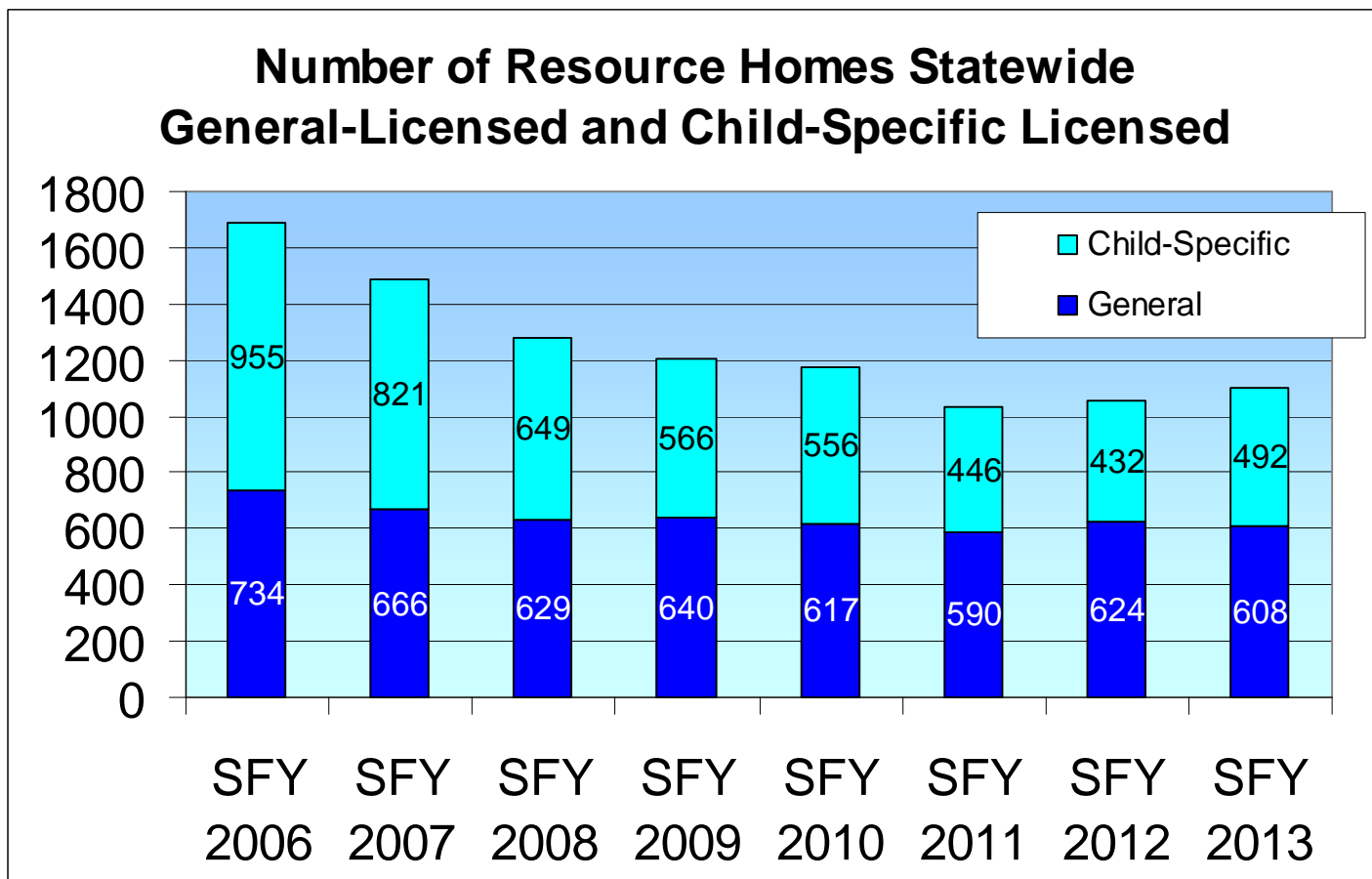
| | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Child-Specific | 955 | 821 | 649 | 566 | 556 | 446 | 432 | 492 |
| General | 734 | 666 | 629 | 640 | 617 | 590 | 624 | 608 |
| | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |

| **Total** | 1689 | 1487 | 1278 | 1206 | 1173 | 1036 | 1056 | 1100 |

Data Source: DHS, Management Service Office

Although the total number of licensed resource homes statewide has dropped significantly since SFY 2006, this is not an indication of reduced capacity to properly house foster youth, since the number of children in foster care has also significantly dropped over this same period. One way to know if CWSB is meeting its need for resource caregivers is to directly compare the number of children in foster care to the number of licensed resource homes. If the ratio of the number of children in foster care to the number of licensed resource homes were 1:1 at a particular point in time, that would mean that there was exactly one resource home for every child in foster care. Given that Hawaii generally places sibling groups together in one home, that some youth in foster care need to live in facilities or DOH-licensed therapeutic homes, that some resource homes have space for several foster children, and that children enter and exit resource homes throughout the year, Hawaii does not need a 1:1 ratio. Figure 67 shows the ratio of children in foster care to resource homes over the past eight years, displaying Hawaii's continued impressive improvement. Figure 67 shows that in SFY 2013, the ratio of foster children to resource homes in Hawaii was actually 1:1.

**Figure 67**



**Ratio of Children in Care to Licensed Resource Homes**
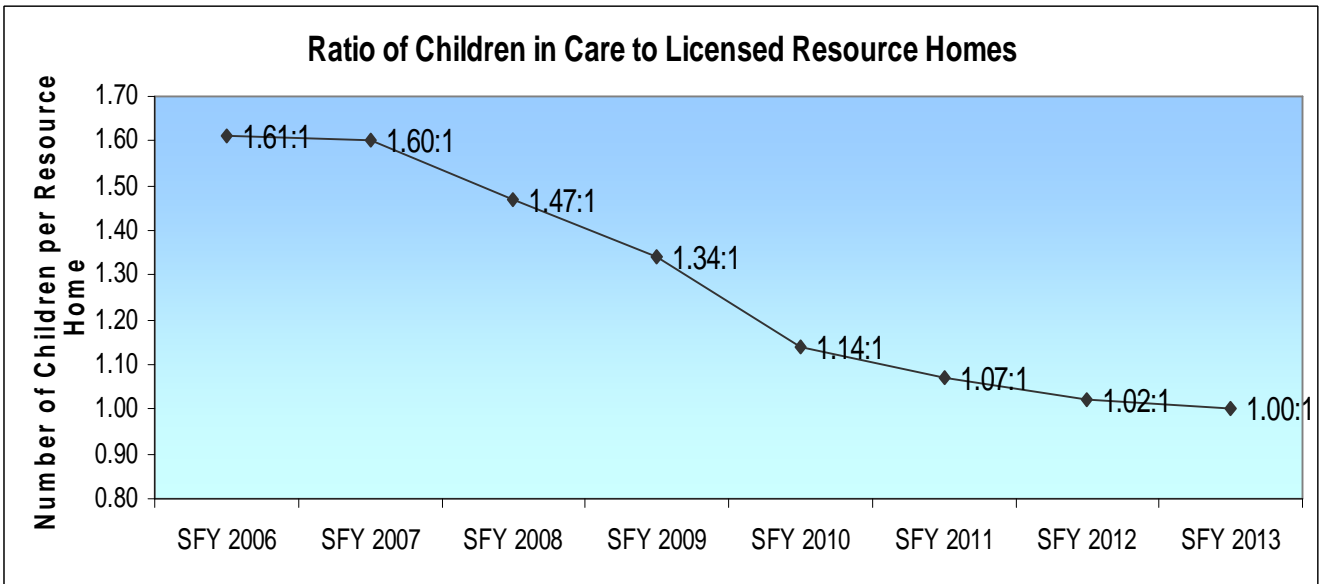
Data Source: DHS, Management Service Office
Please note: Because children exit and enter foster care throughout the year, the graph used the SFY annual monthly averages of number of children in foster care to calculate the ratios. If the ratios are calculated using the total number of children in foster care for the entire SFY, each year's ratio is not as impressive, but the improving trend across the years is similar.

Through the continued collaborative work of CWSB, contracted service providers, and community stakeholders, a variety of recruitment efforts took place in SFY 2013 and continue into SFY 2014. Some of these focused efforts are described below in more detail.

**Faith-based efforts**: Faith-based recruitment continues to be an integral part of the overall recruitment and awareness plan. Staff conducts presentations at churches, request ads to be placed in church bulletins and bulletin boards, and host information tables at events like missions conferences and during services. Staff also maintains relationships with key faith-based contacts in the community and call upon them to assist in publicizing the need for more resource families to their congregation, in addition to providing support in other ways, such as supporting foster care events (coordinating donation drives, manpower, etc.) and by providing direct support to families in their congregation who foster. This natural support system also provides an effective means of recruitment as other families are able to interact with the children directly, which can encourage other families to do the same. Harvest Family Life Ministries is one of the key partners in the community whose goal is to recruit and support resource families. As they share their message of support and encourage churches to build ministries around foster care, this group also leads families to become licensed resource caregivers. Other faith-based contacts are also called upon to spread the word about a need for a resource family for a particular child who may need a home in the same geographical area as the church, or may even share the same faith.

**Native Hawaiian efforts**: Staff continues to maintain a regular presence at Native Hawaiian community events and organization meetings. Hosting information booths at annual conferences such as the Council on Native Hawaiian Advancement, Association of Hawaiian Civic Clubs; smaller-scale, grass roots community events such as the Kamehameha Schools Ho'olaulea, Keiki festivals, and community movie nights; presentations at schools with a high population of Native Hawaiian families, helps keep a focus on the need for more Native Hawaiian resource families. Ongoing collaborative relationships with Native Hawaiian community organizations such as Queen Liliuokalani Children's Center (QLCC), Office of Hawaiian Affairs (OHA), and the Department of Hawaiian Home Lands also provide an avenue for awareness and for general support of families and children involved in foster care. For example, QLCC often opens its facilities for meetings and events, and OHA provides opportunities for media coverage on foster care issues through their monthly publication.

**Utilization of Resource Caregivers, Alumni Foster Youth and Birth Families**: Where appropriate, resource caregivers, alumni foster youth, and birth families are integrated into recruitment and retention efforts, often by sharing their experiences. Resource Caregivers and alumni foster youth have been asked to present at foster care information sessions, H.A.N.A.I. Pre-Service training, and other community and faith-based presentations. Resource Caregivers have also participated in media efforts, such as being featured in print ads in community-based newspapers to bring a familiar face to foster care with the contact number direct to the resource caregiver, being the voice on radio ads, sharing their journey in feature stories in the newspaper. They also make follow-up phone calls to families who are interested but might want more specific information on the fostering experience. Whenever possible, former foster youth are also tapped for presentations and trainings because of their expertise and unique perspective. Including youth has been especially important for the specific focus of recruiting more families to accept teens.

For the first time in Hawaii, National Reunification Month was recognized in June 2013. A family was chosen and their story of reunification submitted to the American Bar Association (ABA) for nomination. The father and social worker were selected as Hawaii's Reunification Heroes by the ABA. There was a recognition event, and press opportunities that allowed the family to share their story. It was a very effective means of creating awareness around the issue of foster care and the role of reunification in foster care.

**Word of mouth referrals**: Word of mouth continues to be one of the highest sources of referrals. The Ohana Rewards program that rewards individuals with a $200 gift card for referring a family that becomes General Licensed has exceeded expectations, with most referrals coming from resource families. The program is advertised regularly through support groups, conferences/trainings, and resource caregiver newsletters.

**Web-based media**: Another frequent source of referral is internet searches. In SFY 2014, Google ads were purchased for the first time, which has driven web-based referrals significantly up. In addition, social media outlets like Facebook and twitter were developed to help drive search engine optimization and provide more avenues for information on foster care to be in front of potential resource families.

Despite recruitment efforts, barriers remain that keep some families from fostering, including financial struggles, having to take in multiple family members for economic reasons, and working multiple jobs. Therefore, new and innovative recruitment strategies are continually being implemented, as it is pertinent to keep the issue at the forefront of the community to assure that the message of the need for more families reach as wide a range of people as possible.

One CWSB goal is to have a pool of resource homes that reflects the ethnic diversity of youth in foster care in Hawaii. Figure 68 shows the number and percentage of youth in foster care in FY 2013 by ethnicity, and how those percentages compare with percentages of resource homes by ethnicity. Figure 68 also indicates that CWSB's collective efforts have proven effective in finding relatives and recruiting general licensed homes to reflect the ethnic diversity of the children in care.

Excluding "Unable to Determine" and "Missing or Invalid," there are twenty-four ethnic groups listed in Figure 68. Five of these have zero foster children and zero resource caregivers. In thirteen of the remaining nineteen groups, the percentage of resource caregivers in each ethnic group is greater than the percentage of foster children in that group. This indicates that Hawaii likely has enough resource caregivers of these ethnic backgrounds to meet the needs of the foster child population with those backgrounds, since it is Figure 67 above indicates that in terms of raw numbers, Hawaii has enough resource caregivers to meet the demand for homes.

There are six ethnic groups where the percentage of resource caregivers is lower than the percentage of children in care: Pohnpeian, Chuukese, Hawaiian or Part-Hawaiian, Mixed (not Part-Hawaiian/Not Part-Hispanic), Tongan, and Vietnamese. Since most resource homes house more than one child, and children enter and exit care throughout the year, it is definitely possible for a lower percentage of resource caregivers in a particular ethnic category to be able to house all the children in care of the same ethnic background, assuming those placements meet the individual needs and best interests of the children.

Regarding children and families of mixed heritage, it is likely that the difference in percentages between children in foster care and resource caregivers is due to how the data is collected (whether one is asked their primary ethnicity or with which ethnic group he/she identifies most versus being asked to state one's ethnic background). Also, all workers who collect and report this data are certain that many more children and caregivers are of mixed ethnic backgrounds than they report, because so many just choose one. Because of these reasons, CWSB is not currently focusing specific recruitment efforts on this group.

There is some concern about the lack of Tongan and Chuukese resource families. PIDF is making concerted recruitment efforts to these communities in SFY 2014 and SFY 2015, as well as to the Native Hawaiian community and other Pacific Island groups.

Considering the great efforts put forth to reach and then maintain the current high percentage of Native Hawaiian resource caregivers, and the serious concern about the disproportionality of Native Hawaiians in the foster care system, CWSB has decided to focus on reducing the number

and percentage of Native Hawaiian and Part Native Hawaiian youth in foster care. This is Hawaii's preferred method to help the percentages of Native Hawaiian foster youth and Native Hawaiian resource caregivers come closer to each other. A brief description of the Native Hawaiian Work Group can be found in the report: *Section III. Program Overview, Part 1. Safety, A. Program and Services Descriptions, 4. Most Vulnerable Populations, d. CWSB Native Hawaiian Work Group.*

**Figure 68**

| Ethnicity | Children in Foster Care | | Resource Caregivers |
| --- | --- | --- | --- |
| **Multi-Ethnic Report of Children in Foster Care & their Resource Caregivers for SFY2013** | | | |
| | Count | Percentage | Percentage |
| Native American | 20 | 0.95% | 1.00% |
| Alaskan Native | 0 | 0.00% | 0.00% |
| Black | 46 | 2.18% | 3.45% |
| Cambodian | 0 | 0.0% | 0.18% |
| Chinese | 8 | 0.38% | 1.18% |
| Chuukese-Federated States of Micronesia (FSM) | 23 | 1.09% | 0.00% |
| Filipino | 163 | 7.75% | 20.45% |
| Guamanian/Chamorro | 0 | 0.00% | 0.00% |
| Hawaiian or Part-Hawaiian | 989 | 47.07% | 43.81% |
| Hispanic/Spanish Origin | 62 | 2.95% | 6.73% |
| Japanese | 20 | 0.95% | 8.36% |
| Korean | 3 | 0.14% | 0.55% |
| Kosraean-FSM | 0 | 0.00% | 0.00% |
| Laotian | 4 | 0.19% | 0.27% |
| Mixed (Not Part-Hawaiian/Not Part-Hispanic) | 339 | 16.13% | 3.73% |
| Marshallese-Republic of the Marshall Island | 17 | 0.80% | 0.00% |
| Other Pacific Islander | 38 | 1.80% | 3.64% |
| Palauan-Republic of Palau | 0 | 0.00% | 0.00% |
| Pohnpeian-FSM | 1 | 0.04% | 0.00% |
| Samoan—American Samoa & Independent State | 56 | 2.66% | 3.36% |
| Tongan | 12 | 0.57% | 0.00% |
| Vietnamese | 7 | 0.33% | 0.18% |
| White/Caucasian | 273 | 12.99% | 29.64% |
| Yapese-FSM | 0 | 0.00% | 0.00% |
| Unable to Determine | 20 | 0.95% | 2.73% |
| Missing or Invalid | 0 | 0.00% | 1.18% |
| **TOTAL** | 2,101 | 100% | 130.45%* |

Data Source:  DHS, Management Services Office

*Please Note:  Because resource families are often made up of more than one care-giving adult, and those adults are not necessarily of the same ethnic background, one resource family is sometimes counted in two different ethnic categories, thereby causing the total percentage to be more than 100%.

# SECTION IV:
# PROGRAM SUPPORT

## A. Training and Technical Assistance (T/TA)

### 1. Past and Current Requests

CWSB received assistance from various National Resource Centers for Training and Technical Assistance (T/TA) over the past five years, which informed and supported numerous new programs. Below is a list of requests with highlighted outcomes.

**Fostering Connections** (closed December 2012)
>    Hawaii is now in full compliance with the Fostering Connections Act.

**Foster Care Beyond 18:  Imua Kākou (TA1157)** (July 2013 – July 2014)
>    On July 1, 2014, Hawaii implemented extended voluntary foster care to age 21 for emancipating foster youth.

**Threatened Harm (TA421)** (closed December 2012)
>    Hawaii now has policies and procedures that are manifested in practice around the working definition of threatened harm and workers' response to these cases

**Supervision (TA627)** (January 2011 – January 2014)
>    Hawaii is strengthening its training and mentoring of Supervisors. This work is on-going.

**Concurrent Planning (TA627)** (January 2011 - March 2013)
>    Hawaii now has working concurrent planning guidelines, policies and procedures. CWSB administrators conjecture that reduction in length of stay in foster care is partially due to more active concurrent planning efforts.

**Visitation in Sexual Abuse Cases (TA690)** (closed December 2012)
>    Based on newly developed policies and procedures, tip sheets with guidelines have been created, trained and distributed to all CWSB line staff for child-parent visitation in sex abuse cases.

**Assessing Safety and Protective Capacity with Unknown Perpetrator (TA725)** (February 2012 – July 2014)
>    With new protective policies in place for unknown perpetrator cases, Hawaii CWSB staff statewide has been trained on this issue.

**Hawaii Quality Improvement Process (TA162)** (closed April 2012)
>    Hawaii's CFSR was revised to be in line with federal review standards.

**Using Data and CQI Process to Improve Performance (TA846)** (June 2012 - July 2014)
>    The attitude of CWSB staff has shifted to understanding the importance of using data to make the best decisions in CWSB work.

**Citizen Review Panel (TA1173)** (September 2013 – July 2014)

Hawaii's CRP now has a more formal and effective structure, which has resulted in increased CRP productivity.

**Safety Decision Making & Domestic Violence (TA543)** (closed August 2012)

Based on the creation of new DV policies, tip sheets and guidelines were developed, trained and distributed to CWSB line staff.

**Hawaii Foster Youth Coalition Development (TA236)** (closed in August 2012)

HYCF's structure and direction improved.

**Intensive Home-Based Services Program (TA1280)** (January 2014 – July 2014)

A model for IHBS was chosen for implementation in Hawaii, with planned contracted services to begin February 2015.

### 2. Anticipated Requests

As indicated above, many of our past T/TA requests are continuing. In SFY 2015, Hawaii may be requesting Training and Technical Assistance in the following areas:

a. Disproportionality,
b. Early Childhood (0-5) Mental Health Assessment and Treatment,
c. Trauma-Informed Practice,
d. Human Trafficking, and
e. Title IV-E Waiver.

## B. Hawaii Family Connections Project (CB Family Connections Grant)

Please see description in *Section III, Part 3 Family Engagement and Child Well-Being, Section B.1*.

## C. Strategic Planning Committee (SPC)

### 1. Overview

Since 2007, DHS has partnered with Casey Family Programs to establish our CWSB Strategic Planning Committee (SPC) with the mission to safely reduce the number of children in foster care. With a reduced foster youth population, the plan is to reinvest the savings to strengthen support to vulnerable families. This additional support is focused to improve education, employment, and mental health outcomes.

The SPC meets quarterly. Its members have designed and supported the initiatives below.

### 2. Community Gatherings ('Aha)

Beginning in July 2010, SPC has worked with the cultural communities that have an increasing presence in the CWSB workload and placement in foster care. CWSB has held numerous cultural community gatherings on all islands to increase collaboration, partnership and shared knowledge. These gatherings will continue in SFY 2015.

a. **Topics**

Topics covered at these meetings have included:

    i.      Cultural Practices;
    ii.     Child Abuse and Neglect Definitions, Ramifications, & Prevention;
    iii.    Community Safety;
    iv.    Mandatory Schooling;
    v.      Mandatory Immunizations;
    vi.    Cultural Awareness;
    vii.   Cultural Sensitivity;
    viii.  CWS' system of response to reports of alleged C/AN; and
    ix.    Law Enforcement's response to reports of alleged CA/N.

b. **Participants**

There was a wide range of attendees at each of these gatherings, including:

    i.      Community Members;
    ii.     CWSB Line Staff;
    iii.    CWSB Supervisors;
    iv.    CWSB Administrators;
    v.      Community Leaders;
    vi.    Religious Leaders of the Community;
    vii.   Law Enforcement;
    viii.  Family Law Attorneys;
    ix.    GALs/CASAs; and
    x.      Family Court Judges.

c. **Ethnic Populations Served**

The ethnic populations that were served with separate cultural community gatherings were:

    i.      Marshallese;
    ii.     Federated States of Micronesia (Yap, Chuuk, Pohnpei, Kosrae);
    iii.    Tongan;
    iv.    Samoan;
    v.      Filipino; and
    vi.    Native Hawaiian.

### d. Outcomes

Beyond the obvious improved understanding, partnership, collaboration, and communication with these cultural communities, CWSB anticipates the following improvements for children of color in Hawaii:

    i.    decreased disproportionality in foster care,
    ii.   decreased disparity in time to permanency,
    iii.  reduced exits from foster care to emancipation, and
    iv.  increased exits from foster care to adoptions and legal guardianships.

## 3. Wraparound

The Wraparound Model initiative started in October 2011. SPC was part of this initiative and helped to guide the work in needed ways.

The purpose of the initiative was to bring key state departments (DHS, DOE, and DOH) and the State judiciary together to partner and use braided funding and creative, multidisciplinary problem-solving to meet the needs of children with significant mental and behavioral health needs. The anticipated outcomes of Wraparound work are:

    a.  reduced entries into foster care,
    b.  reduced re-entries into foster care, and
    c.  reduced length of stay in foster care.

The results of the pilot Wraparound inspired the Title IV-E Waiver Demonstration Project Wrap service, which is planned to be implemented in January 2015.

## 4. Family Engagement & Support

This initiative promotes best practices by using kinship care as a permanency option. There is a focus on increased engagement, services, and support to relative caregivers and guardians. CWSB works in conjunction with informal community supports to develop practical and effective safety plans.

Projected outcomes of these efforts include:

    a.  increased percentage of children in foster care exiting to adoption or legal guardianship,
    b.  increased percentage of children in foster care who exit foster care to the care of relatives or kin, and
    c.  reduced length of stay in foster care.

**5. Data & Best Practice Promotion**

SPC supports data analysis best practices and the use of social science research in improving practice. Casey Family Programs has provided Hawaii with Google Maps and Hawaii Data Dashboards. Hawaii wants its initiatives, programs, services, policies and procedures to be data-driven and outcome-focused. This work dovetails with the Data T/TA request and work with APHSA. SPC's plan is to aid in the collection and documentation of sound data and then to use this data to improve child welfare practice and policy reform.

The desired outcome of these efforts is a decrease in the number of children in foster care in Hawaii.

**6. Three Branch and Cross System Collaboration**

The focus of the work in this area is to promote understanding, effective communication, collaboration, and leadership among executive, legislative, and judicial leaders in Hawaii at the state and local levels. SPC is working across these systems that serve children and families to improve and integrate policy, financing, and practice strategies. The idea is that this expanded communication and integration of policies will allow for improved outcomes for families. SPC hopes to help create effective and sustainable three-branch, cross-system structures or mechanisms for collaboration.

The related CWSB outcome will be a reduction in the number of children in foster care in Hawaii.

**7. Title IV-E Waiver**

Part of SPC's larger purpose is to educate state and local policy makers regarding existing financing barriers and flexible funding strategies that can contribute to positive outcomes for children and families.

This new initiative started in SFY 2014 when Hawaii was awarded a Title IV-E Waiver. SPC plans to be central to the planning and smooth implementation of the waiver demonstration projects.

Please see the description of the proposed Title IV-E Waiver for a more complete understanding and desired outcomes in *Section III. Program Overview*, *Part 4. Systemic Factors, F. Collaboration and Responsiveness to the Community, 3. Child Welfare Demonstration Projects* of this report.

**8. Education Promotion**

Hawaii's SPC has been working with public and private schools, including preschools, the DOE, and the State judiciary to improve educational outcomes for children in foster care. Data from Casey Family Programs' Google Maps informs our practice, showing the

geographic concentration of children removed from their homes and how this will impact recruitment of resource caregivers and the schools where these children are enrolled. The Committee promotes understanding of the importance of educational stability and maintaining the foster child in his/her home school when possible.

Anticipated outcomes for children in foster care include:

a. Improved school-performance,
b. Improved mental health,
c. Increased enrollment and success in higher education among young adult former foster youth,
d. Decreased enrollment in Special Education,
e. Improved child-teacher relationships,
f. Fewer school changes,
g. Improved school attendance,
h. In school support and counseling for the child, decreased behavioral problems,
i. Earlier identification of learning differences, and
j. Reduced placement disruptions.

## D. Strengthening Title IV-E Foster Care Eligibility Determination

DHS completed work on all of the recommendations from Hawaii's 2010 Title IV-E review.

DHS is now engaged in a new Title IV-E Eligibility PIP, which is described in Hawaii's new CFSP. Hawaii will report progress on the new Title IV-E eligibility PIP in subsequent APSRs.

# SECTION V:
# CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA)
# PROGRESS REPORT ON STATE PLAN

## A. Overview

CAPTA funding has been and will continue to be used in the upcoming fiscal year to carry out Hawaii's CAPTA State Plan by supporting Family Strengthening Services (FSS). FSS is part of Hawaii's Differential Response System (described above in *Section III, Part 1*), consistent with the goals and objectives of the CFSP. In addition, CAPTA funding will be used to reinstate Hawaii's Child Death Reviews, which were not funded in calendar year 2014. The reviews were funded with CAPTA dollars until December 2013 when the DHS Deputy Director suspended funding for the Reviews, because DOH was not participating in the reviews, when the nurse coordinator position for the Reviews was cut. In 2015, DHS plans to revive the Child Death Reviews with new membership, format, and output reports.

There are no significant changes from Hawaii's previously submitted CAPTA plan. The State CAPTA Liaison Officer remains the same. Her contact information is below.

Hawaii State CAPTA Liaison Officer
Kayle Perez
Child Welfare Services Branch
Social Services Division
Department of Human Services
810 Richards Street, Suite 400
Honolulu, HI 96813
kperez@dhs.hawaii.gov

There are no changes in State law that could affect Hawaii's eligibility for the CAPTA State Grant.

## B. Statewide Citizen Review Panel (CRP) (See Attachment A.)

In SFY 2010 and SFY 2011, the National Resource Center for Child Protective Services and National Citizen Review Panel provided technical assistance to Hawaii. The T/TA was initially provided to strengthen communication and coordination between CWSB and the Maui CRP. Subsequently the Maui CRP made a decision that they wanted to focus only on Maui issues and did not want to be designated as the Statewide CRP. The focus of the T/TA then shifted to

successful implementation of a statewide CRP that included members from all Hawaii Counties. Creation of the statewide CRP was accomplished on January 21, 2011.

The Hawaiian name for the Hawaii CRP is *Nā Kupa Alo Ana O Hawai`i.* One might translate this as "People across Hawaii who are connected to its history and tradition, who are regularly coming together in ongoing face-to-face conversation." This year Nā Kupa Alo Ana O Hawai`i lost two panel members. Due to school conflict, a Hawaii former foster youth resigned. Due to new employment, a resource caregiver needed to resign. Hawaii is currently looking for former foster youth and a resource caregiver to join the CRP. In January 2013, Jeny Bissell stepped down as Chair and Jay Yukumoto began his term as Chair, while Jacqueline Perry continues as Vice Chair. One of the struggles that the statewide CRP faced was meeting face-to-face four times a year. Although teleconferences were held during the months that the CRP did not meet face-to-face, it struggled with completing tasks with members on different islands. DHS decided to fly the CRP members to Oahu every other month to meet. After consulting with Blake Jones on how to make the teleconference more productive and focused, the group reduced the time of the teleconference meetings to one hour, with each teleconference focused on updates about the work group activities and what they will need to bring for the face-to-face meeting the following month. The new structure is working much better; it helps to have CRP members together in one room to work.

DHR sent two CRP members to attend the 12th annual National Citizen Review Panel Conference in Jackson Hole, Wyoming in May 2013. A third CRP member also attended, funded by her own agency. DHS is committed to supporting and funding at least two members each year to attend the National Citizen Review Panel Conference. In 2013, Hawaii was fortunate that a panel member's board found this conference of value and funded her attendance at this conference.

Three members of Na Kupa Alo Ana O Hawaii were trained and participated in their local CWSB Section's Continuous Quality Improvement (CQI) reviews in SFY 2013. This review assesses performance on 23 items in CWS cases and participation allows the panel members to gain a better understanding of the federal child welfare requirements.

The panel members flew to Maui to review the Family Journal (FJ) on June 4, 2012, six months after the January 1, 2012 implementation of the FJ in the CWSB Maui Section. The FJ is a tool to enhance engagement in case planning with parents, children and youth served by CWS. As part of the FJ review, the panel members reviewed five cases, interviewed parents about the usefulness of the FJ, and conducted a focus group with Maui CWSB staff on the use of the Family Journal as part of their casework practice. The Na Kupa Alo Ana O Hawai'i included a Family Journal Review Report as part of their 2012 Annual Report submitted to DHS on July 25, 2012. DHS has addressed the recommendations made by the CRP on the use of the Family Journal in the Maui Section.

CRP members have focused on Child Welfare Intake (CWI) SFY 2013. The Panel's goal is to make recommendations to capture strengths and weakness of the CWI system with regards to caller experience. The CRP would like to provide information to DHS from a reporter's

perspective regarding CWSB Intake. They are focusing on who is making the call, customer service and culturally appropriateness. Various CRP members have researched other states' surveys that were done on their intake systems. The members have broken up into three work groups: survey design and content, survey distribution, and survey data collection and analysis. This area of focus for CRP is continuing into SFY 2014.

Please read the SFY 2013 CRP report and DHS' letter of response, dated July 1, 2014, in Attachment A.

## C. Child Fatalities

### 1. Deaths in Hawaii CWS Cases

**Figure 69**

| Children who Died in Active CWS Cases SFYs 2009-2014 | | | | | | |
|---|---|---|---|---|---|---|
| **SFY** | **2009** | **2010** | **2011** | **2012** | **2013** | **2014** |
| **Number of Children** | 2 | 0 | 2 | 5 | 2 | 0 |

Data Source: DHS, Management Services Office

During SFY 2013, in Hawaii, there were two deaths of children who were in DHS care. In both cases, the deaths were due to physical abuse by parents that occurred before the children entered foster care. Each death case is thoroughly reviewed by the Child Protection Multi-Disciplinary Team for case planning and also by the CWSB Program Development Office (PDO) to determine if any rules or CWSB policies or procedures require modification as a result of the deaths. As a result of PDO's reviews of death cases, CWSB developed new policies, procedures and tools for cases with unidentified/unknown perpetrators to ensure greater safety for Hawaii's children. The CWSB staff trainings for unknown perpetrator cases are continuing into SFY 2015.

The information that Hawaii uses to count and compile data on child deaths is from CWSB CPSS internal data system, and only includes cases that have been active during the reporting period. Child fatality data from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and the State's Medical Examiners' Office is used when compiling the DOH Child Death Review data for all deaths in the State. This data is separate from CWSB data reported to NCANDS. The DOH child death data is significantly older than the reporting period for the APSR. At last check, the DOH Child Death Review had completed compiling their data for 2009.

Regarding Hawaii's Child Death Review Program, the DHS Deputy Director decided to cut DHS funding to the DOH Child Death Review nurse coordinator position in December 2013, due to a lack of DOH staffing for the project. The Department of Health (DOH) tried to get more funds for this position from the Hawaii State Legislature, but was not successful. The position was cut. The Hawaii Child Death Review is also under the State of Hawaii's DOH statutes. DOH did not provide a final report of the Child Death Review Program. There are

efforts to revive the panel, and DHS funds are designated to support the new Child Death Review Program.

## 2. CAPTA Fatality and Near Fatality Public Disclosure Policy

Currently, when information about a child fatality or near fatality is requested to be released to the public, and the harm was due to CWS-confirmed abuse or neglect, Hawaii generally provides:

    a. Age of the child;
    b. Gender of the child;
    c. Circumstances surrounding the incident;
    d. Information about previous reports of child abuse or neglect that is pertinent to the abuse or neglect that led to the child fatality or near fatality;
    e. Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
    f. The results of any such investigations, and
    g. The services provided by the state and actions of the state on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

## D. Child Protection Services Workforce

### 1. Overview

To provide an accurate portrait of our workforce, CWSB conducted a survey that each staff member filled out. The data presented in this section is from that survey, which was conducted in May 2014.

### 2. Numbers

#### a. Staff

As of May 2014, CWSB had 411 funded positions, 318 employees and 93 vacant positions CWSB is therefore functioning with only 77% of the required staff, as shown in Figure 70.

**Figure 70**

## CWSB Staff Positions and Vacancies

| | June 2010 | June 2011 | April 2012 | May 2013 | May 2014 |
|---|---|---|---|---|---|
| **Total Number of CWSB Staff Positions** | Over 500 | 444 | 417 | 428 | 411 |
| **Number of Vacant CWSB Positions** | unknown | 91 | 103 | 94 | 93 |
| **Percentage of Vacancies** | unknown | 20% | 25% | 22% | 23% |

Data Sources:  DHS Directories, Past APSRs, April 2012 Workforce Survey, May 2014 Workforce Survey & Direct Staff Inquiry

**b. Caseload**

Using May 2014 active case assignments in CPSS, the average caseload per assessment worker is approximately 20.43 cases, although there is a wide range among workers regarding caseload. The average caseload per case manager, permanency worker, hybrid case manager/permanency worker, and tribrid assessment worker/case manager/permanency worker is approximately 14.85 cases. This is a significant improvement over the past two years' average for assessment worker caseload numbers, as can be seen in Figure 71. Intake workers do not carry caseloads. There is no policy regarding a maximum or minimum number of cases that a worker may carry; ensuring manageable caseloads and parity in caseload across workers is the responsibility of the Unit Supervisors and Section Administrators.

**Figure 71**

| Hawaii CWSB Average Caseload for the past three years | | |
|---|---|---|
| Month and Year | Assessment Worker Average | Case Manager/Permanency Worker Average |
| May 2012 | 41 Cases | 21 Cases |
| May 2013 | 28 Cases | 15 Cases |
| May 2014 | 20 Cases | 15 Cases |

Data Source: DHS, Management Services Office

### 3. Positions

The staff breakdown into positions for May 2014 is shown in Figure 72.

**Figure 72**

| Hawaii CWSB Staff Breakdown May 2014 | | |
|---|---|---|
| **Position** | **Number of Current Staff** | **Number of Vacancies** |
| Secretaries and Clerks | 45 | 11 |
| Aides (transport clients and supervise visits) | 44 | 14 |
| Assistants (process client paperwork, including medical coverage and payments, and support case workers) | 47 | 15 |
| Eligibility Workers (determine Title IV-E eligibility) | 8 | 0 |
| Caseworkers (Intake Workers, Assessment Workers, Case Managers, Permanency Workers, and Licensing Workers) | 132 | 48 |
| Line Supervisors | 25 | 3 |
| Administrators | 17 | 2 |
| **TOTAL** | **318** | **93** |

Data Source: May 2014 DHS Directory, May 2014 Workforce Survey, & Individual Inquiry

### 4. Gender

Throughout the nation, there are far more women employed in the field of social services than men. This is the case in the Hawaii's workforce as well. In January 2013, 67% of the DHS workforce was female and 33% was male. CWSB staff comprises 17.6% of the entire DHS workforce. The May 2014 CWS-internal survey showed that CWSB employees were 81% female and 19% male. The increased gender discrepancy for CWSB is not surprising, since culturally, caring for children has been women's responsibility, both historically and within most current societies.

DHS consistently includes men on interview and evaluation committees for hiring new employees in order to help ensure 1) that male applicants are treated fairly, 2) that male applicants see that there are men employed in DHS, and 3) that the male perspective is fully incorporated into the hiring process.

Within CWSB, administrators, Supervisors, and caseworkers all make regular efforts to combat any potential bias in CWSB services due to the gender inequity of staff. For

example, in Hawaii's Engaging Fathers' initiative, several male staff and male community members were at the core of designing and implementing the new policies, procedures and CWSB staff training.

**5.  Age**

The age distribution of CWSB staff is shown in Figure 73.  When asked "What age range do you fall into?" this was the employees' cumulative response.

**Figure 73**
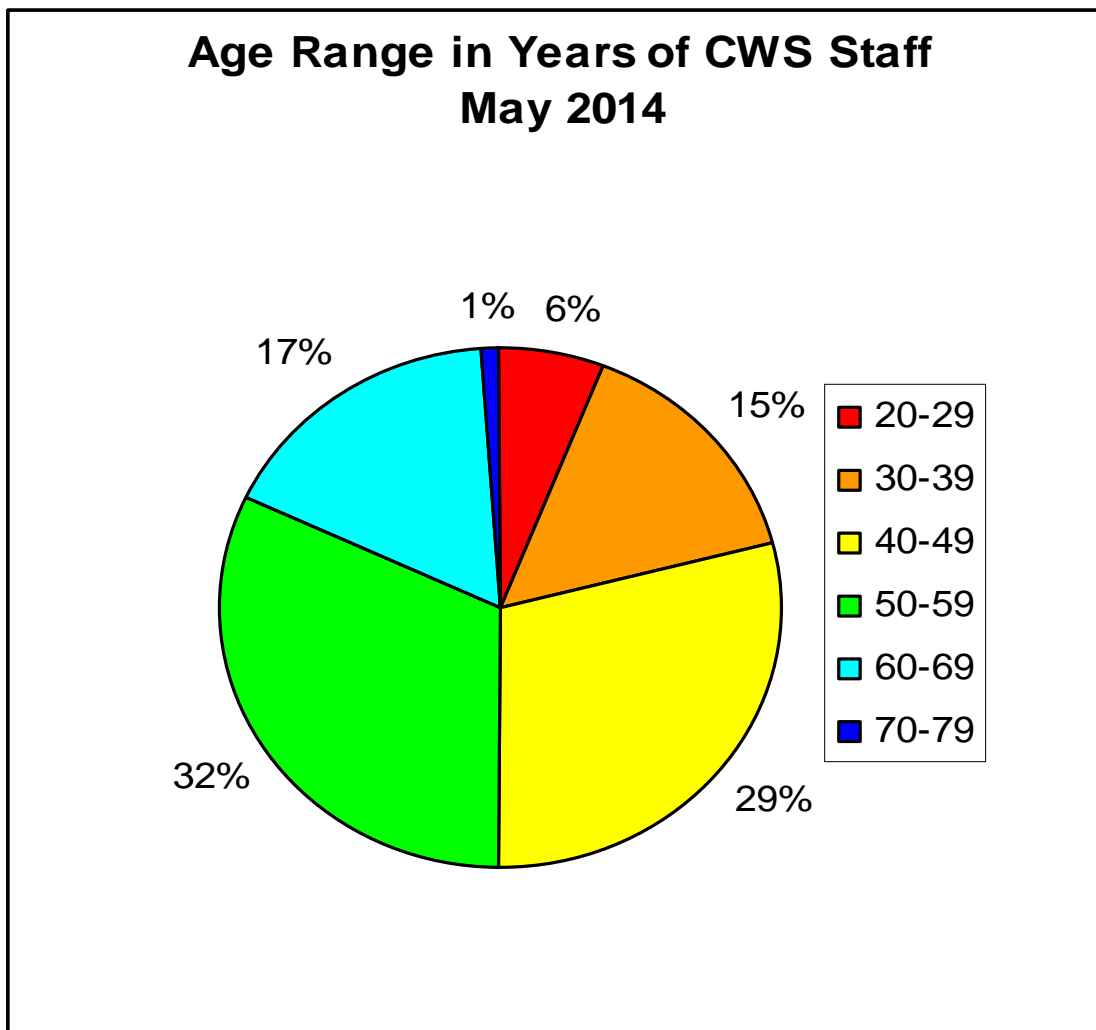


Data Source:  May 2014 Hawaii CWS-Internal Workforce Portrait Survey

As of May 2014, CWSB had no employees under age 20 or over age 79. The largest percentage of CWSB staff (32%) fell into the 50-59 age range, followed by the 40-49 age range (29%).

In looking at Figure 73, it is clear that just under half of CWSB staff was between 50 and 79 years old. Hawaii CWSB is aware of the potential problem of numerous retirements within the span of a few years, causing mass exodus of vast institutional knowledge. CWSB is currently preparing the future leaders in numerous ways, including:

a. Younger staff participate in our Management Leadership Team meetings;
b. All of our focus groups involve staff at all levels;
c. Policy workgroups involve staff at all levels;
d. Contract application (RFP) evaluation teams involve staff at all levels;
e. Targeted "transfer-of-knowledge" trainings, where senior staff teach younger staff specific skills, methods, or practices, crucial to CWSB functioning; and
f. Support for staff to attending outside conferences and trainings.

## 6. Education

All staff positions within CWSB require a high school diploma or a GED. All caseworker positions (intake, assessment, case management and permanency) require a minimum of a Bachelors Degree and some experience in human services. Higher level caseworker positions require more years of relevant professional experience and a degree related to social work. In addition to the other caseworker requirements, entry-level intake workers are required to have worked in CWSB for a minimum of three years. A Masters Degree in social work or a related field is not required, but is preferred for higher level caseworker positions and Supervisors. CWSB Supervisors must have a minimum of 4 years of professional experience in child abuse and neglect, in addition to the formal education requirements of the caseworker.

The training requirements for CWSB staff are discussed in *Section III. Program Overview*, *Part 4. Systemic Factors, Section D. Staff and Provider Training.*

Figure 74 shows the highest levels of education of CWSB staff in May 2014.

**Figure 74**

| Highest Level of Education All Hawaii CWSB Staff May 2014 | |
|---|---|
| **Diploma or Degree** | **Percentage of All Staff** |
| GED or HS Diploma | 23% |
| Associates Degree | 11% |
| Bachelors Degree | 34% |
| Masters Degree | 31% |
| Doctoral Degree | 1% |
| **TOTAL** | 100% |

Data Source: May 2014 Hawaii CWS-Internal Workforce Portrait Survey

Figure 74 shows that two thirds of Hawaii's CWSB workforce has a college degree, and one third has a masters or doctoral degree.

It is helpful to separate out the educational background of CWSB Caseworkers (Intake Workers, Assessment Workers, Case Managers, Permanency Workers, Licensing Workers, and Eligibility Workers) as shown in Figure 75. It is also interesting that 56% of Hawaii's CWSB Line Supervisors and Administrators have MSWs. This is a drop from 75% in SFY 2011, based on the data from the Hawaii CWSB-internal Workforce Portrait survey of that year.

**Figure 75**

| Highest General Education Level CWSB Caseworkers May 2014 | |
|---|---|
| **Highest General Education Level** | **Percentage of Caseworkers** |
| HS Diploma + Extensive Experience | 4% |
| Bachelors Degree | 40% |
| Masters Degree | 54% |
| Doctoral Degree | 2% |
| **TOTAL** | 100% |

Data Source: May 2014 Hawaii CWSB-Internal Workforce Portrait Survey

Figure 75 shows that 96% of caseworkers have a college degree, and more than half have a masters or doctoral degree.

**Figure 76**

| Highest Child-Welfare-Related Education Hawaii CWSB Caseworkers May 2014 | | |
|---|---|---|
| | **Caseworkers** | |
| **Highest Child-Welfare-Related Education** | Number | Percentage |
| No formal education, outside of CWS' trainings & conferences | 9 | 7% |
| Some college classes | 7 | 5% |
| Bachelors in a related field | 41 | 30% |
| Bachelors of Social Work | 10 | 7% |
| Masters in a related field | 16 | 11% |
| Masters of Social Work | 52 | 38% |
| Doctorate in a related field | 2 | 1% |
| Doctorate in Social Welfare | 1 | 1% |
| **TOTAL** | 138 | 100% |

Data Source: May 2014 Hawaii CWS-Internal Workforce Portrait Survey

## 7. Retention

Although not as stellar as in past years, CWSB's staff retention rate is laudable. Seventy-one percent of Hawaii CWSB staff has been with CWSB for six or more years. Of that 71%, 48% has worked for CWSB for eleven or more years. Of that 48%, 20% has been employed by CWSB for twenty-one or more years. Figure 77 demonstrates the longevity of our workers, as well as a newer trend of hiring workers.

**Figure 77**

## Hawaii CWS Staff Retention
## May 2014
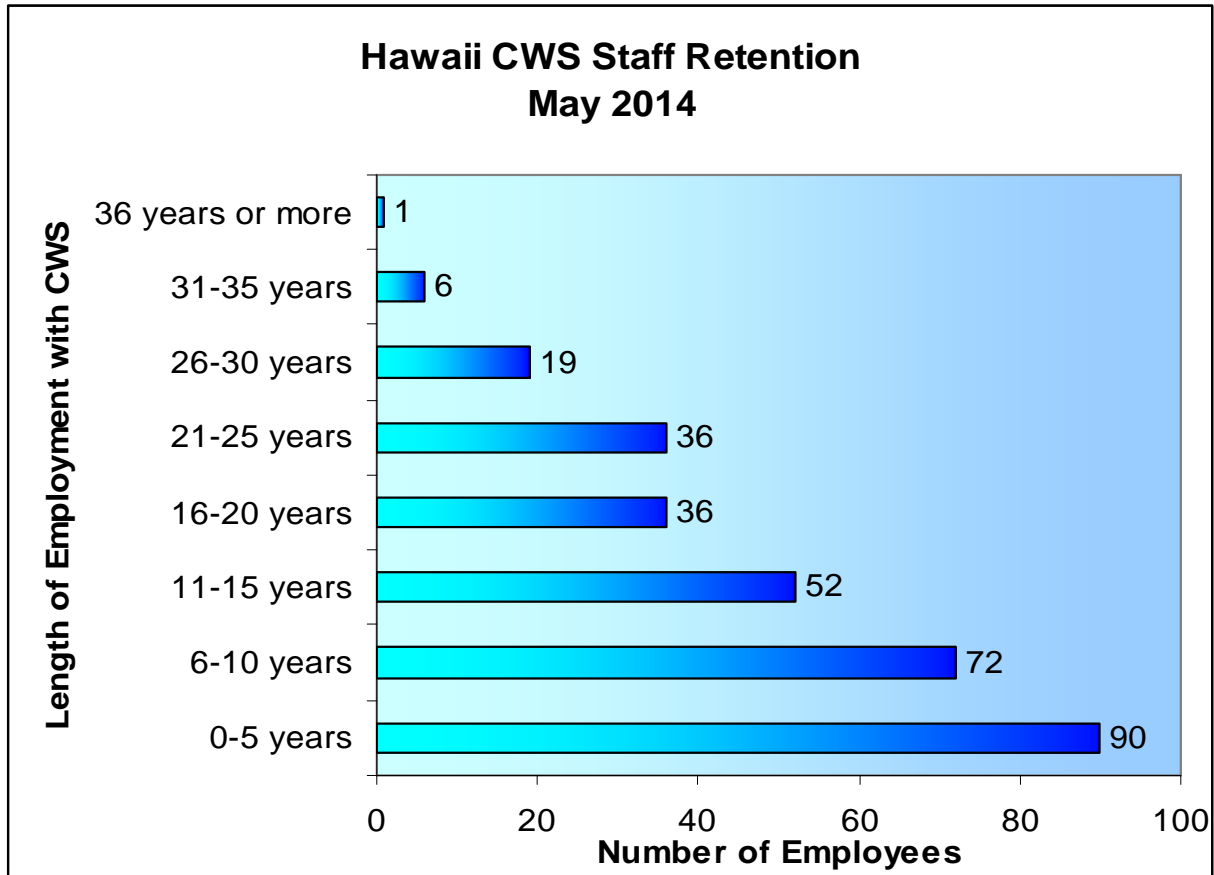


Data Source: May 2014 Hawaii CWS-Internal Workforce Portrait Survey

It is important to note that Hawaii's retention numbers may be artificially skewed to the high end, because of the Reduction in Force (RIF) that occurred in 2009, which laid off the great majority of employees who had been working with CWSB for two years or less. As expected, there was also very little hiring during the years that followed the RIF, due to positions having been abolished and a hiring freeze. As Hawaii has been recovering from the global recession and RIF, hiring has resumed, as can be seen in Figure 77 which shows the high number (90) of employees who have been with CWSB for only 0-5 years. At first glance, it may appear concerning that there are so many unseasoned employees at CWS, however, considering the number of retirements DHS expects within the next decade (due to the age of staff – see the Age Range figure above,) it is essential to the continued success of Hawaii CWSB and the successful transfer of institutional knowledge that high numbers of new workers are hired now.

## 8. Ethnicity

Figure 78 displays the ethnic breakdown of Hawaii's diverse staff. This is how the staff was asked to report their ethnic background: *Which category best describes your ethnic*

*background? Please choose one answer only. If you have multiple ethnicities and you are part Native Hawaiian, please indicate Native Hawaiian. If you have multiple ethnicities and are not part Hawaiian, please choose the ethnicity that you primarily identify with. (This may be the one that you list first when describing your background.)*

**Figure 78**



**CWS Staff Ethnicities (Self-Reported)**
**May 2014**

| Ethnicity | Number of Staff |
|---|---|
| Preferred not to Answer | 18 |
| Other* | 5 |
| Tongan | 3 |
| Native American Indian | 3 |
| Korean | 3 |
| Black or African American | 4 |
| Latino/a or Hispanic | 7 |
| Chinese | 9 |
| Samoan | 11 |
| Filipino | 41 |
| Caucasian or White^ | 64 |
| Japanese or Okinawan | 67 |
| Native Hawaiian or Part Native Hawaiian | 77 |
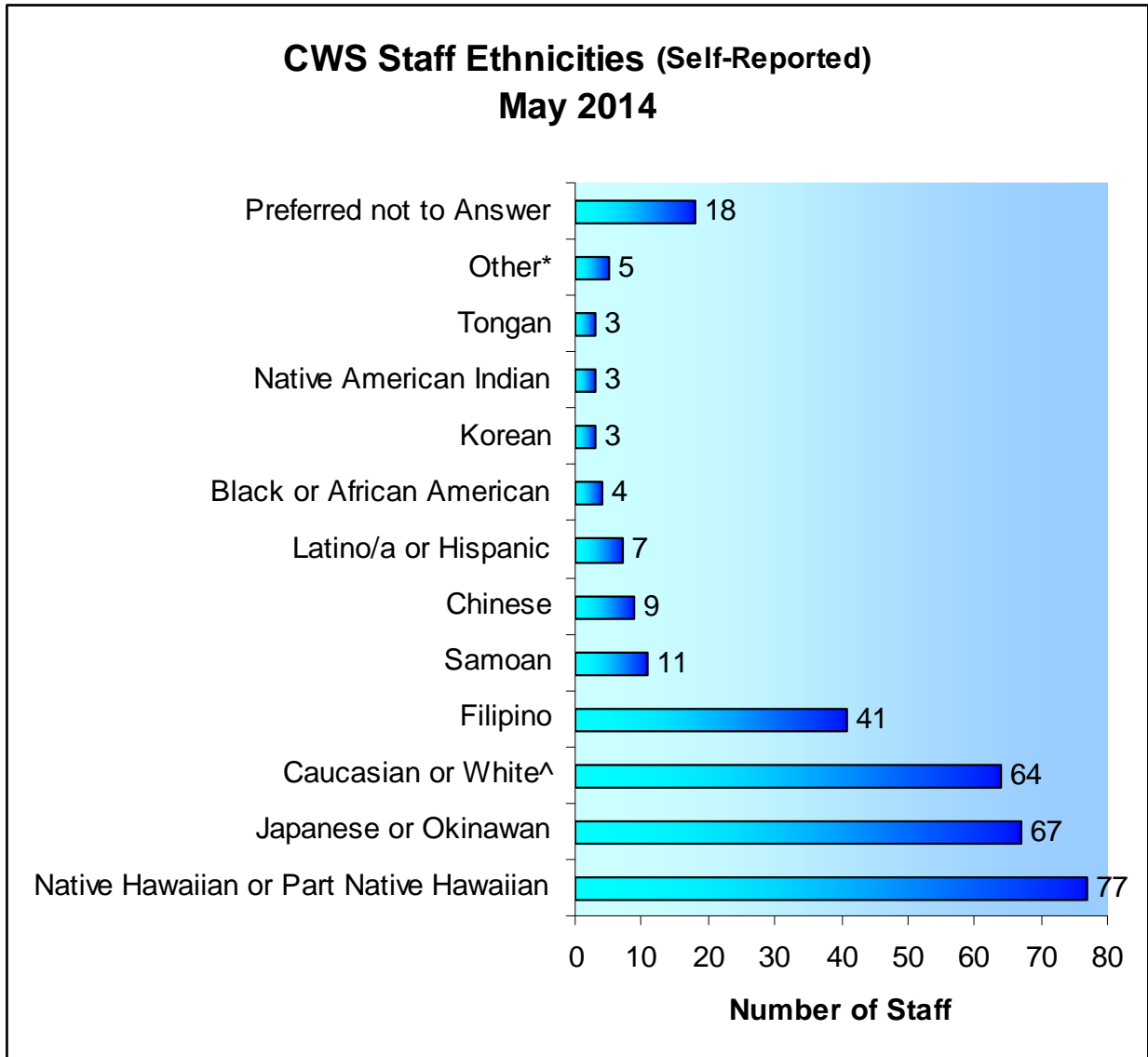
Data Source:  May 2014 Hawaii CWSB-Internal Workforce Portrait Survey
*Guamanian or Chamorro, Other Pacific Islander, and Vietnamese
^Includes some who identified as Irish, and some who identified as Portuguese

Figure 79 shows a graph of percentages of different populations for six ethnic groups, plus an "Other" group. The purpose of this graph is to give context to the ethnic breakdown of CWSB staff. One is able to compare CWSB staff to the larger DHS staff, to the even larger

Hawaii State population, and to the even larger entire United States population, as well as to Hawaii's foster youth population. The ethnic categories were chosen because of the desire to be able to directly compare Hawaii DHS, CWS, and foster children ethnic data with that of the U.S. Census Bureau.

**Figure 79**
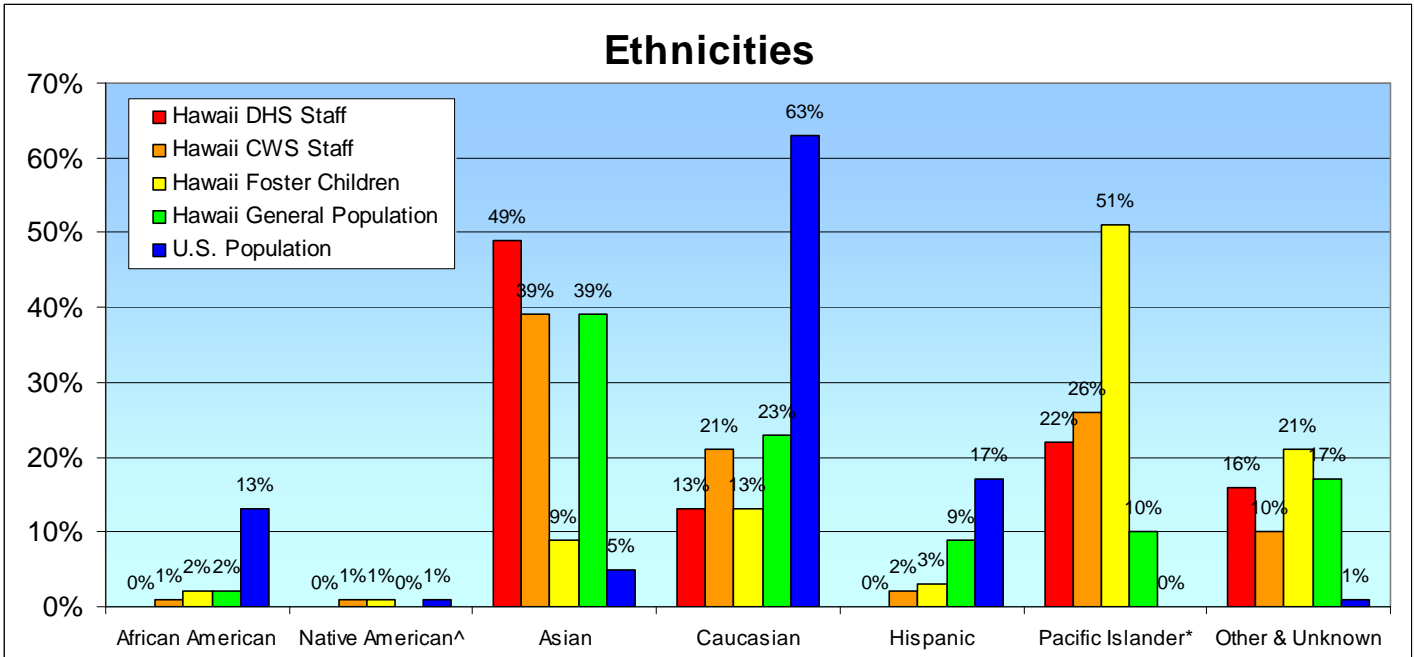


Data Sources:  Hawaii DHS Staff data -- DHS Personnel January 2013; Hawaii CWSB Staff data -- CWS-internal workforce survey May 2014; Hawaii Foster Children data -- DHS, Management Services Office, SFY 2013; Hawaii General Population and U.S. Population data – U.S. Census Bureau 2011Survey.

^Please note:  "Native American" includes Native American Indians and Alaska Natives, but does not include Native Hawaiians.

*Please note:  "Pacific Islander" includes Native Hawaiians and Part Native Hawaiians, as well as others from Polynesia, Micronesia, and Melanesia.

Additionally, please note:  Hawaii CWSB Staff is included in Hawaii DHS Staff.  CWSB Staff compromises 17.6% of the DHS Staff.  Of course, Hawaii DHS staff is also included in Hawaii General Population.  DHS Staff compromises approximately 0.14% of the Hawaii General Population.

The data in Figure 79 is interesting in numerous ways. Regarding ethnicity, one of CWSB's greatest concerns is having its staff reflect the cultures and ethnic backgrounds of the people it serves. Outside of "Other & Unknown," one can see that the only ethnic category where Hawaii CWSB Staff is significantly lower than the Hawaii Foster Children (comparing the orange bars to the yellow bars) is "Pacific Islanders."  Even though the discrepancy here is significant, it is important to note that CWSB staff's percentage of Pacific Islanders is markedly higher than the percentage in all of the other graphed groups.  In looking at the Pacific Islander percentages only, CWSB staff is 16% higher than the general Hawaii

population and 4% higher than DHS staff at large.  This is evidence of the dedication of administrators and human resources staff to recruit diverse staff.

CWSB is proud of its diverse staff and know that this cultural diversity enriches the work in innumerable ways.  The varied insights and perspectives that are given full voice in determining policy and practice have allowed CWS in Hawaii to grow in exciting and innovative ways. Hawaii's 'Ohana Conferencing model, Hawaii's relative placement success, 'Aha (community gatherings), and Hawaii's 'Ohana Time initiative are all achievements that are reflective of a workplace community that gives weight to the range of cultural experience and perspectives of its staff.

## E.  Juvenile Justice Transfers

DHS understands there is a need to closely track when foster youth enter or are released from a juvenile justice setting.  DHS recognizes the importance of ensuring these transitions occur in such a way so as to not re-traumatize these youth and to assist them in successfully acclimating to their new lives.  It is also a priority for CWSB to ensure there is coordinated planning between the CWSB caseworker and the staff at the juvenile facility and that there is regular communication between the two.

Over the past few years, CWSB has been working to develop a fully collaborative relationship with the Office of Youth Services (OYS).  In 2009, CWSB forged a working relationship with the HYCF Warden and Deputy Warden, which resulted in training for HYCF social workers on Child Welfare.  From 2011 through the present, the CWS Branch Administrator has been meeting periodically with the Executive Director of OYS to improve the services to youth who touch both the Child Welfare and the Juvenile Justice systems.

CWSB and OYS are working together to enhance the partnership.  On the agenda for the coming year are the following issues:

1. Weekly contact between the agencies about shared youth;
2. Accurate tracking of youth movement between the two systems;
3. Producing consistent data reports on these youth;
4. Improving transfer process, including working collaboratively (the assigned CWSB caseworker with the assigned HYCF social worker) on transition plans;
5. Identifying assessment, evaluation, and treatment needs of these youth;
6. Sharing results of any assessments, evaluations and treatment notes;
7. Establishing CPSS access for the Director of the OYS;
8. Sharing family data; and
9. Communicating behavioral concerns.

One example of the collaboration between OYS and CWSB is the current cooperative work to establish a training on the voluntary extended foster care bill (Imua Kākou) for OYS social workers, so that they will better understand the options for those foster care youth who will be

exiting HYCF at age 18. CWSB and OYS will be developing an on-going curriculum for the relevant HYCF youth population as well. The new trainings will be implemented in SFY 2015.

Figure 80 shows the total number of youth who spent any time in HYCF for each state fiscal year.

**Figure 80**



**Hawaii Youth Correctional Facility Admissions**
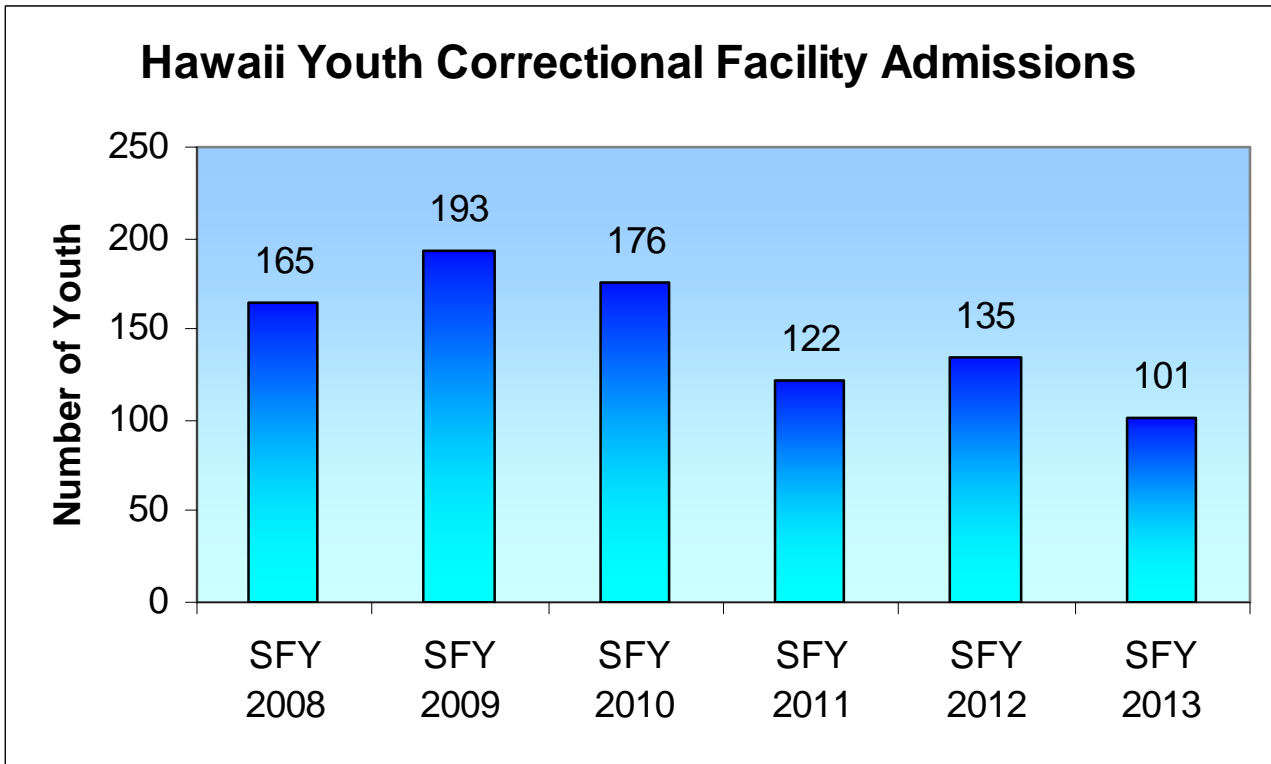
Data Source: DHS 2013 Annual Report

The average daily population of youth in HYCF in SFY 2013 was sixty. This average daily average population has remained constant from SFY 2012.

Figure 81 shows the number of foster youth held at HYCF and at Detention Home for any period of time during each state fiscal year.

**Figure 81**

| Foster Youth in Detainment Centers | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | **SFY 2006** | **SFY 2007** | **SFY 2008** | **SFY 2009** | **SFY 2010** | **SFY 2011** | **SFY 2012** | **SFY 2013** |
| **Foster Youth in DH** | 40 | 33 | 41 | 31 | 25 | 20 | 10 | 15 |
| **Foster Youth at HYCF** | 76 | 65 | 55 | 50 | 32 | 18 | 10 | 15 |
| **TOTAL (unduplicated)*** | 96 | 87 | 82 | 72 | 50 | 30 | 19 | 28 |
| **Percentage of Total Foster Youth** | 2.1% | 2.1% | 2.3% | 2.4% | 1.9% | 1.3% | 0.8% | 1.3% |

Data Source: DHS, Management Services Office

*Please note: The numbers in the columns do not add up to the total number in the blue row, because some children were at both DH and HYCF in the same year; each youth is only counted once in the total.

In looking at how long each of the 28 foster youth was in a detainment center in SFY 2013, 36% were in for only one month, and 54% were in for 3 months or less. Figure 82 shows the distribution of the length of time that each foster youth spent in a detainment center.

**Figure 82**



## Distribution of Length of Time in Detainment Centers
## SFY 2013*

*(Scatter plot with y-axis "Number of Foster Youth" ranging 0–11 and x-axis "Number of Months in Detainment" ranging 0–12. Data points at: 1 month = 10 youth, 2 months = 2 youth, 3 months = 3 youth, 4 months = 1 youth, 5 months = 4 youth, 6 months = 1 youth, 8 months = 1 youth, 9 months = 1 youth, 12 months = 5 youth^)*
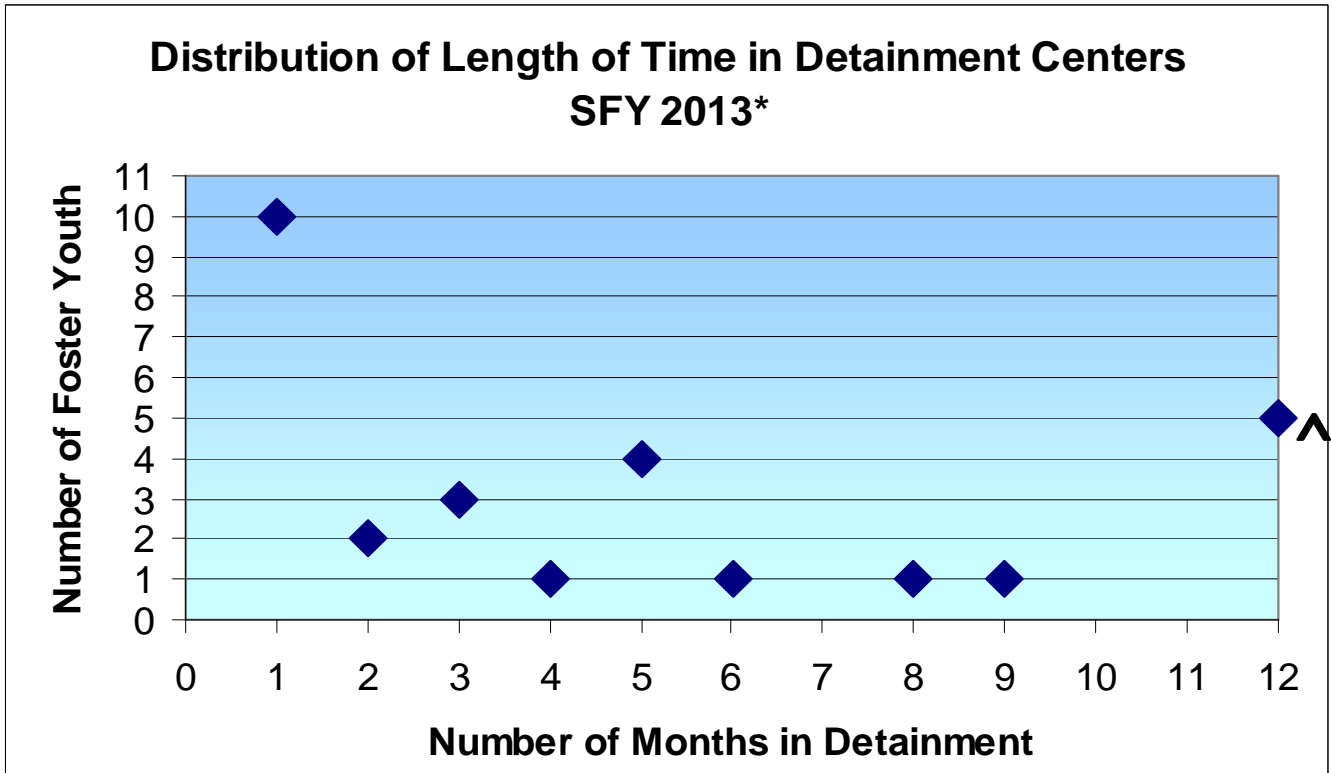
Data Source: DHS, Management Services Office

*Please note: All of the 28 individual foster youth included in this graph were in DH and/or HYCF at some point in SFY 2013, but in order for the length of stay in detainment to be accurate, the number of months in detainment was counted including any applicable months in SFY 2012 and SFY 2014 (YTD).

^Please note: The five youth who are represented by this diamond were/are in detainment for more than 12 months. One was in for 17 months, which included all 12 months of SFY 2013. One was in for 20 months and exited before the end of SFY 2013. Hawaii is not able to provide final numbers of the months in detainment for the three others, because they are still in DH or HYCF, as of May 2014. As of May 2014, two youth had been in DH for 19 and 20 consecutive months, and the third youth had been in HYCF for 13 consecutive months.

Because of the three youth without a final count for their number of months in detainment, it is not possible to provide an accurate average for foster youth months in Detainment Centers for SFY 2013. If one only includes the months that fell within SFY 2013, the average length of stay is 3.57 months. If one includes all months (across SFYs) and uses the totals as of May 2014, the average time for foster youth in Detainment Centers is 5.82 months.

**F. Domestic Violence (DV)**

In SFY 2012, CWSB developed screening and assessment guidelines to ensure that every CWS-involved family is assessed for domestic violence and to determine the appropriate level and types of interventions. Statewide training was provided in June 2012 to CWSB staff and community partners, including the Hawaii Coalition against Domestic Violence, court staff, law

enforcement, prosecutors, Deputy Attorney Generals, service providers, and domestic violence advocates.

CWSB works closely with community partners to address the many needs of families in which there is DV. One important avenue for serving these families is POS contracts with community organizations. Some of these services are described below.

DHS-funded DV Shelter and Support Services began in 2010 and provides 24-hour DV hotline services in response to crisis calls, information and referral assistance, emergency shelter services, outreach, community education, assistance in developing safety plans, individual and group counseling, transportation, and other supportive services for adults and children in the shelters, including transition planning and follow-up services for DV survivors and children exiting the shelter. Teen Dating Violence Education and Prevention Services also began in 2010 and respond to helpline crisis calls for this special target group and provide case management services, outreach, school and community based education, and safety planning.

Since May 2013, DHS-funded legal services are available for: 1) immigrants who have experienced domestic violence, 2) DV shelter residents, and 3) those that are eligible for shelter, but not currently residing in a DV shelter. These legal services enhance their ability to achieve safety, stability, independence, and empowerment to escape abusive relationships. In June 2013, DHS-funded DV Services to Families was also added to CWSB's service array to provide support, counseling, and advocacy for survivors and children. These services promote safety, strengthen resilience, and address the impact of domestic violence exposure on children. These services also include batterer intervention services to hold batterers accountable and provide batterers knowledge and skills to end violence in the home.

CWSB continues to collaborate with DV service providers, advocates, and the Hawaii Coalition against Domestic Violence to identify DV service needs, community resources, and barriers, particularly for underserved communities: 1) those in rural areas with limited access to services, 2) children and youth, immigrants, 3) those who identify as LGBTQ, 4) people with disabilities, and 5) people who struggle substance abuse or mental health challenges. Meetings with CWSB Section Administrators and DV service providers are held to improve communication and enhance service delivery. A new DV service referral form was also developed for CWSB staff and is being modified based on input from CWSB staff and service providers.

In October and November 2013, on-site reviews were completed at nine DV shelters across the state to monitor contract compliance and identify gaps in services to improve future procurements. In conjunction with information gained through collaborative meetings and federal grant requirements, future services will be designed with emphasis on a trauma-informed approaches and ensure that services are available to underserved and special populations.

DV Services to Families and DV Legal Services were not fully utilized in SFY 2013, as the contracts were newly executed in May and June 2013, and implementation was not immediately achievable. The DV Shelter and Support Services and the Teen Dating Violence Education and Prevention Services contracts provided the following services in SFY 2013:

**Figure 83**

| DV SERVICE | COUNTY | | | | Statewide |
|---|---|---|---|---|---|
| **Contracted Domestic Violence Services Provided in SFY 2013** | | | | | |
| | **HONOLULU** | **HAWAII** | **MAUI** | **KAUAI** | **TOTAL** |
| # of Individuals Served in DV Shelters | 706 | 511 | 282 | 119 | 1,618 |
| # of Shelter Days Utilized | 23,149 | 11,167 | 7,538 | 3,109 | 44,963 |
| # of DV Hotline Calls Received | 1,438 | 796 | 1,020 | 842 | 4,096 |
| # of Presentations for Teen Dating Violence Education and  Prevention Services | 149 | 32* | 14* | 10* | 205 |
| # of Teen Helpline Calls Received (not available by county) | | | | | 106 |
| # of Individuals Provided Teen Dating Violence Education and Prevention Services (not available by county) | | | | | 4,997 |

Data Source:  Fourth Quarter SFY 2013 QARs (Quarterly Activity Reports) from CWSB POS DV Providers
*Number of neighbor island presentations is estimated based on number of schools serviced.

## SECTION VI:
## CHAFEE FOSTER CARE INDEPENDENCE
## AND
## EDUCATION & TRAINING VOUCHERS PROGRAMS

**A. Chafee Foster Care Independence Program**

**1. Overview**

CWSB policy requires that every foster youth, aged 16 and over, who is under DHS placement responsibility, be engaged in the development of an individualized independent living transition plan (ILTP) that identifies needs and services to help the youth prepare for and make a successful transition to young adulthood. Because DHS recognizes that youth benefit from problem-solving and life skills development and preparation early on, particularly during the critical middle school years, it recommends that planning for independent living begin at age 12. DHS contracts for services to support this effort.

The requirements contained in Section 475(5)(H) of the Social Security Act regarding the development of a transition plan with the youth within the 90 days preceding the youth's 18th birthday have been implemented in policy, practice, and in purchase of services (POS) contracts with our independent living (IL) services and Youth Circle providers. Youth-driven transition plans are part of the scope of services provided during the Youth Circle. The addition of the components of federally required transition plans serves to enhance Hawaii's practice.

Contracted IL services are available statewide to assist in IL transition plan development and linkage to services.

The target population for these services is youth aged 12 to 18 under CWSB placement responsibility and youth aged 18 to 21 who were formerly under CWSB placement responsibility. To ensure broad and equitable treatment for eligible youth who are "likely to remain in care," DHS has implemented the operational definition as those youth aged 12 or older for whom DHS has foster custody, youth who have been in foster care for two or more years and those for whom parental rights have been terminated. The eligible population also includes youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. CWSB procedures and contracts currently allow service to this population when it is requested by the youth and authorized by the legal caregiver.

Services are also available to otherwise eligible youth who have emancipated from other states' foster care systems.

Services are available statewide through POS contracts in all counties. CWSB staff is procedurally required to refer youth 12 and older who are "likely to remain in care". Referrals may also be accepted from the youth, resource caregiver or other agency, and are cleared by DHS staff to ensure eligibility. DHS periodically provides IL POS providers with lists of potentially eligible youth to facilitate the providers' outreach to staff and eligible youth.

Here is one example of creative work in the IL arena in Hawaii. On December 30, 2013, Natasha Nairn, Human Services Professional in Oahu Section 4, initiated a goal-setting get-together for eight current foster youth at CWSB offices. The youth were provided snacks, drinks, and pizza for lunch. A former foster youth assisted in the facilitation. This facilitator is now married, has two children, recently completed the CNA program through Job Corps and is currently attending a local community college. The goal of the day was to get the youth thinking about setting goals using the SMART method. SMART translates as Specific Measurable Attainable Risky (meaning a stretch for them, but not dangerous) Timetable (the group chose ninety days). The day started with a fifteen minute goal-writing exercise. Each youth was encouraged to set fifty goals in fifteen minutes. They could range from small, day-to-day objectives, like flossing daily, to bigger ambitions, like owning a home or car. After the initial activity, the youth then picked two goals off of their list and used them to create a goal board. At the end of the day, the youth left with their goal boards with plans to work toward their goals. Forty-five days later, the CWSB worker followed up with each youth on his/her progress, and again at the 60-day mark, and finally at 90 days. They discussed different ways of setting goals and the advantages of using goal boards or writing goals down in order to help to keep you on track to attain them.

### 2. Current IL Service Components

Below are the components of the IL array of services for FFY 2013. These are also being provided during FFY 2014.

#### a. Youth Aged 12-15

For eligible foster youth aged 12 – 15 who are likely to remain in foster care until emancipation, the focus is on age-appropriate and developmentally appropriate skills. Delivery is primarily through group sessions which focus on:

i. Self-image, and self-esteem;
ii. Goal setting, problem solving, and decision-making; and
iii. Communication and interpersonal skills.

### b. Youth Aged 16 and Older

For foster youth, aged 16 and older, and former foster youth, aged 18 and older, the focus is on skills needed for daily living. Delivery is through group and individual sessions. These sessions provide:

i. Individualized assessment and referrals;
ii. Educational support in high school, college, and vocational school;
iii. Training in employment readiness;
iv. Individualized IL plan, which is developed with youth;
v. Training in daily living skills;
vi. Linkage with community resources;
vii. Housing assistance; and
viii. Training in financial literacy.

### c. IL Partner Services

In addition to the five IL POS contracts that serve all of the islands, CWSB has other POS contracts that provide statewide services to the teen and young adult population to help meet some goals of Hawaii's Chafee/IL plan. Non-IL-specific contracts provide these needed services: 1) the creation of the formal plan to aid a foster youth to successfully transition from foster care to an independent young adult, and 2) the collection and preparation of the National Youth in Transition Database (NYTD) data.

IL contract providers refer foster youth for Youth Circles for the development of the federally-required transition plan, before the 18th birthday;

i. The Youth Circle contract provider accepts referrals for the development of the transition plan, and collaborates with the youth to develop the plan;
ii. SHAKA generates and displays a list of youth for whom the transition plan is required and tracks which plans have been completed;
iii. IL Providers work with DHS and SHAKA staff in the collection and entry of data into the SHAKA system as needed for compliance with the National Youth in Transition Database (NYTD) requirements.
iv. EPIC 'Ohana, Inc, which is contracted to provide 'Ohana Conferences and Youth Circles statewide, also has staff who work with CWSB and SHAKA staff to track down former foster youth and help them complete the NYTD surveys at the necessary intervals.

## 3. Plans for Future IL

The current POS IL contracts have been in effect since July 1, 2010. With funding from Casey Family Programs, CWSB contracted with an external consultant to conduct an analysis of Hawaii's existing IL services with recommendations for future changes and enhancements. The report was completed in December 2012. Based on the information in

the report, CWSB began the redesign of statewide IL services over the Summer of 2013, as a collaborative effort with the engagement of community partners and other stakeholders. CWSB is in the active procurement phase, with new services to begin in SFY 2015. Key recommendations from the report are listed below.

a. Establish a statewide task force or collaborative work group to focus on the needs of transition age foster youth.

b. Develop partnerships and collaborations with other state departments to identify and leverage funds to meet youth's needs related to housing, child care, education, employment, medical insurance, mental health services, financial services, and other related services.

c. Create a statewide website to inform resource caregivers, foster youth, social workers, and providers about available services.

d. Develop quality assurance standards for the provision of services, which hold IL providers, social workers, and resource caregivers accountable for ensuring that youth receive the needed services and support.

e. Establish a Master Contractor to coordinate all IL contracts and assist with standardization and monitoring of services that are being provided.

f. Provide services related to maintaining connections or rebuilding connections with the youth's birth family prior to leaving care.

g. Provide a variety of housing options to ensure that all youth have access to housing.

## 4. Chafee Funded Housing Support

During SFY 2013, as in prior years, reviews of service reports from ILP providers indicated that the providers had not been using Chafee funds for housing support. Although the service activity reports indicate that some youth had been provided with assistance in obtaining transitional housing, the providers had not included charges for these services in their invoices and activity reports to DHS.

Housing support for former foster youth in the form of an emergency grant or rent support is an optional component in the ILP contracts. DHS allows ILP providers to expend up to 10% of the total ILP contract amount on transitional housing support for youth formerly in foster care. Funding for ILP programs is limited, especially given the broad scope of services. The State's dedicated and resourceful ILP providers often reach out to other community resources for additional funding to enhance that provided by DHS. Funding for emergency housing is one area in which the community has been responsive. Local trusts and charitable organizations have provided limited funds, while the University system has occasionally made dorms available on a limited basis.

Although no direct expenditures of funds for housing were made under these contracts, 183 youth were provided with assistance and linkage in obtaining housing after exiting foster care during SFY2013.

**5. Coordination & Linkage with other Federal and State Programs**

The Hawaii Youth Services Network (HYSN) is the local Transitional Living Program grantee. DHS, as a member of the HYSN, receives updates and information from HYSN and provides the same to staff or other agencies. The Hawaii Foster Youth Coalition, as a participant of HYSN, provides input to HYSN and shares knowledge with youth obtained from HYSN. Hale Kipa, our ILP POS provider on Oahu, is also a member of the HYSN. The participation of these entities ensures that the youth voice is presented and that information they receive is shared with other youth.

DHS and HYSN work together to integrate a teen pregnancy and sexually transmitted infection prevention program into Hawaii's child welfare and foster care system. The DHS/HYSN partnership was one of five programs chosen to participate with the National Campaign to Prevent Teen and Unplanned Pregnancy and the American Public Human Services Association (APHSA), along with support from the Annie E. Casey Foundation. The project's ultimate goal is for evidence-informed STI and pregnancy prevention practices, which have been customized for foster youth, to become useful components of day-to-day practice in child welfare agencies.

ILP POS contracts require that providers facilitate information sharing, referrals and participation in related and appropriate programs with other Federal and State programs. Figure 84 provides data on youth referred or linked to services, including number of youth and the types of services. Liaison with community resources and public agencies include:

a. Providing referral/linkage to health and health-related programs, including Department of Health smoking, drug and pregnancy prevention, abstinence programs
b. Providing assistance, information, referral, or linkage to services to assist in the completion of high school
c. Providing assistance and linkage in obtaining housing after exiting foster care
d. Providing referral/linkage to Workforce Investment Act (WIA) programs and other employment readiness programs and assistance with development of and exploration of vocational/employment options

**Figure 84**

| Independent Living Statewide Referrals and Linkage SFY 2013 | |
|---|---|
| **Number of Foster Youth and Former Foster Youth Provided with:** | |
| Referral/ linkage to **health and health-related programs**, including Department of Health smoking, drug, and pregnancy prevention or abstinence programs. | 231 |
| Assistance, information, referral or linkage to services to assist in the **completion of high school.** | 88 |
| Assistance and linkage in obtaining **housing** after exiting foster care. | 183 |
| Referral/linkage to **employment readiness program**, including WIA programs | 91 |
| Assistance by this provider with development of and exploration of **vocational/employment options** | 282 |
| Total number of youth served by IL services statewide in SFY 2013 | 875 |

Data Source:  SFY 2013 fourth quarter Quarterly Activity Reports from ILP service providers

**6. Medical Coverage**

Please see the section above in *Part 3. Family Engagement & Child Well-Being, A. Program and Service Descriptions, 2. Heath Care Services, d. Medical Benefits for Former Foster Youth.*

Through the commitment of the DHS Director, medical coverage was made available to former foster youth in Hawaii, starting in October 2013.  This was before the implementation of the extended coverage provisions of the federal Affordable Care Act (ACA).  Beginning in October 2013, former foster youth were eligible to receive medical coverage through Hawaii's Department of Human Services Med Quest Division's QUEST program which provides health coverage through managed care plans for eligible lower income Hawaii residents.  With the implementation of ACA extended health care benefits in January 2014, coverage became available up to age 26 years, for young adults formerly in foster care nationwide.

After leaving foster care, young people are eligible to receive individual Early Periodic Screening Diagnosis and Treatment (EPSDT) coverage, up to age 21, in accordance with Hawaii's Medicaid or Medicaid managed care requirements.  In preparation for the youth's exit from foster care, CWSB sends the youth's name, address and employment information to the Med QUEST Division (MQD).  MQD sends the youth a renewal application for

continued medical coverage at the next eligibility period. Continued medical coverage for former foster youth will be automatic as long as the young adult returns the forms. If there is a lapse, the young adult can contact the local MQD eligibility office to have the coverage reinstated.

Hawaii does not use Chafee funds to create trust funds.

**7. "E Makua Ana" ("Becoming an Adult") Youth Circles**

The Youth Circle (YC) is a facilitated 'Ohana Conferencing (family group decision-making) process that is available for foster youth and former foster youth, aged 14 or older. The circle's purpose is to celebrate the young adult's emancipation and bring together his/her supporters, family, friends, community members, teachers, and service providers who can help the young adult develop and enact a plan for his/her future independence. The circles are solution-focused and youth-driven. This service is provided by EPIC 'Ohana, Inc. and is funded by DHS. Youth Circles can help to:

a. Reduce homelessness among emancipated youth;
b. Connect youth to their circle of support, which may include the families from whom they were removed;
c. Give youth the opportunity to gain more information about further education, training, financial assistance, housing options and other social services; and
d. Encourage youth to dream big while giving them the tools and supports to achieve their dream.

Youth Circles are a major support for engaging youth in developing the Departmental-required independent living transition plans for youth in care aged 14 years and older. This is also the major venue for the development of the transition plan within 90 days preceding the youth's 18th birthday, as federally required. Youth for whom this transition plan is required are identified by SHAKA, which generates a list of foster youth approaching 18. This list is accessed by DHS social workers.

The YC is also one of the methods used to help the youth understand the importance of good credit through an exploration of the youth's own credit history, as revealed in credit reports from national credit reporting agencies.

**Figure 85**

| Youth Circles | SFY 2005 | SFY 2006 | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|---|---|
| **# of Youth with Youth Circles** | 75 | 111 | 145 | 130 | 177 | 131 | 144 | 160 | 179 |
| **Total # of Youth Circles** | 87 | 171 | 296 | 294 | 351 | 265 | 280 | 341 | 301 |
| **Average # of Circles per Youth per Year** | 1.16 | 1.54 | 2.04 | 2.26 | 1.98 | 2.02 | 1.94 | 2.13 | 1.68 |

Data Source: EPIC 'Ohana, Inc. fourth quarter Quarterly Activity Reports & DHS Annual Report for SFY 2013

Youth Circles were piloted in SFY 2004, and first came under contract with DHS in SFY 2005. This explains why SFY 2005 and SFY 2006 numbers in Figure 85 are significantly lower than all future years, and why there is a clear rise in numbers in each row in the figure from SFY 2005 to SFY 2007. This illustrates the growth of the program from when it was new to the point where Youth Circles were publicized and the program reached full capacity.

Across many years, the average number of Youth Circles per youth per year is around two per year. (This average – the green row – is also the ratio of circles to youth.) This is somewhat surprising since the number of circles and youth served vary more significantly year to year.

For more discussion about Youth Circles, please see above *Part 2. Permanency, A. Program and Service Descriptions, 3. Relative Placement Efforts, e. Youth Circles.*

## 8. Hawaii Foster Youth Coalition (HFYC) / Hawaii CWSB Youth Advisory Board

HFYC is a youth-designed and youth-run organization providing a voice for youth currently and formerly in foster care. This organization was the youth advisory board for DHS until January 1, 2014. Their activities included:

a. youth helping youth (mentoring younger youth in care, networking, and support);
b. youth leadership development;
c. youth advocacy; and
d. serving as advisors to the CWSB system.

DHS formerly used a portion of the CFCIP allocation to fund an executive director position and to support the activities of Coalition chapters in each county statewide that facilitated youth development, peer mentoring, and promoted development of interpersonal and problem solving skills. Due to the decrease in CFCIP allocations in recent years, Hawaii has continued the support of this valuable program with state funds.

HFYC, in collaboration with It Takes an 'Ohana and other community partners, planned and presented the annual 'Ohana is Forever Conference again in SFY 2013. This conference brings together current and former foster youth, resource caregivers, DHS staff, Family Court personnel, and other community stakeholders, partners, and providers to focus on the needs and provision of services for foster youth.

In collaboration with DHS, HFYC was active in bringing the youth voice to other important events, like Teen Day at Family Court. This event was jointly sponsored by the judiciary, the Court Improvement Project, and Family Programs Hawaii to broaden youth awareness and engagement with the Family Court process and to help youth learn about transition and supportive services available throughout the State. Teen Day at Family Court occurs on Oahu twice a year in June and December.

The youth voice, presented by both the HFYC and the HI HOPES (Hawaii Helping Our People Envision Success) Board, has also been critical in CWSB's planning for the expansion of foster care to age 21.

With the approaching expiration of the DHS contract with HFYC, a procurement was initiated and subsequently finalized with the award of a new contract to EPIC 'Ohana, Inc. (EPIC) effective January 1, 2014. The new contract includes a youth advisory board component provided by the HI HOPES Board and a peer outreach component to facilitate positive youth development for current and former foster youth. EPIC has subcontracted with Family Programs Hawaii (FPH) for the outreach and youth development piece. This contract is state funded.

EPIC is developing the youth advisory council by building on the established network of HI HOPES youth leadership boards on Oahu, East Hawaii, West Hawaii, Kauai and Maui. FPH, drawing on its programmatic expertise in working with this population, is developing the outreach and supportive services that will increase protective factors for current and former foster youth.

Along with the Casey Family Programs-funded Hawaii Youth Opportunities Initiative, EPIC supports the HI HOPES boards to provide the youth voice in advocacy, policy, systems improvement, services and legislative education. HI HOPES members are prepared and supported to respond to DHS requests for input and participation. HI HOPES members also increase public awareness about the foster youth population through outreach to other sectors in the community, including education, employment and housing.

FPH is developing a sustainable peer outreach and support network. The program will provide geographically-based youth outreach and engagement, group recreational activities, skill-building events, and social media communication supporting positive youth development and peer mentoring and support. Youth will actively participate in the development of the program and planning the activities.

### 9. National Youth in Transition Database

Hawaii is pleased to report that the NYTD survey has been fully incorporated into SHAKATown, the youth portal for SHAKA. In SFY 2013, EPIC and HI H.O.P.E.S. partnered with DHS on the outreach to former foster youth to support their participation in the NYTD survey process. In March 2013, due to the dedication and engagement skills of one outstanding HI H.O.P.E.S. staff person, CWSB had its highest NYTD survey response rate ever (over 92%) for the most recent cohort. HI H.O.P.E.S. continues to work with CWSB to locate and engage the next cohort for survey completion. Survey participants are offered a State-funded incentive of $50 to complete the survey.

Purchase of Service ILP providers are also partners with the Department in NYTD compliance. Contractual requirements include their participation in collecting and sharing data regarding NYTD elements. Currently, the quarterly activity reports for the programs include aggregate data. In SFY 2012 and 2013, as part of the compliance with NYTD requirements, ILP providers were given the ability to input data regarding individual services provided to youth directly into SHAKA.

CWSB's partnership with the SHAKA technical and design team has been vital to Hawaii's increased ability to easily comply with NYTD requirements. SHAKA staff has taken the lead in understanding the NYTD requirements, guiding the data collection, and finally submitting the necessary data in the proper format.

### B. Higher Education Board Allowance Benefits and Education and Training Vouchers (ETV)

### 1. Overview

The basic components of both the State-funded higher education board allowance for former foster youth pursuing higher education and the federally-funded ETV program remain the same as previously reported. In SFY 2011, there was a change from hard-copy paper applications to on-line applications via SHAKATown, the youth portal in CWSB's on-line database. Despite some initial challenges, this process has been largely successful for both youth and CWSB staff. A remaining problem lies in the complexities of connecting CWSB's two data systems to eliminate the need for double entries.

The higher education board allowance program is 100% State funded. The benefit of $529 per month (which is identical to Hawaii's foster board monthly payment) is available for a total of 60 benefit months between the young adult's 18th birthday and 27th birthday, if other eligibility criteria are met. Youth must apply before their 22nd birthday; attend an accredited institution of higher learning (academic or vocational); sign an application/agreement; provide documentation of enrollment, attendance, and grades; and make progress toward completing their chosen program. After the end of each academic session, the youth must provide grade reports and sign a new agreement for the next session. Youth must file the

Free Application for Federal Student Aid (FAFSA). It is also recommended that they apply for scholarships and grants, including the local Bradley and Victoria Geist Scholarship.

Education and Training Voucher (ETV) funding is available to assist former foster youth pursuing higher education in accordance with federal guidelines. This is in addition to the State-funded higher education allowance payment. The ETV Program is administered by the State. The amount of ETV funding is finite and all the students who are eligible may not be able to receive funding. The maximum ETV benefit payment any one student can receive in one academic year is $5,000. CWSB staff evaluates the ETV applications, which include a budget, in order to determine the student's need and recommended award. This recommendation is approved or disapproved by the Supervisor and/or Section Administrator. In advance of this approval process, a CWSB Administrator within Program Development determines how much is available for each Section per semester.
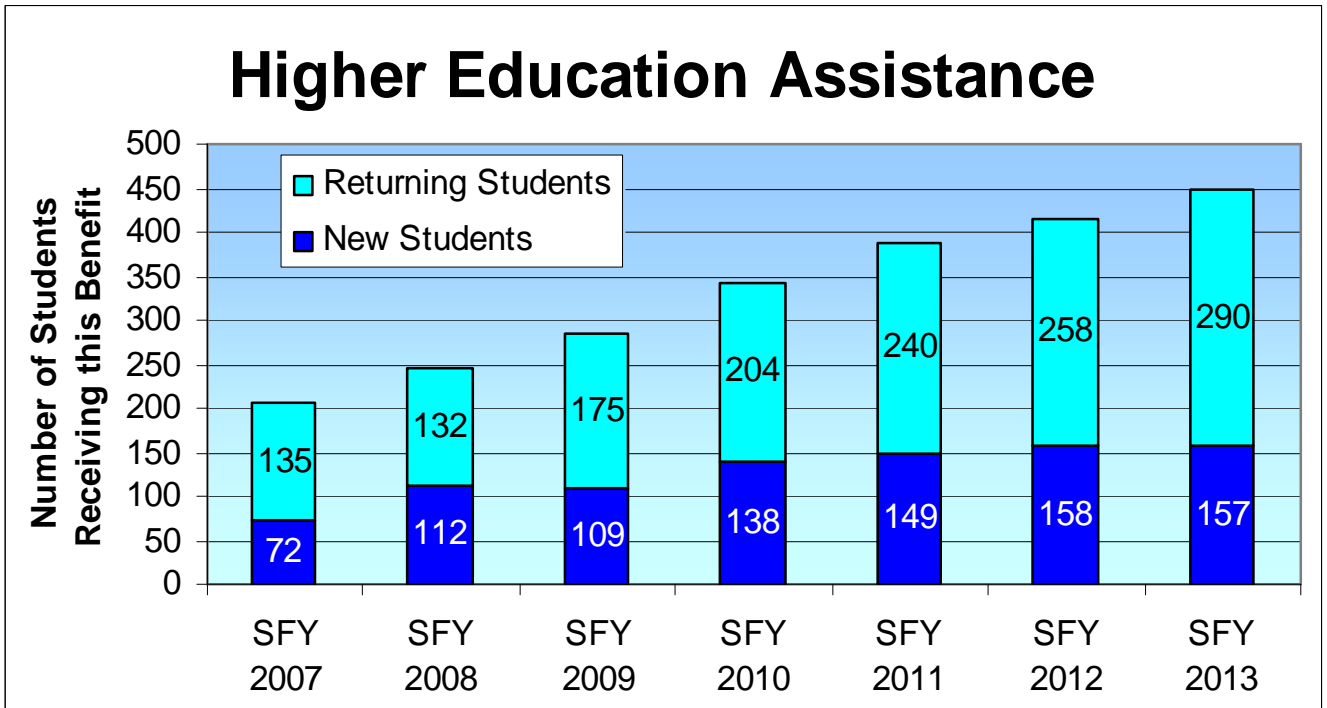
Higher education benefits and ETV procedures and requirements are part of CWSB procedures and are shared with all CWSB staff, contracted IL providers, HFYC, It Takes an 'Ohana (a support organization for resource caregivers and youth in foster care), EPIC 'Ohana Youth Circles. The information is available on-line at the Department's IL webpage and on the SHAKATown homepage. Youth can go to any of these organizations for assistance with completing the application. Support for youth in higher education is also available through contracted IL providers.

## 2. Accomplishments and Progress

The number of youth participating in the ETV program has increased from 207 in SFY 2007 to 447 in SFY 2013. The average number of youth receiving benefits during a month varies with lower numbers during the summer and peaks during the fall semester. Throughout the years 2007 - 2013, the students receiving benefits roughly averaged 40% new students and 60% returning students.

Perhaps the most important and effective recent accomplishment was the creation of the on-line application for higher education and ETV benefits in SHAKATown. With this advance, Hawaii CWSB is now able to issue the ETV benefits twice a year in concert with the higher education benefits. This has increased access and availability of the benefit, as well as efficiency in the application process since all documentation and review is on-line. Youth were involved in testing and refinement of the on-line application process and are overwhelmingly in support of this process.

**Figure 86**



**Higher Education Assistance**

Number of Students Receiving this Benefit

- Returning Students
- New Students

| | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|
| Returning | 135 | 132 | 175 | 204 | 240 | 258 | 290 |
| New | 72 | 112 | 109 | 138 | 149 | 158 | 157 |

Data Source: DHS, Management Services Office

**Figure 87**

| Higher Education Assistance | SFY 2007 | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 |
|---|---|---|---|---|---|---|---|
| **New Students** | 72 | 112 | 109 | 138 | 149 | 158 | 157 |
| **Returning Students** | 135 | 132 | 175 | 204 | 240 | 258 | 290 |
| **Total Students per SFY** | 207 | 244 | 284 | 342 | 389 | 416 | 447 |
| **Unduplicated Program to Date** | 655 | 767 | 876 | 1,015 | 1,164 | 1,322 | 1,479 |

Data Source: DHS, Annual Report for SFY 2013

Hawaii CWSB is pleased to note that the number of students receiving Higher Education Assistance has more than doubled since SFY 2007, with steady increases each year. CWSB believes that this increase in assistance is linked to the concerted efforts of IL Providers, EPIC staff, other community service providers and organizations, and CWSB staff to help foster youth and former foster youth become more knowledgeable and aware of the benefits available to them, as well as an increase in the number of former foster youth who are

attending institutions of higher learning. Some youth who were eligible before these awareness efforts began, may not have known to apply for benefits; whereas now, they know and do apply. Apart from those youth who would have attended an institution of higher learning regardless of higher education assistance; more students will attend colleges and vocation schools when they are aware that there is money to help them with the costs.

In addition to outreach to youth, the increased participation in Higher Education Assistance is due to a change in related policy and procedures. In 2008, Act 198 increased the length of the initial application period, increased the upper age limit for benefits, and extended the maximum benefit period to 60 benefits months.

**Figure 88**
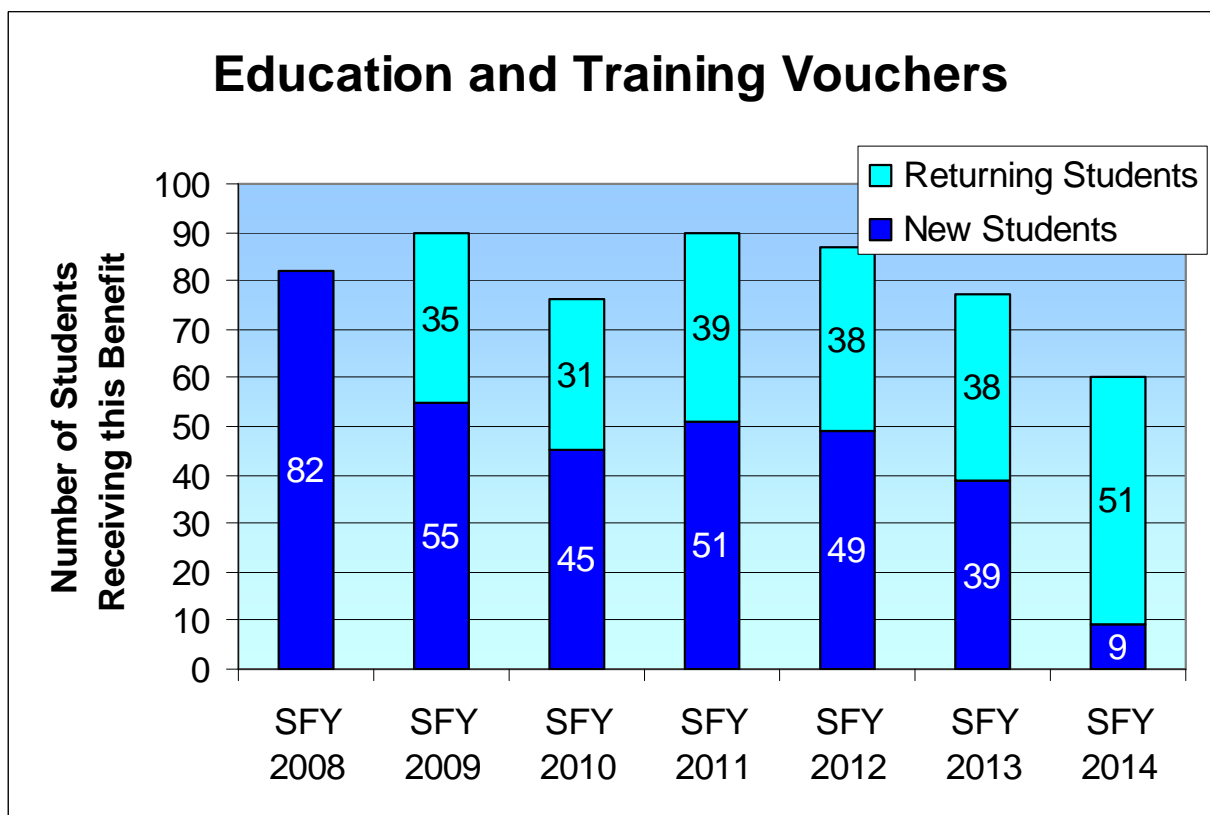


Data Source: DHS, Annual Report for SFY 2013

**Figure 89**

| Education and Training Vouchers (ETV) | SFY 2008 | SFY 2009 | SFY 2010 | SFY 2011 | SFY 2012 | SFY 2013 | SFY 2014 |
|---|---|---|---|---|---|---|---|
| **New Students** | 82 | 55 | 45 | 51 | 49 | 39 | 9 |
| **Returning Students** | 0 | 35 | 31 | 39 | 38 | 38 | 51 |
| **Total Students per SFY** | 82 | 90 | 76 | 90 | 87 | 77 | 60 |
| **Unduplicated Program to Date** | 82 | 137 | 182 | 233 | 282 | 321 | 330 |

Data Sources:  DHS, Annual Report for SFY 2013; SHAKA Data Analyst

Figure 89 shows the number of ETVs awarded for SFYs 2008 through 2014.  For SFY 2014, there were only 2 new students, but 50 returning students.  The ETV funding for Hawaii has plummeted from a high of $259,302 for FFY 2006 to only $125,303 for FFY 2013. Unfortunately, the decrease in funding has resulted in lower awards per student.  Despite this trend of decreasing Federal support, DHS has continued a practice of broad outreach and support for students, as demonstrated by the expansion of the state funded higher education allowance program and efforts to supplement the CFCIP ETV funds with additional state funds.   The reporting periods were changed from FFY to SFY to increase accuracy of reporting. This aligns the ETV application/award cycle with the State's Higher Education Board Allowance application cycle which falls within one State fiscal year but spans two Federal fiscal years.  This reporting cycle is also more consistent with the youth's usual academic school year.

# SECTION VII:
# FINANCIAL INFORMATION

## A. Title IV-B, Subpart 1

1. The State did not expend Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2005.
2. As of June 30, 2014, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2014.
3. The State of Hawaii has not in the past used and has no plans in the future to use Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments.
4. The State did not use non-Federal funds for foster care maintenance that was applied to match Title IV-B Subpart 1 funds in FFY 2005.
5. As of June 30, 2014, the State had not used non-Federal funds for foster care maintenance that was applied to match Title IV-B Subpart 1 funds in FFY 2014.
6. The State of Hawaii has not in the past used and has no plans in the future to use non-Federal funds for foster care maintenance that was/will be applied to match Title IV-B Subpart 1 funds.

## B. Title IV-B, Subpart 2

### 1. 1992

The base 1992 amount of State and local share expenditures for the purposes of Title IV-B, Subpart 2 was **$5,258,623**.

### 2. FFY 2012

The FFY 2012 State and local share expenditure amounts for the purposes of Title IV-B, Subpart 2 was **$8,771,245.** This 2012 amount is $1,083,472 more than the 2011 amount, because CWSB was able to continue to put more funding back into the service contracts that had been cut between 2009 and 2010, during the global financial crisis. This additional investment in service contracts was possible because the Hawaii State Legislature was able to better prioritize human services, as Hawaii continued to recover from the recession. The 2012 amount is $496,917 less than the 2009 amount, because Hawaii had/has not yet fully recovered from the economic downturn.

**Figure 90**

| State and Local Share Expenditure Amounts for Title IV-B-2 | | | | | |
|---|---|---|---|---|---|
| **FFYs** | FFY 1992 | FFY 2009 | FFY 2010 | FFY 2011 | FFY 2012 |
| **Expenditures** | $5,258,623 | $9,268,162 | $7,127,516 | $7,687,773 | $8,771,245 |

Data Source: DHS SSD Support Services Office Expenditure Reports

**C. CFS-101**

Please see the attached files for CFS-101, Part I; CFS-101, Part II; and CFS-101, Part III.