



**HAWAII**  
**FFY 2022 Annual Progress**  
**and Services Report (APSR)**



State of Hawaii  
Department of  
Human Services

Social Services  
Division

Child Welfare  
Services Branch

FFY 2022

Annual Progress &  
Services Report  
(APSR)

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## ACRONYMS & ABBREVIATIONS

ACF	Administration for Children and Families
ADAD	Department of Health, Alcohol and Drug Abuse Division
AFCARS	Adoption and Foster Care Analysis and Reporting System
AIP	AFCARS Improvement Plan
ANI	Area in Need of Improvement
APCSB	Adult Protective Community Services Branch
APPLA	Another Planned Permanent Living Arrangement
APRN	Advanced Practice Registered Nurse
APSR	Annual Progress Services Report
AS	Adoption Savings
BIA	Bureau of Indian Affairs
BESSD	Benefit, Employment, and Support Services Division (of DHS)
BP	Birth parents
CAA	Consolidated Appropriations Act
CAMHD	Department of Health, Child and Adolescent Mental Health Division
CANS	Child and Adolescent Needs and Strengths Assessment Tool
CA/N	Child Abuse and/or Neglect
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court-Appointed Special Advocate
CBC	Capacity Building Center for States
CBCAP	Community Based Child Abuse Prevention
CCH	Catholic Charities Hawaii
CCSS	Comprehensive Counseling and Support Services
CCWIS	Comprehensive Child Welfare Information System
CDR	Child Death Review
CFP	Casey Family Programs
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review (case review system)
CHRI	Criminal History Record Information
CIP	Court Improvement Program
CJIS	Hawaii Statewide criminal history record information system
CM	Case Management
CPR	Cardiopulmonary Resuscitation
CPSS	Child Protective Service System (DHS' computer database system)
CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CRT	Crisis Response Team
CSA	Child Safety Assessment
CSEC	Commercial Sexual Exploitation of Children
CSSP	Center for the Study of Social Policy

CWCA	Child Welfare Contributing Agency (as federally defined)
CWS	Child Welfare Services
CWSB	Child Welfare Services Branch
DAG	Deputy Attorney General
DH	Hoomalu Detention Home
DHS	Department of Human Services
DOC	Difficulty of Care
DOE	Department of Education
DOH	Department of Health
DRS	Differential Response System
DV	Domestic Violence
DVAC	Domestic Violence Action Center
EBT	Electronic Benefits Transfer
ECAS	Early Childhood Action Strategy
EPSDT	Early Periodic Screening Diagnosis and Treatment
ESSA	Every Student Succeeds Act
ETV	Education and Training Vouchers
FASD	Fetal Alcohol Syndrome Disorder
FCTC	Foster Care Training Committee
FFH	Family First Hawaii
FFPSA	Families First Prevention and Services Act
FFY	Federal Fiscal Year
FPH	Family Programs Hawaii (social service agency)
FPPEU	Federal Payment Programs Eligibility Unit
FSS	Family Strengthening Services (a program of Hawaii's Differential Response System)
FSVPS	Family Support and Violence Prevention Section (DOH)
FUP	Family Unification Program
FVPSA	Family Violence Prevention and Services Act
GAL	Guardian Ad Litem
HANAI	Hawaii Assures Nurturing and Involvement (resource caregiver training)
HAR	Hawaii Administrative Rule
HCAHT	Hawaii Coalition Against Human Trafficking
HCJDC	Hawaii Criminal Justice Data Center
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement Project
HE	Higher Education
HFCC	Hawaii Foster Care Connections
HIFASDAG	Hawaii Fetal Alcohol Spectrum Disorders Action Group
HI H.O.P.E.S.	Hawaii Helping Our People Envision Success (current and former foster youth organization)
HIPPA	Health Insurance Portability and Accountability Act of 1996

HI SYNC	Hawaii State Youth Network of Care
HI-SBIRT	Hawaii Screening, Brief Intervention Referral and Treatment
HPD	Honolulu Police Department
HPHA	Hawaii Public Housing Authority
HRS	Hawaii Revised Statutes
HSCDV	Hawaii State Coalition against Domestic Violence
HSVAA	Hawaii State Victim Assistance Academy
HT	Human Trafficking
HUD	Housing and Urban Development
HVS	Home Visiting Services
HYCF	Hawaii Youth Correctional Facility
HYSN	Hawaii Youth Services Network
HZTT	Hawaii Zero to Three Specialty Court
ICF	Internal Communication Form
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IER	Interim Evaluation Report
IFSATS	Intra-familial Sexual Abuse Treatment Services
IHBS	Intensive Home-Based Services
IHI	Independent Living, Higher Education, and Imua Kakou Services
IK	Imua Kakou (voluntary extended care to age 21)
IL	Independent Living
ILC	Independent Living Collaborator
IPP	Individual Program Plans
IVAT	Institute on Violence and Trauma (conference)
J.D.	Juris doctorate
JJIS	Juvenile Justice Information System
KAEC	Kauai Animal Education Center
KOLEA	Kauhale On-line Eligibility
KPO	Ka Pili Ohana
KS	Kamehameha Schools
LISS	Lanai Integrated Services System
LGBTQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning, Intersex, Asexual
LMS	Learning Management System
LT	Liliuokalani Trust
MCCH	Missing Child Center of Hawaii
MDT	Multi-Disciplinary Team
MISS	Molokai Integrated Services System

MLT	Management Leadership Team
MEDQUEST	State of Hawaii Health Insurance
MQD	Med-QUEST Division
MSO	Management Services Office
MTPR	Motion to Terminate Parental Rights
NCANDS	National Child Abuse and Neglect Data System
NCMEC	National Center for Missing and Exploited Children
NYTD	National Youth in Transition Database
OC	Ohana Conferencing
OHCD	Office of Housing and Community Development
OJT	On the Job Training
OMS	Online Monitoring System
OSF	One Share Future
OYS	Office of Youth Services
PDO	Program Development Office
PIDF	Partners in Development Foundation (social service agency)
PIP	Program Improvement Plan
PIP3	Third Program Improvement Plan
PL	Public Law
POS	Purchase of Service & Grants Management Unit
PSS	Permanency Support Services
PUR	Period Under Review
QA	Quality Assurance
QAR	Quarterly Activity Report
QIC	Quality Improvement Center for Research-Based Infant Toddler Court Teams
RAC	Resource Advisory Committee
RCGs	Resource caregivers
RFP	Request for Proposal
RFSS	Resource Family Support Services
RIF	Reduction in Force
RST	Rapid Screening Tool for Child Trafficking
SFHR	Safe Family Home Report
SFY	State Fiscal Year
SHAKA	State of Hawaii Automated Keiki Assistance (CWSB computer database system)
SHAKATown	Youth Portal to SHAKA (see above)
SLH	Session Laws of Hawaii
SNAP	Supplemental Nutrition Assistance Program
SPAW	Safety, Permanency and Well-being Roundtables
SPC	Strategic Planning Committee
SSA	Social Service Assistants
SSBG	Social Services Block Grant

SSD	Social Services Division
SSDA	Social Services Division Administrator
SSDO	Social Services Division's Staff Development Office
SWAT	Specialized Workload Assessment Team
SwSA	Statewide Self Assessment
TA	Technical Assistance
TANF	Temporary Assistance to Needy Families
THIC	Trauma and Healing Informed Care
TPR	Termination of Parental Rights
TVPA	Trafficking Victims Protection Act of 2000
UH	University of Hawaii
UHMC	University of Hawaii, Maui College
VCA	Voluntary Care Agreement (for Imua Kakou)
VCM	Voluntary Case Management (a program of Hawaii's Differential Response System)
WIC	Women, Infants and Children
WRAP	Family Wrap Hawaii
WVC	Worker Visits with Children
WVP	Worker Visits with Parents
WWK	Wendy's Wonderful Kids
YC	Youth Circle
YHDP	Youth Homelessness Demonstration Project
ZTT	Zero to Three (Ages 0-3)

# SECTION I. STATE AGENCY UPDATES AND CHANGES

## A. DEPARTMENT'S STRATEGIC PLAN

In SFY 2018, Hawaii's Department of Human Services (DHS) developed and released its first department-wide Strategic Plan. Key aspects of the plan are detailed below.

### 1. Vision

The people of Hawaii are thriving.

### 2. Mission

To encourage self-sufficiency and support the well-being of individuals, families, and communities in Hawaii.

### 3. Core Values (THRIVE)

#### a. Team-oriented

We acknowledge that internal and external partnerships are critical to the success of DHS.

#### b. Human-centered

We develop strategies and make improvements as necessary from the client's perspective.

#### c. Respectful

We recognize the inherent value of each person as well as the diverse cultures of Hawaii.

#### d. Intentional

We are mindful of our decisions and in our collective work.

#### e. Visionary

We strive to support our clients by co-creating innovative, forward-looking strategies.

#### f. Evidence-based

We make decisions that are based on data and take actions that we know have sustainable outcomes.

#### **4. Goals**

- a. Improve the self-sufficiency and well-being of Hawaii's individuals and families,
- b. Improve service integration and delivery to develop solutions for sustainable outcomes, and
- c. Improve staff health and development.

### **B. CHANGES TO AGENCY PRIORITIES**

1. Improving performance on Child and Family Services Review (CFSR) Program Improvement Plan, Round Three (PIP3) items (PIP3 is discussed in *Section VIII. I. Continuous Growth*);
2. Preparing for the implementation of FFPSA in October 2021; and
3. Mitigating the effects of the global pandemic on the children and families Child Welfare Services Branch (CWSB) serves, as well as resource caregivers, CWSB staff, and the community.

### **C. UPDATES AND CHANGES TO AGENCY ORGANIZATION**

In early 2020, the nation began experiencing the effects of the COVID-19 pandemic and CWSB rose to the occasion. CWSB remained open to respond to reports of child abuse and neglect, while continuing to safely serve families. This was done while complying with Centers for Disease Control (CDC) guidance and the Governor's Statewide Stay-at-Home orders. New, touchless, ways of doing business were implemented utilizing personal protective equipment and electronic means of communicating, and working when in-person contact was not safe. The effects of the pandemic on Hawaii's economy created new budgetary realities, among which was a hiring freeze.

Because of the critical nature of the work, CWSB was exempt from a hiring freeze. This allowed CWSB the ability to continue to interview and recommend applicants for employment and fill vacancies. The Program Development Office added a second Administrator. CWSB had one change in management staff when the Hilo Section Administrator retired after 34 years of service; a new Section Administrator is currently in place. Statewide, there have been changes in staff within the sections and CWSB has been able to onboard new staff in all of the different sections.

As the pandemic forced all at CWSB to think about and reorder both its work and personal priorities, some decided to leave CWSB to focus on new priorities and others decided that this was a good time to retire. This priority review process led to a leadership change from the top down. Hawaii's Director of the Department Human Services decided to step down, the Governor nominated the Deputy Director to be the Director, and a new Deputy Director was named (the former Administrative Assistant). These internal nominations assisted in the



continuity of services during the pandemic. Additionally, the Administrator for the Social Services Division (SSD) also retired and a new SSD Administrator was named.

#### **D. CHILD WELFARE WORKFORCE**

As of April 2020, CWSB has 394 funded positions, 338 employees (86% of funded positions), and 56 position vacancies. The total number of funded positions in CWSB changes from year to year due to budget allocations, reorganization, positions moved out of Branch to fill other division needs, and hiring freezes.

CWSB currently has 174 authorized caseworker positions. 142 of these caseworker positions are filled and 32 are vacant. The current caseworker vacancy rate of 18% is higher than the 14% Branch-wide vacancy rate. CWSB continues to work with the DHS Personnel Office and the Hawaii State Department of Human Resources to use the collaboratively designed *Wiki hire* to streamline the hiring process. The impact of staff shortages and efforts to address and improve the situation are discussed in pertinent areas throughout this APSR.

Please see Figure 89: CWSB Staff Position Breakdown Filled & Vacant – May 2021 [Table] and Figure 90: CWSB Staff Position Breakdown Filled & Vacant – May 2021 [Graph].

The pandemic of COVID-19 is expected to have long-lasting negative impacts on CWSB and community resources. Hawaii has experienced a profound decline in revenue, which is typically generated by the tourist industry, and an attendant rise in joblessness and stress on families as many children are home attending school virtually. The full impact of these factors is still unknown. What it will most likely mean to the CWSB workforce is an increase in their workload as it has become increasingly difficult to fill vacant positions.

As a result of the current funding climate, budgetary realities and events beyond its control, CWSB is unlikely to be sufficiently resourced in the foreseeable future. However, CWSB remains committed, as it has always been, to make ongoing improvements to its practice and staff with all of the resources at its disposal, including continued development of systems to address infrastructure (Please see Section VI.A. Statewide Information System for details).

## **SECTION II. CWSB STRATEGIC PLANNING**

### **A. OVERVIEW OF HAWAII'S CHILD AND FAMILY SERVICES PLAN (CFSP)**

Hawaii's CFSP 2020-2024 is a strategic plan that describes Hawaii's vision for its child welfare system and the goals that must be accomplished to actualize that vision. A primary goal of the CFSP is to facilitate the integration of programs that serve children and families into a continuum of services from prevention and protection through permanency. The CFSP for 2020-2024 integrates information from the prior Annual Progress and Services Reports (APSR), Statewide Assessment, CFSR, and PIP3 to assist in planning and implementation over this five-year period.

The COVID-19 pandemic created challenges to maintaining contact with families and stakeholders. Technology has provided additional tools for the workforce to meet these challenges and maintain connections with families, stakeholders, and community partners. Many activities, such as connecting with families and meeting with stakeholders and community partners were able to continue virtually through various forms of technology. Annual, periodic, and new training sessions for staff have been continued using enhanced technology.

CWSB integrated the APSR and the Child and Family Services Review (CFSR) process, which coordinates State efforts to determine and monitor quality of performance. The target percentage for all CFSR goals is a long-range goal to achieve a very high standard of practice. In this APSR, the percentages listed under each CFSR Item are statewide averages from 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. Hawaii has integrated some of the PIP 3 strategies into the CFSP for 2020-2024 and are described, as applicable, in this APSR.

#### **Overview of Collaboration Activities**

Hawaii's collaboration activities to develop and implement the Child and Family Service Plan and Program Improvement Plan 3 (PIP 3) continue to include a variety of partners and focus areas to promote substantial, ongoing, and meaningful consultation and collaboration. The COVID-19 pandemic has prevented in-person meetings but has allowed for increased opportunities for virtual collaboration. Child Welfare Services Branch (CWSB) regularly uses virtual meetings to continue existing collaborations and also initiate new collaborations.

Data, including PIP 3 data on targeted items, is shared in various settings to identify strengths and improvement strategies. There are examples of meaningful collaboration throughout this APSR. These include but are not limited to:

- CWSB’s collaboration with legal and judicial partners, including the Court Improvement Program, on the PIP 3 activities related to permanency;
- CWSB’s continued partnership with Community-Based Child Abuse Prevention (CBCAP) lead agency, the Hawaii Department of Health, and other agency and community partners in the All-State team, including the Oahu Zero To Three Specialty Court team on working to promote a broad array of services to families with children aged 0-3;
- a collaborative workgroup and council with representation from local community experts and stakeholders to create CWSB’s COVID-19 related best practice guidelines, protocols, and policies; and
- workgroups engaging CWSB line staff, community partners, State agencies, and parents and young people with lived experience to prepare for implementation of Families First Hawaii.

The Child Welfare Advisory Committee’s purpose is to inform positive system change toward the goal of improving outcomes for children and families. The Committee meets quarterly to share updates from CWSB and in each community that affect children and families, and to review and discuss CWSB data including case review findings. Members of the Committee include broad, statewide members such as CWSB staff, contracted CQI staff, community social service providers, court staff, Department of Health representatives, current and former foster youth, resource caregivers, and family representatives.

CWSB is also engaged in community-initiated partnerships such as Ka Pili Ohana and Na Kama a Haloa. Ka Pili Ohana is a collaborative Liliuokalani Trust pilot project on Oahu focused on strengthening parent-child relationships during visitations with birth parents, children, resource caregivers, and Child Welfare Services staff. Liliuokalani Trust provides the Native Hawaiian cultural guidance to the project and participants. Na Kama a Haloa is a statewide collaboration with five sub-workgroups. Each sub-workgroup is tasked with creating critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, uplifting youth and family voice, training and supporting nurturing resource caregivers, and honoring sibling connections.

CWSB also has ongoing collaborations with those with lived experiences, especially with our young people. The CWSB Youth Advisory, Wrap, Hui Hoomalu and other contracts have strengthened the relationships with young people, birth parents, relatives, and resource caregivers. Family First Hawaii included lived experience partners in the exploration and development workgroups and established a LEAG (Lived Experience Advisory Group) with these voices to help guide implementation and ongoing CQI.

### **1. Hawaii’s Annual Progress and Services Report (APSR)**

Hawaii’s APSR is an annual report on the progress made toward accomplishing the goals and objectives of the CFSP. Due to the length of time it takes for State data to be made

available for analysis, this APSR will discuss data on activities and services provided through State Fiscal Year (SFY) 2020. The focus of this APSR is specifically on programs, services, and activities provided in Federal Fiscal Year (FFY) 2021 and planned programs, services, and activities for FFY 2022.

This document provides new information on services and activities provided since the submission of the FFY 2021 APSR, and those to be provided after the submission of this FFY 2022 APSR. Fiscal year references in this report mean the following:

- SFY (N) = July 1, (N-1) – June 30, (N) e.g., SFY 2018 = July 1, 2017 – June 30, 2018
- FFY (X) = October 1, (X-1) – September 30, (X) e.g., FFY 2019 = October 1, 2018 – September 30, 2019

Generally, this APSR provides data from SFYs 2016 - 2020. Where possible, more recent data is included (including from Case Reviews and federal reports).

## **2. Hawaii's CFSP 2020-2024 Vision, Goals, and Objectives**

**CFSP Vision:** Within their communities, children and families are safe, connected, and nurtured.

**Annual Update:** The CFSP vision continues to be an anchor in CWSB's collaborative discussions with stakeholders, agencies, and providers. The vision is shared with different groups as CWSB builds partnerships and identifies opportunities for collaboration. Most recently, the vision was shared as a part of CWSB's presentation to the Hawaii Interagency State Youth Network of Care. Sharing the vision helps CWSB and others identify their role and work in supporting families in the continuum of care.

### **Overarching Goals:**

#### **Goal 1. Collaboration:**

Continuously collaborate with a variety of agencies, organizations, and stakeholders to evaluate, navigate, and enhance services to address the individual needs of children and families seamlessly across the continuum of intervention, beginning with prevention to promote safety, permanency, and well-being.

Outcomes for children and families: An enhanced, prevention-based child welfare system will be better able to identify and develop targeted initiatives, interventions, and services to meet the needs of children and families.

**Collaboration – Objective 1:** Based on the CFSP shared vision, develop a road map and process for CWSB to plan, evaluate, collaborate, coordinate, and implement strategies to promote outcomes related to prevention, safety, permanency, and well-being.

Year 2 activities include:

- a. Develop a roadmap template. (Measure: date roadmap completed)
- b. Develop a guidebook (onramp/offramp) for implantation of change including methods to assess criteria to determine which activities to invest resources such as time and funding. (Measure: date guidebook completed)
- c. Communication plan to share information in road map, guidebook, and guidelines for collaboration. (Measure: date communication plan completed)

**Update for all activities a. – c. above:**

CWSB continues to identify these activities as important to supporting the work. To develop a mapping process, CWSB is testing cross-walking approaches in small strategies. CWSB will continue to practice cross-walking strategies to develop a more formalized mapping process, guidelines, and communication plan this year and in year 4.

CWSB has made progress in this area by reviewing and discussing different initiatives and to align activities, workforce, and system enhancements to be strategic and focused to implement system improvement and change. For example, through discussions, CWSB identified three (3) workgroups that generated an interest in enhancing Ohana Time. Members from the workgroups have connected to discuss progress and integrate future activities from each workgroup.

As CWSB has focused this year on supporting the continued implementation of various Program Improvement Plan (PIP) strategies, preparing for Family First Hawaii, and navigating and continuing operations through the COVID-19 Pandemic, CWSB has been mindful of aligning activities and initiatives with program goals and outcomes. CWSB has used a cross-walking approach to connect the areas of focus and aspects of work to meet CWSB's program outcomes. The pandemic has helped CWSB make positive shifts in its work and communication. Virtual meetings have allowed different people and groups to quickly come together and strategize how CWSB can align its work to meet outcomes. Utilizing technology for virtual connections, CWSB is cross-walking PIP strategies and initiatives concerning work force and change with staff. Based on progress, CWSB may be able to focus on Year 3 activities below (a. – d.) as well.

Year 3 activities include:

- a. Prioritize and reduce/eliminate/combine duplication of investments and activities that do not relate to core functions. (Measure: date completed)
- b. Assess participation/investment in known and newly identified activities. (Measure: date initially completed and ongoing)
- c. For strategic planning, track requests and proposed new projects including commitments and deferrals) to identify additional resources needed to effectively implement the road map. (Measure: list of commitments and deferrals and resource evaluation)
- d. Develop guidelines for effective participation in collaborative efforts including use of data. (Measure: date completed)

**Collaboration Objective 2:** Promote a robust, effective, accessible service array and interventions for families with children 0-3 to strengthen families to prevent entry to child welfare services and prevent re-entry to child welfare services through gaining sustained skills, supports, and resources within their community.

**Outcomes for Children and Families:** An enhanced, prevention-based child welfare system will be better able to identify and adapt services and interventions to meet the needs of children and families with children 0-3.

- a. Based on gaps, barriers and accessibility, prioritize and identify a target need to address and select a service, intervention, strategy to address an identified need. (Measure: need and service, intervention, or strategy identified).

**Update:**

The collaboration team, which includes members from the Oahu Zero To Three (ZTT) specialty Court, Court Improvement Program (CIP), Community-Based Child Abuse Prevention (CBCAP), Department of Health, Department of Education, and CWSB, continues to meet monthly through video conferencing technology to collaboratively identify needs, resources, and opportunities to improve access to services and supports for families with children age 0-3 served by the Oahu Zero To Three specialty Court. Additional agency/community partners have recently joined in the monthly meetings. Based on meetings with the collaboration team and other stakeholder groups, the following target needs were prioritized as potential project or topics, which were explored during the year and are described in detail following the list.

- a. Enhance Ohana Time/visitation opportunities and resources;
- b. Legal services;

- c. Navigation/connection to services;
- d. Access to quality childcare; and
- e. Connection to resources post-ZTT Court case closure and CWSB case closure.

### **Enhance Ohana Time/Visitation Opportunities and Resources**

Support early Ohana Time/visitation planning with Ohana Conferencing and early meetings through the following elements that include, but are not limited to:

- a. Work to create an environment that allows for a team approach to develop creative Ohana Time plans that support frequent contact;
- b. Identify a combination of resources so that Ohana Time can be as frequent as possible, in the most natural setting, and enhanced by involving other family members and resource caregivers at doctor appointments, sibling visits, and other activities through technology to allow for additional contact and participation in daily routines; and
- c. Consider developing a pilot Ohana Time model with families served by the Oahu ZTT Court.

The collaboration team learned from various participants about ways to enhance Ohana Time for families. The ZTT Court team has been actively identifying and utilizing resources to enhance Ohana Time through virtual resources. Information shared also highlighted the importance of culture and connections, and culturally informed supports as part of engaging and supporting families in Ohana Time planning and activities. The shared ideas, experiences, and actions generated elements for a framework for planning, support, and resources to increase Ohana Time.

The collaboration team noted that it is important to continually include others in the process and learn from them what has worked and what is needed to promote collaborative planning and frequent Ohana Time/Visitation.

In addition to discussing elements that help to enhance Ohana Time, as part of supporting and building the relationship between parents and caregivers, the Ohana Navigator program will share information at an upcoming collaboration team meeting in 2021. This resource provides support and mentorship for family resource caregivers.

The collaboration team shared and discussed the “Virtual Ohana Time: What the Child Welfare Community Should Know” presentation by Dr. Rachel Barr to enhance understanding and use of virtual contacts during and after the pandemic. This training was provided at the 2020 Annual Child Welfare Law Update, an event that brings together many partners of the child welfare system and highlights child welfare related laws, practices, and initiatives. This event is funded and coordinated by the Hawaii

Court Improvement Program with support from various stakeholders. The training is available to resource caregivers and others through a public website. The organization that provides training for resource caregivers has included this in the resource library available to resource caregivers. Resource caregivers are also able to earn annual training hours by viewing this training. Future discussions will include how this training resource can be viewed and used by others.

### **Legal services**

Collaboration team members learned about legal services that may be available for families. In May 2021, a presentation for CWSB differential response providers by a legal services provider shared information about what legal services may be available to families and how referrals may be made.

### **Navigation/connection to services, to match services based on needs, and expedite access to available services**

The collaboration team has discussed the continuum of services needed by families involved in the ZTT Court, including information on resources such as parent resource lines that parents can call for information and assistance and early intervention services. The team noted that it is helpful to have access to services when parents are ready to engage and participate. Problem solving activities also help initiate services for families involved with ZTT, when they are ready to participate.

### **Access to quality childcare**

In March 2021, information was shared by the DHS – Benefits, Employment, and Support Services Division (BESSD) on Child Care Connection Hawaii – Child Care Subsidy program. This informative presentation discussed how families can access childcare subsidies, as well as informational resources available. It was very exciting for agencies to collaborate to better understand and support families to access available community resources.

### **Connection to resources post-ZTT court case closure and CWSB case closure**

The collaboration team is brainstorming resources and strategies to support families after the closure of the ZTT court case and CWSB case. During an April 2021 meeting, Neighborhood Places providers on Oahu shared information with the collaboration team about how families can be connected to these services. Neighborhood Places provide connection to concrete resources and other services, assistance in completing service referrals, and provide case management, if needed, to families to address needs and help build protective factors. They also work with other agencies in their communities to discuss and share information about the available array of services and



how agencies can collaborate and support families. CWSB contracts with Blueprint for Change, which partially funds Neighborhood Places.

**Summary:**

Through the remainder of Year 2, based on the information shared, the collaboration team will discuss and potentially identify a target need and develop a pilot or plan to enhance access to relevant services for families.

- a. Based on the pilot developed, identify other agencies and community providers to participate in the pilot. (Measure: other partners identified)
- b. Based on the area of focus, additional partners may be identified to participate in this collaboration.
- c. Develop a plan to pilot the selected service, intervention, or strategy, and identify available funding. (Measure: completed plan)

Through the remainder of Year 2, the collaboration team will continue to identify opportunities for connections and next steps related to the development of a pilot, enhancement of a service/intervention, and/or the collaboration process.

- a. Based on progress in developing the pilot, Year 3 may include implementation of the pilot plan. (Measure: plan implemented)

**Goal 2. Prevention:**

Partner in enhancing a prevention-based child welfare continuum of intervention to engage and support children and families early and in their communities.

**Prevention Objective 1:** Work with a network of partners to enhance prevention efforts related to Families First Prevention and Services Act (FFPSA).

**Outcomes for Children and Families:** Children and families will have increased access to prevention services.

**Update:**

- a. Implement the approved FFPSA plan – Family First Hawaii (FFH). (Measure: date FFPSA – FFH plan implemented)

CWSB submitted the Title IV-E Prevention Plan titled *Family First Hawaii (FFH): Keeping Families Together* to ACF in December 2020. Hawaii received feedback from ACF in February 2021 and resubmitted its FFH Plan for approval in May.

Also in May, Hawaii received ACF approval of its IV-E Plan amendments related to Qualified Residential Treatment Program (QRTP). Addressing QRTP is required before any FFH services may be implemented. Hawaii projects implementation of FFH by October 2021.

**FFH Implementation Timeline:**

- a. *Exploration* - Began in 2019 - mid/late 2020  
Exploration involves an assessment of assets and needs of the focus population, fit of the program or practice with those needs and assets, and feasibility of implementation.
- b. *Installation* - 4th Quarter 2020 - 4th Quarter 2021  
Installation involves building the infrastructure necessary to implement the program or practice, which includes building practitioner and organizational capacity.
- c. *Initial Implementation* - Beginning October 2021  
Initial implementation includes the initial efforts of staff to use the program or practice, with attention to using data for continuous improvement.
- d. *Full Implementation*  
Full implementation occurs as staff use the program or practice successfully, and population-level outcomes are achieved. Each intervention may reach full implementation at different speeds/times.
- e. Coordinate information dissemination and training on the initial project site/service. (Measure: date information disseminated)

As part of planning and implementation, different workgroups, such as the IT/DATA and Case Pathways workgroups, continued to meet frequently after the exploration groups reached their goal of recommending services. These internal workgroups refined the definition of candidacy and planned for the infrastructure needed to support the state plan. This includes modification to data systems, development of the child specific prevention plan, changes to policy and procedure, fiscal analysis, and communications and training. Information is disseminated on an ongoing basis. A FFPSA flyer has been added to the CWSB website.

- f. Implement the FFH plan's initial project site/service. (Measure: date pilot project implemented)

The language of this activity has changed from “Implement the pilot project” to Implement the FFH plan’s initial project site/service. CWSB has made significant progress in developing and submitting the FFH plan. Hawaii is targeted to begin plan activities October 1, 2021 and is already implementing changes as CWSB progresses, such as adding and utilizing codes in the data system to identify candidates.

- g. Based on the approval of the FFH plan, Year 3 may include the evaluation of the initial project site/service. This Year 3 activity will also reflect a language change from “pilot” to initial project site/service. (Measure: date evaluation completed)

Additional information on FFPSA is available in Section VII. C. 7.

**Goal 3. Workforce:**

Actively nurture a robust, healthy workforce of CWSB staff and partner agencies and organizations through training, resources, and support.

**Workforce Objective 1:** Reduce the workload of supervisors and maintain the reduction.

Outcomes for Children and Families: Children and families will receive increased contact and quality casework services.

**Update:**

The two-year pilot of the Specialized Workload Assessment Team (SWAT) team allowed for a versatile, flexible, and responsive support for the workforce. The unit is located on Oahu and consists of three caseworkers (filled), two assistants (1/2 filled), and one supervisor (to be filled). The unit is able to travel and work on each island in need of assistance and support. The SWAT also continues to provide assistance to the sections remotely using technology. This pilot has also included partnership with Casey Family Programs to help fund airfare for inter-island travel when the unit travels to provide assistance on neighbor islands.

The SWAT provided support to the Maui section in February and August 2020. The unit responded to reports assigned for investigation, provided relief to the section workers to focus on case work activities, and provided shadowing and mentoring opportunities for section workers to build skills and capacity. Molokai and Lanai staff also participated in training and shadowing with the SWAT. With the support provided from the SWAT, the Maui section was able to close 522 cases.

The SWAT provided a variety of supports to sections related to Title IV-E eligibility documentation and adoption assistance; licensing activities; transition following the

retirement of a section secretary; and assessments involving restraining orders, serious harm, and institutional abuse. The SWAT was also integral in two projects that directly benefitted children in care: the implementation of CWSB projects such as providing 2,000 Electronic Benefits Transfer (EBT) cards to resource caregivers that provided funding for the nutritional needs of children in foster care when COVID-19 restrictions prevented them from attending school and receiving free school lunch; and receiving and distributing 400 boxes of donated new Ralph Lauren clothing for families. SWAT also help gather documents related to litigation, create a system for corrective action and improvement based on the guardianship audit findings, and test capacity building activities related to Adoption and Foster Care Analysis and Reporting System (AFCARS) data.

Based on SWAT's success in providing an array of assistance to the sections, as well as the ability to implement specific projects and enhance capacity, CWSB is working to convert this pilot to a permanent unit in the workforce.

- a. Continue planning and implementation activities to create Social Service Assistants (SSA) V positions. (Measure: revised/new position descriptions, organization charts)

The following activity is being considered: Depending on resources and priorities, CWSB will utilize the information learned from the development and implementation of the SWAT to inform this activity. The goal is to help balance and manage the workload. This year, elements consistent with practice related to AFCARS, Guardianship Assistance Payments, and general CPSS inquiries, were supported by training provided by a SWAT member (who is a SSA) to other SSAs, thus increasing the knowledge and capacity of the workforce.

- b. Continue to monitor supervisors' caseloads and inactive cases.

(Measure: caseload and inactive caseload data)

Supervisors' caseloads continue to be monitored at Branch through Section supervision, and through the review of the monthly Outcome-Based Management Reports. In the month of July 2021, eighteen supervisors statewide were carrying 0 - 10 cases each, for an average of less than two cases, excluding Maui Section. Two supervisors in Maui Section were carrying 69% of the cases carried by supervisors statewide. Throughout the PIP period, Maui Section has continued to struggle with limited staffing and an influx of new cases. If the cases from these two supervisors were excluded, the cases carried by supervisors follow the revised caseload guidance for supervisors that was developed at the beginning of the Program Improvement Plan (PIP); these cases are short-term case management cases.

- c. Improve data dissemination and use. (Measure: data tools and monitoring process)

Data has been presented, discussed, and analyzed at Branch, Management Leadership Team (MLT) meetings, Section meetings, and unit briefings. This has allowed for more detailed discussion on data and what it shows may be happening in practice. The goal is to include discussions on everyday practice.

**Workforce Objective 2:** Develop and implement guidelines and structure for supervision.

**Outcomes for Children and Families:** Children and families will receive increased quality casework services.

### Update

- a. Continue implementation of monthly supervision. (Measure: monitor monthly calendars that document monthly supervision meetings)

Monthly supervision continues and monthly calendars submitted as part of a management report are monitored. Discussion and supervisory support are provided to supervisors to strengthen monthly supervision. Sections in need of support to continue monthly supervision may be offered additional supervisory support and resources such as SWAT.

- b. Evaluate monthly supervision. (Measure: monitoring of monthly calendars to document supervision meetings, quarterly caseworker surveys, and targeted supervision observations and review of information at Branch meetings)

Monitoring of monthly supervision continues and is discussed at Branch meetings. Discussions include the review of the goal of monthly supervision and use of the supervisory tool. Caseworker surveys have been completed approximately quarterly. The survey information is reviewed at Branch meetings. Feedback about how supervision is working is also reviewed with Section Administrators. CWSB has learned that monthly supervision occurs and there are acceptable reasons when supervision must be rescheduled. CWSB has also learned from the survey that workers appreciate supervision that has helped them apply the procedures in practice. Key areas are highlighted and discussed to identify any further support, if applicable. Information has also been shared at MLT. Feedback from the surveys has been helpful to understand the implementation of monthly supervision and ideas to support caseworkers. Necessary identified supports are addressed within individual sections.

- c. Continue coaching of caseworkers by supervisors. (Measure: caseworkers are coached)

Supervisors continue to use coaching in supervision. In the recent survey, 94% of workers reported that they received supervision within the last 3 months. Supervisors are integrating information from training, use of the checklist, support from the Capacity Building Center for States, and supervisory training and coaching supports to apply during coaching in supervision. The Trauma and Healing Informed Care (THIC) training concepts that are covered in work with families is also applicable in supervision and in creating a supportive environment for caseworkers. Supervisors have shared how progress is going related to coaching and supporting workers in supervision. In the recent survey, 90% of the workers responded favorably that the support of supervision helped them to apply CWSB's procedures in their practice and decision making. Supervisors are also offered additional coaching through the training and the coaching support for supervisors' resource.

- d. Continue to monitor coaching of workers by supervisors. (Measure: observations, feedback, and monitoring of coaching)

New supervisor training includes ongoing discussions on the use of coaching in supervision, how it is working, and opportunities for support and improvement. Information from completed supervision in the calendars and feedback regarding supervision through caseworker surveys is reviewed to understand coaching of workers by supervisors. This information is reviewed with the sections to provide support and guidance for their supervisors. As mentioned above, supervisors may be offered additional coaching through training and coaching support for supervisors, as needed. CWSB plans to review and support implementing the guidelines for supervision, potentially including observations of coaching of workers by supervisors.

- e. Continue to implement a supervisory support model for new supervisors. (Measure: completed training and support for new supervisors)

The model for new supervisor training and support continues to be provided to supervisors. New cohorts are initiated annually. 100% of new supervisors enroll and attend the sessions within their first year of becoming a supervisor. Generally, supervisors that start after a cohort begins, within the first four modules, are provided individual sessions on the missed modules and participate in the current cohort. Supervisors that start after that may join the next cohort group. Individual sessions are provided individual make-up sessions if a supervisor is not able to make a group session. Coaching and supervisory supports are also available for all

supervisors in addition to new supervisors. Some supervisors do reach out to access this resource.

- f. Continue to evaluate and revise supervisors support model for new supervisors. (Measure: revised model, if needed)

Feedback from new supervisors is reviewed to enhance the supervisor support model. The model integrates new initiatives and caseworker practice enhancements in the application of the content/curriculum. PIP3 strategies, such as the use of trackers, are incorporated into the curriculum.

## **B. DATA**

### **1. Data Sources**

- a. Case reviews: See *Section VI. Systemic Factors*.
- b. Federal data sources that consolidate and corroborate local data, include:
  - i. Adoption, Foster Care Analysis and Review System (AFCARS)
  - ii. National Child Abuse and Neglect Data System (NCANDS)
  - iii. National Youth in Transition Database (NYTD)
- c. Statewide Information Systems: See *Section VI. Systemic Factors*.

The following systems are the primary sources for Hawaii's data:

- i. Child Protective Services System (CPSS)

CWSB's electronic database, CPSS, contains information for required federal reports, such as AFCARS and NCANDS. CPSS is Hawaii CWSB's official system of record.

- ii. State of Hawaii Automated Keiki Assistance (SHAKA)

SHAKA is an internet-based database. Originally envisioned as the replacement for CPSS, it is now a user-friendly interface with CPSS for selected functions as well as the primary database for NYTD, Education and Training Vouchers (ETV), higher education benefits, and Imua Kakou. SHAKA operates three trackers that are key in Hawaii's CFSR PIP: the Initial Contact Tracker, the Monthly Worker Visit with Child Tracker, and the Monthly Worker Visit with Parent Tracker.

d. DHS Management Services Office (MSO)

Included in MSO functions are the extraction, analysis, and reporting of data pertaining to DHS functions and services. MSO uses data in CPSS to provide CWSB with progress and outcome reports.

## 2. Data Booklet

The Data Booklet for the Hawaii FFY 2022 APSR (Data Booklet), included as Attachment A, compiles tables and charts in one document. Reference will be made throughout this report to figures in the Data Booklet, which will provide additional supporting information on specific topics. *The Data Booklet is not intended to be viewed independently of this narrative APSR, as the data is further defined, clarified, and given context in this report.*

## C. COLLABORATION ON CFSP/APSR

Hawaii's collaboration process and partners in developing the CFSP/APSR have not changed since the last APSR submission (FFY 2021). Information and updates on activities provided since the last APSR submission to continue engagement in substantial, ongoing, and meaningful collaboration in the implementation of the CFSP/APSR is provided throughout the APSR. CWSB's Advisory Committee (formerly CWSB's CQI Council) has been integral in the development and review of CWSB's plans. Also, refer to *Section VI. Systemic Factors, F. Agency Responsiveness to the Community* below.

CWSB continues to work on its Program Improvement Plan (PIP). Following the ACF virtual visit in January 2021, recommendations were made to assist the State with areas of improvement that have been the focus of much of CWSB's work. These recommendations included:

1. Increase supervision with safety decision-making, authentic engagement, and achieving timely permanency outcomes;
2. Use trackers to complete 48-hour contact, Worker Visits with Children (WVC) and Worker Visits with Parent (WVP);
3. Engage young people; and
4. Increase concerted efforts to locate and engage CWSB biological parents. (PIP strategies include a letter and a checklist to track efforts to locate missing parents.)

CWSB continues to work towards completion of its PIP and implementation of CFRS goals, understanding the importance of increasing the frequency of WVP to improve outcomes.

## D. CWSB PROGRAM ASSESSMENT

The process and framework for conducting program assessments has not changed since the



APSR FFY 2021 submission. Updated information on how stakeholders and partners were involved in assessing the State's performance towards meeting the goals of the CFSP/APSR is provided throughout the APSR.

Since the last APSR submission, CWSB has identified goals that will help to improve consistent practice:

1. Increase and improve communication among front-line staff, Branch, and Program Development;
2. Support front-line staff with completing contacts for reports of abuse and neglect; and
3. Revise CWSB staff training curriculum.

Branch and Program Development meet weekly to problem solve and discuss workflow issues. This has greatly improved internal communication, allowed for quicker implementation of policies and procedures, and has led to systems changes to increase efficiencies.

## **E. INTERVENTIONS & STRATEGIES**

### **1. Interventions**

CWSB has developed interventions and strategies that focus on safety, permanency, well-being, family engagement, youth transition, and a wide array of services that promote successful outcomes. These interventions are described in Section III (Programs Promoting Safety), Section IV (Programs Supporting Permanency), Section V (Family Engagement and Child Well-Being), Section VI (Systemic Factors), Section VII (Program Support), Section VIII (Child Abuse Prevention and Treatment Act (CAPTA) Progress and Report on State Plan), and Section IX (Chafee Foster Care Independence Program, Education and Training Vouchers, and Extended Foster Care and Extended Assistance).

Consistent with CWSB's Family Partnership and Engagement Practice Model, all interventions are:

- a. Based on an assessment of the family's strengths and challenges;
- b. Tailored to the individual needs of each child and family;
- c. Designed using the strengths, problem-solving abilities, and unique capacities of each family and the family's local community;
- d. Culturally sensitive;
- e. Respectful of family lifestyles, dynamics, and choices;
- f. 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
- g. Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

## 2. Strategies

The strategies CWSB uses to achieve its goals rely on:

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

## **SECTION III. PROGRAMS SUPPORTING SAFETY**

### **A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES**

Child Welfare Services Branch (CWSB) strives to provide services to families at the most appropriate and least intrusive levels. Family preservation and support services include, but are not limited to, individual and/or family counseling, crisis intervention, case management, parenting skills training, homebased services, and family monitoring provided through home visits by CWSB caseworkers. The nature and extent of services provided to families depend upon the needs of the families and the availability of services within the community. Services are provided, at no cost to the families, either directly by CWSB staff or by other social service agencies that are contracted by DHS to provide services to CWSB families.

The following CWSB programs and services support efforts to achieve desired safety outcomes for the children and families CWSB serves:

1. Risk and Safety Assessments,
2. Differential Response System (DRS),
3. Statewide CWSB Intake Hotline,
4. Child Welfare Services Branch (CWSB),
5. Voluntary Case Management (VCM) Services,
6. Family Strengthening Services (FSS),
7. Intensive Home-Based Services (IHBS), and
8. Crisis Response.

### **B. CHILD MALTREATMENT REPORTS AND DISPOSITION STATEWIDE AND PERFORMANCE ASSESSMENT**

This section of the APSR relates to calls that are received by CWSB Statewide Intake Hotline. Data Booklet, Figure 1: Statewide Intake Hotline Calls summarizes the types of calls received by the Statewide Intake Hotline for SFY 2016 through SFY 2020. “No Intervention Required” calls include requests for information and those that do not meet criteria for CWSB intervention.

“Assigned for Intervention” calls are calls deemed appropriate for some level of intervention and are assigned to CWSB or Differential Response System (DRS), i.e., Voluntary Case Management (VCM) or Family Strengthening Services (FSS), for action. The total number of calls received has been somewhat steady over the last three years. Over the last five years the total number of calls received has been as follows: SFY 2016 - 22,767 (22% assigned for intervention); SFY 2017 - 17,886 (26% assigned for intervention); SFY 2018 -19,328 (24% assigned for intervention): SFY 2019 - 20,425 (23% assigned for intervention): and in SFY 2020 - 21,530 (23% assigned for intervention). The percentage of calls assigned for further action has

remained relatively stable at approximately 24% (+/- 2%). In addition to Data Booklet, Figure 1: Statewide Intake Hotline Calls SFY 2016 - 2020, refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2015 - 2020 and Figure 3: Percentage of Intakes Assigned to CWSB, DRS/VCM and DRS/FSS, SFY2016-2020 for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation, VCM, or FSS.

The number of calls assigned for intervention has increased overtime from SFY 2017 (4,609) to SFY 2020 (4,907). Refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFY 2015 – 2020 to review the number of cases assigned to CWSB and DRS for action for SFY 2016 through SFY 2020.

The percentage of intakes assigned for intervention has increased from SFY 2016 through SFY 2020; the assignment distribution between CWSB and DRS has changed. The percent assigned to CWSB has increased from 43% in SFY 2016 to 60% in 2020 with a decrease in the percentage assigned to FSS from 21% to 11%, while the assignments to VCM has also decreased from 36% to 29%. If the percentage of intakes assigned to CWSB increases, the percentage to DRS will decrease.

#### Annual Review:

Intakes assigned to CWSB have increased over the last four years. Referrals to VCM have remained fairly stable and referrals to FSS have decreased.

CWSB continues to strive for accuracy and consistency in handling intakes. Training and clarification of practice and procedures has been provided to staff. As part of the PIP3, from November 2019 through January 2020, training on the safety threshold was provided first to the Intake unit and then to other sections. Building on the safety threshold training, clarification was issued regarding the recording of reports on open cases. Reports of new maltreatment will require a new intake. Second complaints are limited to capturing information from callers reporting additional information on an existing report. Reports on open cases that do not meet the criteria for investigation are documented as “calls of concern.” New codes have been implemented to track the calls of concern on open cases and the response by the assigned caseworker. Clarification regarding risk levels has been provided for the CWSB section that assesses reports. CWSB may utilize a report to review the number of cases with new intakes on open cases to identify any impact on practice.

### **1. Confirmed Reports**

An intake is a report of a child abuse or neglect incident that has been accepted for investigation and for which a determination of abuse or neglect has been made. An intake usually refers to a family unit and may involve the alleged maltreatment of more than one child. A confirmed intake means that at least one child reported in the intake was the subject of at least one abuse type that was confirmed or substantiated. A

separate and unrelated incident may result in another intake for the same family or child. Refer to the Data Booklet, Figure 4: Factors Precipitating Incident for Confirmed Victims SFY 2020 and Figure 5: Intake Disposition by County SFY 2020 for county specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child whose abuse(s) has been confirmed or substantiated. Refer to Data Booklet, Figure 6: Victim Disposition by County SFY 2020 for county specific data.

In SFY 2020, 2,921 reports were assigned to CWSB for investigation (including reports assigned directly from intake and those referred back to CWSB from VCM or FSS). Of the 5,233 children in these reports, 1,393 (or 27%) were confirmed as victims of child maltreatment. Please note that the numbers in Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS may not match the numbers in Data Booklet, Figures 6: Victim Disposition by County SFY 2020 and Figure 7: Statewide Cases Assigned for CWS Investigation and Confirmation Rate SFY 2016 - 2020. Figure 2: Intakes Assigned to CWSB and DRS, only includes cases that were assigned to CWSB for investigation directly from the initial intake by CWSB Hotline while Figures 6: Victim Disposition by County SFY 2020 and Figure 7: Statewide Cases Assigned for CWSB Investigation and Confirmation Rate SFY 2016 – 2020 includes cases that were assigned to CWSB for investigation from any source, including cases referred from VCM or FSS.

Once a CWSB assessment worker is assigned a case, the worker has 60 days to complete a disposition of the child abuse and neglect (CA/N) allegations. The current definitions of the two possible dispositions are explained below.

- a. Confirmed: There was reasonable cause to believe that harm or threatened harm occurred.
- b. Not Confirmed (aka Unconfirmed): There was insufficient evidence to confirm that harm or threatened harm occurred.

Hawaii's has successfully maintained a reabuse rate below the national reabuse standard of 6.1% for over a decade, with a recurrence rate of only 2.2% in SFY2020. See Data Booklet, Figure 49: Absence of Recurrence of Child Abuse and Neglect SFY 2016 - 2020.

The percentages of the types of maltreatment have remained consistent for the past several years. The base question for determining physical abuse/neglect is: did physical abuse/neglect actually occur? The corresponding question for threatened harm is: is there a reasonably foreseeable substantial risk of harm to a child? Refer to the Data Booklet, Figure 14: Statewide Confirmed Maltreatment by Type SFYs 2016-2020 and Figure 15: Maltreatment Type SFYs 2016-2020 for details on the types of reported

maltreatment that were confirmed by CWSB during this five-year period. The percentage totals add up to 100% each year, representing the most serious alleged harm per case that was confirmed in that year. In comparing one year to another, when you see a lower percentage in one type of harm, there should be a rise in at least one other type of harm to total 100%. From SFY 2019 to SFY 2020, four of the seven types of harm changed 0.3% or less – medical neglect, physical abuse, psychological abuse, and sex trafficking. For confirmed sexual abuse allegations, there was an increase of 1.4% from SFY 2019 to SFY 2020. The largest changes from SFY 2019 to SFY 2020 were in physical neglect and threatened harm cases, where confirmed allegations of physical neglect increased by 4.2% and threatened harm decreased by 5.9%. The percentage of the type of harm confirmed appears to be relatively consistent over the last five years.

As part of the PIP3, the safety and risk curriculum for new hire training and existing staff training has been revised and now incorporates a component for the role of the supervisor. Trainings and support have also been provided to supervisors to enhance their skills in the review and application of the safety framework in practice. Information gathering in the six domains (extent of maltreatment, surrounding circumstances, child functioning, adult functioning, general parenting, disciplinary practices/behavioral management) has also been emphasized and reinforced in practice and through supervision. A goal of these activities is to enhance staff ability to understand the family's situation, strengths and needs, and to more effectively assess and manage safety.

CWSB strategies may include the review and discussion of data for each geographic location; collaboration with community partners, providers and stakeholders to identify concrete resources, outreach approaches, and services to meet the needs of families, and to prevent and address child abuse and neglect. Family First Hawaii will also provide opportunities for early identification of the families' needs and appropriate services to meet those needs.

## **2. Number of Children in Foster Care**

Please view the graphs in Data Booklet, Figure 15: Total Number of Children in Foster Care in Hawaii SFYs 2004-2020, and Figure 16: Monthly Average Number of Children in Foster Care in Hawaii SFYs 2004-2020. To have an enriched understanding of the changes in the number of children in foster care in Hawaii, it is useful to go back to just before implementation of the Differential Response System (DRS). Hawaii experienced a remarkable and steady decline in the number of children in foster care from SFY 2004 to SFY 2011 due to the implementation of DRS in 2005. In SFYs 2011 through 2014, Hawaii's numbers remained quite low. Following national trends, and despite Hawaii's successful implementation of the Title IV-E Waiver Demonstration Project (whose activities focused on reduction of children in care) in 2015, the numbers began to rise in

SFY 2015 and continued to slowly climb in SFYs 2016 and 2017. Data from the Waiver indicated that the numbers would have risen much higher and faster than they did were it not for Hawaii's implementation of its Waiver services, particularly the Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS). Although there is some variation, the numbers appear to remain relatively steady in SFYs 2017 – SFY 2020.

See Data Booklet, Figure 17: Percentage Change of Children in Foster Care SFY 2015 through SFY 2020. There has been a 3.8% decrease in total annual number of children in foster care from SFY 2019 (2,784 foster children) to SFY 2020 (2,679 foster children), and a 1.4% decrease in the monthly average number of children in foster care from SFY 2019 (1,730 foster children) to SFY 2020 (1,706 foster children). This is notable, as SFY 2020 is the first year since SFY 2012 where both the total number of children in foster care and the monthly average have decreased compared to the prior year. Early SFY 2021 data indicates that the monthly average number of children in foster care is continuing to decline.

A visual representation of the past five years of the total annual number of children in foster care, along with the numbers of children that entered and exited care for those years can be found in Figure 14: Statewide Children in Foster Care, Entries, and Exits – SFYs 2016-2020.

When considering the rise of children in foster care over the past six years, consideration should be given to the last row of Figure 17: Percentage Change of Children in Foster Care SFY 2014 through SFY 2020. These percentage increases are alarming, with a 24.4% increase in the annual total number of children in foster care, and a 41.7% increase in the monthly average number of children in foster care from SFY 2014 – SFY 2020. This rise in numbers of children did not correspond to an increase in resources to serve them. Hawaii's concern about the rise in children in foster care is mitigated by the fact that there was a decrease in both the total number of children in foster care and the monthly average number of children in foster care from SFY 2019 to SFY 2020, as mentioned above.

The pattern of these increases has resulted in a decentralization of the foster care population, i.e., fewer children in foster care on Oahu and more in the East Hawaii region. This points to a potential need to reallocate resources. See Data Booklet Figure 18: Percentage of Children in Foster Care by Geographic Area SFYs 2015-2020. Here one can see that the percentage of children in foster care has regionally shifted over the past six years. The percentages provided in this figure are each region's percentage of the total number of children in foster care in the State. When one region has a rise in percentage, another region or regions must decrease, as the total will always add up to 100%. The percentages of the total statewide foster children in each neighbor island region have fluctuated over this period. The largest percentage change is on Oahu –

falling from 55% in SFY 2015 to 48% in SFY 2020. The largest increase is in East Hawaii – rising from 18% of the total in SFY 2015 to 23% in SFY 2020.

Data Booklet Figure 19: Number & Percentage Change in Foster Care by Geographic Area SFYs 2015 to 2020 depicts children in foster care across regions over the same six year period, SFYs 2015 – 2020. The number of children in foster care for each year statewide and in each geographic region is provided, along with the number and percentage rise over these six-years. The percentages in this figure compare each region to itself, e.g., when comparing East Hawaii’s numbers in SFY 2015 to East Hawaii’s numbers in SFY 2020, there is an increase of 50%. The greatest percentage changes can be seen in East Hawaii, Kauai, and West Hawaii, with the largest numeric growth in East Hawaii. The most modest growth can be seen on Oahu.

CWSB hypothesizes that the Title IV-E Waiver intervention, CRT, is one of the reasons why Oahu has been able to keep its numbers low. Although East and West Hawaii also have had this intervention and still sees significant increases, there are confounding factors in those regions, e.g., increased substance use among parents, that have caused numbers to rise. Hawaii’s Waiver data demonstrates that CRT has been highly effective in safely keeping children out of foster care. Although the Title IV-E Waiver Demonstration Project ended at the end of FFY 2019, CRT services have continued.

The rise of children in foster care is concerning; however Hawaii’s total number of children in foster care had dropped by almost 60% in the decade from SFY 2004 (5,207 foster children) – SFY 2013 (2,099 foster children), largely due to DRS implementation. Even with the recent increase, Hawaii is not approaching the levels of the 2000s. See *Figure 15: Total Number of Children in Foster Care in Hawaii SFYs 2004-2020*. Despite the continued increase of children in foster care over the past few years (most notably on Hawaii Island and Kauai,) CWSB is pleased that this upsurge has appeared to have leveled off and may have been beginning to decline. In contrast, considering the intense negative effects of the pandemic, Hawaii anticipates an increase in cases (both new families and previously-CWS-involved families with new incidents) in the next couple of years.

The data reveals that, on a monthly basis, CWSB staff is working with 42% more children now than they were in SFY 2014, without additional staff or resources. Two notable exceptions are: The East Hawaii pilot project, funded by the State legislature, which brought four temporary caseworker positions to the Hilo CWSB office; and the Special SWAT Team, which used already existing CWSB positions and organized them into a unit to support staff statewide, as needed with guidance and taking on direct service tasks.

Despite the challenges presented by the lack of adequate staffing (please note Figure 88: CWSB Average Caseload December 2018 – December 2020, Figure 89: CWSB Staff



Position Breakdown Filled & Vacant– May 2021, and the repeated concern mentioned throughout this report that caseloads are too high and staffing is insufficient), Hawaii has been working on several plans to safely reduce the number of children in foster care, along with the length of stay of children in foster care.

Since SFY 2013, children are being placed in foster care at higher rates due to external and internal factors. The Department cannot control external factors such as poverty and homelessness (which have been exacerbated by the pandemic), and the finite number of resources that are available to families and the Department. However, CWSB has identified factors within CWSB that present opportunities for growth, which form the basis for its workplan.

Due to the austere funding climate, it has been difficult, and will become even more difficult, to maintain sufficient and effective services to safely maintain children in their homes. CWSB cannot responsibly plan initiatives that will require additional resources beyond what CWSB may have available. That means the only viable option is a focus on practice. With that in mind, CWSB has identified the following issues that it believes can be addressed with available resources.

- a. Safety and risk assessments must be reviewed and improved to ensure that decisions to remove children are made only after all other options have been eliminated.
- b. Crisis and in-home services are not sufficient to meet the current need; these services must be increased, focused, and enhanced to prevent out-of-home placements of children.
- c. Worker caseloads are excessive. Historically, when caseloads are excessive, workers' efforts to engage families, monitor safety, and move cases toward permanency or closure decrease in effectiveness.
- d. Supervisors need enhanced ability to lead and support staff in working with families and children.
- e. The current CWSB structure must evolve to allow the branch to respond to changing situations effectively and in a timely manner.
- f. Concurrent planning must be clarified for staff and the community and become an accepted and understood service component.
- g. Parents who become involved with CWSB must be able to believe they are being treated fairly and their caseworkers are competent and credible.

With these factors in mind, CWSB has determined that the following initiatives present the best opportunities for improvement with available resources.

**a. Increase Prevention Efforts**

Perhaps the most obvious way to decrease the number of children in foster care

is to invest in effective child abuse and neglect prevention. Hawaii has been planning for its October 2021 implementation of the Families First Prevention and Services Act (FFPSA) for the past two years. CWSB has been partnering with a range of State agencies (Office of Youth Services; Department of Health (DOH), Maternal and Child Health Branch; DOH Child and Adolescent Mental Health Division; DOH, Alcohol and Drug Abuse Division; University of Hawaii (UH), Center on the Family; Family Court), and a variety of community social service agencies (Child and Family Service, Catholic Charities Hawaii, Parents and Children Together, EPIC Ohana, Family Programs Hawaii, Sounding Joy, Bobby Benson Center, the Salvation Army, Hawaii International Child, Healthy Mothers Healthy Babies Hawaii, Liliuokalani Trust, and SAS Services).

In earlier planning stages, Hawaii received support from Mainspring Consultants, and held several FFPSA planning meetings for both internal and external partners and stakeholders. Mainspring helped Hawaii explore relevant data (for example, Figure 4: Factors Precipitating Incident for Confirmed Victims SFY 2020) and identify potential areas of focus for FFPSA services, based on the data.

More recently, since approximately March 2020, CWSB has been receiving support and guidance in the creation and implementation of its FFPSA State Plan from the Center for the Study of Social Policy (CSSP), funded by Casey Family Programs. Starting in February 2021, staff from the Capacity Building Center for States (CBC), has also been supporting Hawaii's Family First Prevention and Services Act (FFPSA) planning efforts.

To manage and implement FFPSA, Hawaii has created the following FFPSA teams and workgroups:

- Executive Committee
- Steering Committee
- Implementation Team
- Case Pathways Workgroup
- Program Contracts Workgroup
- Internal CQI Workgroup
- Evaluation Workgroup
- IT and Data Workgroup
- Fiscal Workgroup
- Training Workgroup
- Change Management Workgroup
- Communications Workgroup
- FFH Constituent Advisory Committee
- External CQI Workgroup

- Prevention Services Continuum Workgroup

Hawaii submitted its FFPSA State Plan (“Family First Hawaii – FFH”) in late December 2020 and received feedback from ACF in late February 2021. In May, Hawaii resubmitted its FFH Plan for approval. All of the FFH workgroups are making significant progress and Hawaii’s FFPSA implementation is on target for October 1, 2021.

#### **b. Strengthen Risk and Safety Assessments**

A key strategy of Hawaii’s CFSR PIP3 is to strengthen the quality of risk and safety assessments. Hawaii revised its safety and risk training curriculum and trained all CWSB staff statewide in SFY 2020. The revised curriculum and resulting training reinforced best practice in:

- i. Information gathering;
- ii. Safety threshold – safety versus risk;
- iii. Safety decision-making at critical junctures: removal, reunification, and case closure;
- iv. In-home safety planning and safety services;
- v. Assessment – use of risk and safety tools, in-home safety analysis, conditions for return; and
- vi. Safety services matching.

The supervisors’ role in each of these areas was also clarified.

#### **c. CRT and IHBS**

Two of the Title IV-E Waiver Demonstration Project interventions that Hawaii has continued and will be expanding over the next several years are CRT and IHBS. Data from the Waiver evaluation demonstrated that both are highly effective in keeping children out of foster care. CRT responds within two hours of a call to the CWSB Hotline when a child may be imminently placed into foster care. CRT has kept approximately 60% of their cases out of foster care (over 1,000 children since it began). IHBS serves families in their homes whose children would otherwise enter foster care. IHBS begins serving a family within 24-hours of referral. Only 0-9% of families who completed this intensive service had a child enter foster care.

#### **d. Reduce Caseload**

Another strategy to keep children safely out of foster care and safely reduce the amount of time children are in foster care is to make sure that caseworkers have

the time and energy to properly assess the families they work with. One key way to do this is to reduce caseload. Hawaii's PIP is approaching this from a few angles.

i. **Closing Inactive Cases**

CWSB staff closed hundreds of inactive cases statewide. Hawaii is committed to continuing to close any inactive cases and utilizing consistent, comprehensive supervision to ensure timely case closures.

ii. **Monthly Supervision**

Because of the focus on strengthening supervision in Hawaii's current PIP, all cases are reviewed monthly with the caseworker and the supervisor, which will ensure that cases that need to close are closed, and that all cases are actively moving toward permanency.

iii. **Case Staffing**

A selection of cases is part of the case staffing process every month to support superior practice and solve problems with challenging cases. This practice promotes cases moving more quickly and successfully through the system.

e. **Improved Supervision**

A major focus of Hawaii's PIP is improving supervision. Supervisors have been trained on a new practice model and a supervision tool that they are using with their caseworkers as they review cases. Supervisors have been provided with additional training on the implementation of new initiatives, so that they may successfully guide and coach their staff. These actions, in addition to the monthly supervision mentioned in d. ii. above, are supporting comprehensive casework and assessments, which will result in keeping children safely out of foster care.

f. **Reallocate Resources**

CWSB leadership examined the structure of the Branch to optimize functioning and successful outcomes for the children and families of Hawaii. A Special SWAT Team was developed to support and improve CWSB practice across the State. Additionally, Branch Administrators are exploring reorganizing positions within the sections to allow many of the administrative functions of a line supervisor to be shifted to a support staff expert. This shift will help to afford supervisors the time they need to mentor and coach caseworkers.

### **g. Improve Concurrent Planning**

Although CWSB staff understands the concept of concurrent planning, as part of the PIP concrete concurrent planning efforts were reinforced through trainings in SFY 2020 and reviewed and monitored during monthly supervision meetings and at family court hearings. National research shows that time in foster care is greatly reduced when there is active effort on two permanent plans concurrently.

### **h. Improve Parent Engagement**

Hawaii has embraced a *Trauma and Healing Informed Care (THIC)* model to support caseworkers in empathic work with families. As Hawaii continues to infuse THIC principles throughout its work, the rapport between caseworkers and families will improve. Successfully engaging families is key to good assessments, matching services to the families' needs, and achieving timely permanency, all of which will positively affect the number of children in foster care and the length of stay of children in care.

## **3. General Safety**

### **a. CFSR Safety Outcome 1**

*Children are first and foremost protected from abuse and neglect.*

*Refer to the 2022 Hawaii APSR Data Booklet, CFSR Items, Figure C1 for a chart of the SFY 2016-2020 five-year strength rating for this item.*

#### **CFSR Item 1: Timeliness of Initial Response of Investigations**

SFY 2020: 40 Cases Reviewed

25 STRENGTHS, 15 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is assessed for 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 25 of 40 cases (or 63% of applicable cases reviewed), response timeframes were met, or sufficient efforts were made for contact. In the cases rated as strengths, efforts were early, physical attempts were made by the caseworker in addition to phone contacts as needed, and all child victims in the family were seen. Reports

were assigned timely from the Intake units. Efforts were well-documented in most of these cases. The methods by which caseworkers documented the dates of contact and efforts varied widely; some were entered in the State of Hawaii Automated Keiki Assistance System (SHAKA) and others in logs and investigative screens.

15 cases (or 38%) were rated as needing improvement. The investigation was not initiated timely and/or contact with the children was not made in accordance with State timeframes.

- In 11 cases, although reports were initiated timely, face-to-face contact with all the children was not made timely.
- In three cases, reports were not initiated timely and contact was not made timely. There wasn't always an explanation for the delay.
- In three cases, there were two intakes and the second report was not initiated timely.
- In one case, the child was on runaway status.

### **Discussion and Annual Update**

CWSB is continuing to build on completed PIP 3 activities including reviewing and closing inactive cases when appropriate; utilizing the SHAKA tracker for initial face-to-face contact with children, which relieves supervisors of caseloads to allow them time to track contacts and support workers to problem solve and shift resources to complete timely contacts; and the use of the Specialized Workload Assessment Team (SWAT) team in specific areas to respond to and support workforce efforts.

In the next year, CWSB will continue to use trackers, plans to refresh workers on strategies to locate and contact parents, and will review the activities to determine if further clarification is needed in specific CWSB sections to institute the activities and/or identify new activities to improve in this outcome.

### **b. 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 six months following that maltreatment incident?

### **Summary of Data**

Compared to the national standard of 93.9% or higher, CWSB's rate of Absence of Recurrence of Child Abuse and Neglect in SFY 2019 was 97.8%. Please refer to the

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Data Booklet, Figure 49: Absence of Recurrence of Child Abuse and Neglect SFY 2016 – 2020, for information on the rates for SFY 2016 – SFY 2020.

#### **Discussion and Annual Update:**

CWSB’s aggregate data continues to exceed the national standard, as it has for over a decade. Hawaii continues to use its Differential Response System. CWSB has implemented strategies as part of the PIP 3 to support safety management and decision-making in practice and continues to enhance its practice utilizing safety and risk assessments to manage child safety within the home whenever safely possible and/or determine conditions for return to safely reunify children with their parents/caregivers.

Statewide refresher training on safety decision-making was provided between November 2019 to January 2020 to all CWSB Sections, Voluntary Case Management, and Family Strengthening Services providers. Additional training for administrators and supervisors has been provided in the last year to reinforce concepts. CWSB is also identifying other strategies to support supervisors to mentor and coach workers on safety decision-making.

CWSB has also clarified the practice of assigning appropriate reports of maltreatment for investigation. Additional codes have been added to the data system and are being used to track reports that are not appropriate for investigation but require contact. Supervisors continue to review safety concerns, safety plans, and conditions for return with workers during monthly supervision and/or as part of case planning and decision-making.

In the next year, CWSB will continue to review trackers and case review data and information to identify areas of success and opportunities to clarify/improve practice. CWSB is also identifying other strategies to support supervisors to mentor and coach workers on safety decision-making. Implementation of the Family First Prevention Act – Families First Hawai’i --will also provide an opportunity to clarify response time as well as safety management practice.

#### **4. Safety in Child’s Home**

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

Refer to the 2021 Hawaii APSR Data Booklet, Figure C2 for a chart of the SFY 2016- 2020 five-year strength rating for this item.

## **CFSR Item 2: Services to prevent removal and maintain children safely in their home**

SFY 2020: 43 Case Reviewed

12 STRENGTHS, 31 AREAS NEEDING IMPROVEMENT

### **PURPOSE**

This item is assessed for concerted efforts made to provide services to maintain the child safely in the home and to prevent children's entry into foster care or reentry after reunification.

### **SUMMARY OF DATA**

In 12 of 43 cases (28% of the applicable cases reviewed), concerted efforts were made to provide services to the family to prevent children's entry into foster care. In eight cases, children were removed from their homes due to safety threats and services could not have prevented removal. In other cases, appropriate in-home services were offered by CWSB 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.

31 cases (or 72%) were rated as needing improvement. Lack of appropriate, accurate safety assessments contributed to the negative rating. Irregular face-to-face contact with families was also a factor.

- In 23 cases, appropriate safety-related services were not provided to prevent entry or re-entry into foster care and children remained in the home. In most of these cases, assessments to identify appropriate safety-related services were delayed or were not completed, so the appropriateness, access, and effectiveness of safety-related services could not be verified.
- In eight cases, the child was removed from the home, but this action may not have been necessary to ensure safety.

### **Discussion and Annual Update**

CWSB is building on the information provided in the safety training that was conducted from November to January 2019. This information is being reinforced in practice through real-time and monthly supervision. These concepts support information gathering and discussions during consultations.



The Safe Family Home Report has been revised to include concepts covered in training and the safety decision-making framework. This includes information collection to determine if a safety concern is present, to identify services and actions to prevent placement, as well as to identify conditions for return when children are in foster care.

A training with facilitated discussion was also provided for supervisors and section administrators to reinforce the safety concepts, including identifying conditions for return, to support supervision and coaching of workers.

CWSB is continuing to identify other opportunities to infuse the concepts into practice and is reviewing and possibly revising the Child Safety Assessment to further clarify and support safety decision-making.

As part of implementation of the Family First Prevention Services Act (FFPSA) - Family First Hawaii elements will be aligned, incorporated, and enhanced in case practice including within the safety decision-making framework. This will provide additional opportunities to review, discuss, and clarify safety assessments, safety services/in-home safety planning, and decision-making in practice.

### **CFSR Item 3: Safety and Risk Assessment and Management**

Refer to the 2021 Hawaii APSR Data Booklet, Figure C3 for a chart of the SFY 2016-2020 five-year strength rating for this item.

SFY 2020: 95 Cases Reviewed  
19 STRENGTHS, 76 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is assessed to determine whether concerted efforts were made to assess and address risk and safety for children in their own homes or while in foster care.

#### **SUMMARY OF DATA**

In 19 of 95 cases (or 20% of applicable cases reviewed), 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. Formal safety and risk assessments were used consistently during the assessment/investigation phases for initial assessments, case closings, and new safety threats. In all cases reviewed that opened during the Period Under Review (PUR), initial assessments were completed. Efforts were made to assess for risk and safety on an ongoing basis during the PUR. In these cases, the frequency and quality of

face-to-face contact were sufficient in assessing and managing the safety of the children, in their family homes and in foster care.

76 cases (or 80%) were rated as needing improvement. Irregular monthly caseworker visits greatly contributed to the lack of ongoing assessments. Also, there was limited documentation to describe decision-making for risk and safety decisions.

- In 75 cases, ongoing assessments that accurately assessed all risk and safety concerns were not completed.
- In 19 cases, initial assessments that accurately assessed all risk and safety concerns were not completed.
- In 19 cases, a safety plan was needed but was not developed, monitored and/or updated.
- In 11 cases, there were safety concerns pertaining to children in the family home that were not adequately or appropriately addressed. Inadequate contact and monitoring and poor safety decision-making were factors in these cases.
- In eight cases, there were maltreatment reports which had not been formally reported or investigated.
- In two cases, there were safety concerns pertaining to children in the foster home that were not adequately or appropriately addressed. Inadequate contact and monitoring and poor safety decision-making were factors in these cases.
- In one case, unsupervised visitation was allowed when it was not appropriate.

### **Discussion and Annual Update**

Continued monthly supervision and the use of the monthly supervision tool may help review caseworker contact with families as well as provide a place to discuss ongoing safety assessments and decision-making and actions to support case planning. In addition to the information and strategies mentioned above in CFSR Item 2 related to safety assessments and safety services, CWSB will reinforce strategies to support monthly worker contact with children, parents, and resource caregivers. Additional discussion on monthly caseworker visits with children, parents, and resource caregivers is covered in Items 14 and 15 in this APSR document. CWSB also implemented clarification on assigning reports that meet the criteria for investigation. This may help ensure that reports are followed up formally, if appropriate.

## 5. 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?*

#### a. Annual Update

At the rate of 99.7% in SFY 2020, CWSB meets the national standard of 99.7%. This is a slight improvement from 97.4% in SFY 2019. Refer to the Data Booklet, Figure 50: Absence of Maltreatment in Foster Care for a chart of the SFY 2016– SFY 2020 rates.

#### b. Discussion

Monitoring data for part of PIP3 indicates that the frequency of face-to-face contact with children is improving. Face-to-face contact may help caseworkers continually assess for safety of children in family homes and in resource homes. An improvement in assessing needs and services for children and resource caregivers was also noted. Increased worker contacts, assessment of needs, and the provision of services and supports for children and resource caregiver may help strengthen the safety and stability of children in foster care.

Services and supports for resource caregivers have continued over the last year. Training and support have been provided to caregivers virtually. Targeted caregiver support groups related to specific needs of children such as medication management, supervising visits, and shared parenting have also been provided. These trainings are an opportunity to connect resource caregivers to additional supports. CWSB is implementing the Kinship Navigator program to link new family resource caregivers to seasoned resource caregivers to provide mentorship and support to build and strengthen new resource caregivers. CWSB licensing workers support resource caregivers through a minimum of two in-person visits each year and quarterly phone calls. In addition, caseworkers visit resource caregivers monthly to provide support.

Concrete supports were provided to children in foster care during the pandemic. An additional one-time payment was provided to resource caregivers to assist with increased expenses during the pandemic, as children were spending more time at home. Additional respite care funds were available to support caregivers during the pandemic when children were at home. Other supports related to COVID-19 included the Pandemic-Electronic Benefit Transfer that provided additional food

assistance for children in foster care.

CWSB will continue to identify opportunities to support children in foster care and their caregivers as well as work to understand and reduce the circumstances that may lead to maltreatment in foster care.

## **SECTION IV. PROGRAMS SUPPORTING PERMANENCY**

### **A. PROGRAM AND SERVICE DESCRIPTION**

During SFY 2021, CWSB created strategies for PIP3 that include the development and revision of tools, procedures, and data reports; training; enhancement of existing programs and practice; continued collaborations; ongoing CQI; and other strategies that provide the basis for ongoing system improvement. PIP3 addresses areas CWSB has identified as gaps in service and/or areas that need to be improved in order to meet federal requirements for achieving timely permanency goals and sustaining the desired permanency goal to avoid re-entry into foster care. CWSB's Adoption Call to Action Plan submitted in September 2020 supports timely permanency efforts in accordance with the federal 'Adoption Call to Action' initiative. The activities in this plan support many of the PIP3 initiatives explained in this APSR.

In SFY 2021, Hawaii was awarded a Supplemental Allotment from Mary Lee Allen Promoting Safe and Stable Families Program (PSSF) as authorized by Division X of the Consolidated Appropriations Act, Public Law 116-260 (Supporting Foster Youth and Families through the Pandemic Act). Hawaii plans to utilize these funds to enhance CWSB's contracted services to address the possible increase of families due to the COVID-19 pandemic. Hawaii has not utilized these funds yet, however, current collaborations among CWSB, community partners, and service providers continues to inform CWSB of the unmet needs for services and support for families and have established plans for services enhancements in SFY 2022 to ensure those family's needs are immediately addressed. With the understanding that the funds must be obligated by September 30, 2022 and liquidated by December 30, 2022, Hawaii's expenditure plan includes enhancing its Differential Response System (DRS) with its primary focus on Voluntary Case Management Services (VCM) and Family Strengthening Services (FSS). VCM provides support community-based case management services to families with children who have been assessed to have moderate risks and no safety issues while FSS provides services to families and children with low risks. Both services aim at family preservation, strengthening families, keeping children in the home and community, and preventing children from entering foster care. Changes in this plan may occur depending on Hawaii's circumstances related to COVID-19 pandemic.

#### **1. Reunification Efforts**

##### **a. Safety & Risk Assessment Tools**

CWSB caseworkers utilize many tools to mitigate unnecessary removal and maintain children in the family home whenever possible. The utilization of the safety and risk assessment tools, such as the Child Safety Assessment, Worker Monthly Contact Forms, Safety in Placement Tool, and Comprehensive Strength and Risk Assessment,

continue to help prevent unnecessary removal and promote a more thoughtful, planned, timely, and safe return home.

As part of the Child Safety Assessment, Conditions for Return has been highlighted as an area to continually assess to determine if children can be returned home with an In-Home Safety Plan while parents continue to be involved in services. This concept was discussed in an information session for section administrators and supervisors. It is also reinforced and discussed in case application in case consultation. A section on Conditions for Return has also been added to the Safe Family Home Report.

**b. Crisis Response Team**

The Crisis Response Team (CRT), initiated as part of Hawaii's Title IV-E Waiver efforts, continues on Oahu and Hawaii Island to respond and make efforts to prevent placement when safely possible. Representatives of the CRT are participating in the Family First Hawaii Case Pathways Workgroup to provide insight from their experiences and inform prevention casework practice.

**c. Intensive Home-Based Services**

The Title IV-E Waiver service, Intensive Home-Based Services, which uses the Homebuilders Model, continues to be available on Oahu and Hawaii Island. This service is available both to prevent placement as well as support reunification. This service is part of the Family First Hawaii Plan.

**d. Wraparound**

Wraparound – Family Wrap Hawaii, also a Title IV-E Waiver service on Oahu and Hawaii Island, continues to be available. The referral criteria have been expanded to allow referrals before a child has been in care for nine months and when reunification may not be the permanency goal. This expansion allows earlier services for children and families and facilitates planning with a variety of team members to ensure creative case planning with the family.

**e. Ohana Conferencing**

Ohana Conferencing (OC) is provided for all children in foster care. When a child enters care, an automatic referral is made to the contracted agency to arrange a conference for the identified parties and to begin family finding efforts. These timely referrals help move the case faster and support early identification of relatives who may become placement resources or added support for the family. A successfully completed PIP3 activity was to routinely hold quarterly OCs that will

help ensure family engagement, hearing the family voice, participation in family decision-making, and progress in family planning.

There has been an increase in OCs from 969 OCs in SFY2019 to 1170 OCs in SFY2020.

EPIC sent out 23,977 Relative Notification Letters in SFY2020. These ongoing efforts contribute to the high percentage of Hawaii's relative placements: 51% of placements were with relatives in SFY2019 and 52% in SFY2020.

Ongoing surveys of the families who have had OCs note very positive feedback. Families feel that their voices are heard and that the ongoing quarterly OCs strengthened their engagement and participation in their case plans.

Ongoing meetings between CWSB Administration and EPIC have strengthened that partnership, reinforced the importance of OCs, and facilitated open discussion that supports creative growth and the resolution of challenges and barriers.

**f. Ohana Time**

For several years, CWSB, the Judiciary, service providers, relatives, and resource families have been working together to increase the frequency and improve the quality of Ohana Time (also called visitation time) between children and their parents. Collectively, these groups believe that Ohana Time is family interaction time and not simply a time to visit. CWSB believes that regular, frequent, and quality Ohana Time increases the likelihood of successful reunification and timely permanency. CWSB calls this effort "Ohana Time" to embrace the Hawaiian cultural appreciation for this effort. To move forward with this broader perspective on Ohana Time, CWSB revised its procedures and forms with National Resource Centers and national consultants providing trainings and consultation. All CWSB staff are trained on Ohana Time during new hire orientations.

**COVID-19 Impact**

The pandemic initially changed all in-person Ohana Time visits to virtual. As the situation improved, and with court approval, in-person visits resumed with safety precautions in place. Virtual visits/contacts have increased the connections between child and parents and are continuing as needed to address health and safety concerns.

**Recent collaborations:**

- i. Part of Hawaii's 5-year Child and Family Service Plan (CFSP) includes an all-State Team with members from CWSB, Department of Health, and Family

Court that meets regularly to plan and implement Hawaii CFSP strategies. One of the CFSP projects is to increase the duration and frequency of Ohana Time through a collaboration between the Judiciary's Zero To Three (ZTT) specialty court and Liliuokalani Trust's Ka Pili Ohana program to facilitate cultural integration and strengthen the relationship between birth parents and resource caregivers (RCGs). Through this collaboration, ZTT also partnered with Project First Care and the Ohana Navigator's mentor.

- ii. The Ka Pili Ohana program also partners with EPIC Ohana's Two Makua ("two parents") First Meetings between resource caregivers and birth parents. EPIC Ohana conducts the first meetings between resource caregivers and birth parents to engage, ease tensions, and start to build a positive relationship. Liliuokalani Trust will continue to work with resource caregivers, birth parents, and CWSB to build trusting working relationships and thereby expedite safe and timely reunification.
- iii. CWSB has issued a Request For Proposal (RFP) to secure providers of services to strengthen the recruitment, training, and support model that will build the relationship between birth parents and resource caregivers and provide and support Ohana Time services.

**g. Kinship Navigator**

On July 1, 2019, CWSB supplemented the existing Resource Family Support Services (RFSS) contract with Family Programs Hawaii with Kinship Navigator funds. The additional Kinship Navigator funding is being used to enhance, support, develop, and begin implementation of services to relative caregivers through the Ohana Navigator program. As of March 2021, there are approximately 696 relative resource families statewide caring for approximately 891 related children in foster care.

Additional detailed information about Hawaii's Kinship Navigator Program is provided in section IV.A.3. Relative Placement Efforts.

**h. Shared Parenting (Birth Parents and Resource Caregiver Relationships)**

CWSB is part of many collaborative workgroups because of the multiple systems that affect foster care, e.g., Department of Education, Department of Health, Specialty Family Courts (Zero to Three, Family Drug Court, Girls Court), foundations, Med-QUEST, and many others. These workgroups have identified visitations, phone calls, video calls, letter writing, doctor appointments, and other opportunities as areas that can be supported by their respective programs.



CWSB convened a workgroup (approximately 36 participants) in response to an increasing interest in the community to develop and strengthen the relationship between resource caregivers and birth parents. The significance of this workgroup is the variety of interests represented. Members include approximately 14 CWSB staff (from a variety of positions), private foundations, non-profit agencies, contracted CWSB service providers, resource caregivers, alumni of foster care, and a birth parent who support the development of “shared parenting” to bring birth parents and resource caregivers together. This concept of “shared parenting” is in the developmental stage. The workgroup is looking at CWSB current practice, contracted services, and community resources to standardize supports/services that are provided to birth parents and resource caregivers.

CWSB will begin new service contracts on July 1, 2021 for resource caregiver recruitment, home study assessments, and licensing recommendations for applicants, and all initial and ongoing support services, which includes Kinship Navigator services. These new contracts have requirements for delivering the message to resource caregivers about partnering with birth parents through supportive interactions such as phone calls, visitations, and attending doctor appointments together. These kinds of activities embody the “shared parenting” idea. The workgroup, with its diverse stakeholder composition, will be developing and defining the term “shared parenting.” During staff briefings, CWSB has begun introducing the concept of “shared parenting” to CWSB staff to encourage discussion and help shift the paradigm. This is a cross-system paradigm shift in practice for CWSB staff, resource caregivers, and the community. Quarterly meetings have been set up to track progress, identify and overcome barriers, and outline next steps to take toward a new resource caregiver-birth parent relationship.

## **2. Most Vulnerable Populations**

As Hawaii has noted in the past few years, the largest percentages of children in foster care cluster in two distinct areas: children aged 0-5 and Native Hawaiian children. In this section, Native American children and LGBTQ youth are also addressed, as these populations are particularly vulnerable to abuse and neglect.

### **a. Children Aged Zero to Five**

Because infants and toddlers must rely on their caretakers to meet their needs and have almost no capacity to protect themselves, this population of children is at the highest risk for abuse and neglect worldwide. It is therefore not surprising that this youngest cohort is also the largest cohort in Hawaii’s foster care system.

One can see in the Data Booklet, Figure 31: Number of Children in Foster Care by Age Group: SFY 2016 – SFY 2020, the number of children in foster care by age over the past five years. Data Booklet, Figure 30: Age Distribution of Children in Foster Care by Number and Percentage: SFY 2016 – SFY 2020 displays this age distribution as percentages of the total annual number of children in foster care for each of the past five years. During this period, the percentage of children in foster care who are age 0-5 has ranged from 44% to 48% of all children in foster care annually.

Although still the largest age group in foster care in Hawaii, the percentage of children who are age 0-5 in foster care, as compared to the other children in foster care, appears to be trending downward over the past five years, with SFY 2016 and 2017 at 48%, SFY 2018 at 47%, SFY 2019 at 46%, and SFY 2020 at 44%. During this same period, children age 6-11 years has stayed stable (at 28% - 29%), whereas the oldest set of youth in care (aged 12-18) has risen from a low of 23% in SFY 2017 to a high of 28% in SFY 2020. This shift in the ages of those in foster care may be due to Hawaii's focus on reducing infants' entries into and time in foster care. When Hawaii noticed the rise of the overall children in foster care in the State (see SFY 2013 to SFY 2019) DHS researchers investigated various hypotheses and found that the increase was due to infants on Maui and in East Hawaii who were entering foster care and staying in care at higher rates than in the past, and that this appeared to be linked to parental substance use. This data was shared with the CWSB sections in those geographic areas, with the goal of staff focusing on providing additional support to families with infants. Parental substance abuse services were fortified in those areas as well.

Targeted efforts and services for children age 0-5 are in place. All children under age five, whether they are in-home, in a community-based setting, or in foster care are receiving these services. These services include access to subsidies for child care and preschool, health insurance coverage through Medicaid, developmental screening through the Department of Health's Early Intervention program, Head Start, directories such as Aloha United Way's Keiki Central – 211, Executive Office of Early Learning's Programs resource list, Department of Education's Support for Parents, and Department of Health's Sharing Our Ulu-resources for children age 0-5 years and their families. CWSB partners with community agencies related to the services noted above to ensure access to appropriate services that address the developmental needs of vulnerable children under 5 years of age.

**i. Reducing Length of Stay and Addressing Developmental Needs**

There are numerous services and activities that are employed in Hawaii to reduce the length of time in foster care for children below age five. Several of these are discussed below and throughout this APSR. In addition to

helping reduce a child's length of stay in foster care, many of the services and interventions discussed also assist in properly addressing the developmental needs of children under age five.

## **ii. Hawaii's Zero to Three Court Specialty Court (HZTT)**

The HZTT has partnered with the All-State Team to discuss and identify the needs of children age 0 – 3 and to identify available resources. The collaboration team continues to hold monthly virtual meetings to identify needs, resources, and opportunities to improve access to services and supports for families with children age 0-3 served by the Oahu Zero To Three (ZTT) Specialty Court. The collaboration team and other stakeholder groups identified the following topics as potential projects or topics to explore:

- Expand Ohana Time/visitation opportunities and resources;
- Legal services;
- Navigation/connection to services;
- Access to quality childcare; and
- Connection to resources following the ZTT court case and CWSB case closure.

During SFY 2020, seven new families were accepted into the program with seven infants and toddlers, and four older siblings. Five cases were closed in SFY 2020: two resulted in reunification/family maintenance and two resulted in adoption.

HZTT holds monthly court hearings to ensure judicial oversight and accountability of the HZTT Court Team and the families. Before the start of court hearings, the HZTT Court Team holds a "staffing" to review each case, addressing visitation, progress or lack of progress in services, resources, concerns, and to brainstorm solutions to any challenges. These meetings are attended by an assigned family court judge, designated deputy attorneys general, designated guardians ad litem, designated DHS staff, court improvement staff, and community stakeholders. Staffing allows the judge to focus more attention on the parents during the hearing, such as by answering their questions and addressing their concerns.

Parent Activity is held monthly on the same day as the court hearings. Parent Activity is an opportunity for the families to develop a support system with other families who participate in ZTT. Family Hui, a non-profit agency, is contracted to provide a brief interactive parenting lesson (covering topics such as family traditions, nutrition, or reading to children) and an activity like

arts and crafts. Participation of children is strongly encouraged and provides another opportunity for parents to engage with their children. A play area is set up in the center of the room for infants and toddlers. A light lunch is provided for the families.

Family Team Meetings are held once a month for ZTT families keep the cases on track for timely permanency and keep team members accountable to each other and the Court. The meetings are ideally scheduled two weeks after the last court hearing, allowing the team members time to initiate or complete tasks before the next hearing.

The COVID-19 emergency and the stay-at-home order caused the cancellation and continuation of court hearings in March and April 2020. HZTT resumed court on May 19, 2021 with a combination of virtual (using Webex) and in-person hearings. Parent Activity was cancelled for several months and resumed in September 2020 in a virtual format as Parent Cafes hosted by Family Hui. Family Team Meetings and the HZTT Court Team meetings were held virtually.

On-going professional development included the 14<sup>th</sup> Annual Cross Sites, “Collaborating to Advance Health and Well-Being for Children and Families” sponsored by the ZERO TO THREE and the Health Resources and Services Administration from August 25, 2020 – August 27, 2020. The court team and GALs from Maui were invited to the virtual sessions. A total of 41 people from Hawaii participated in Cross Sites, which covered topics such as prevention, strengthening families using protective factors, trauma-focused treatment, co-parenting, community engagement, domestic violence, racial equality, and sustainability.

HZTT goals continue to be expeditious permanency for children and strengthening families through intensive monthly judicial oversight and Family Team Meetings that keep the team on the same page, keep the case moving forward, solution focused, and mindful of the need for concurrent planning. HZTT plans to continue to recruit families to reach its maximum capacity of 20 families.

HZTT is now taking cases in which parents’ whereabouts are unknown, are uninterested in the care of the child, or have abandoned the child. The goal is to keep the best interest of the child front and center, working expeditiously towards permanency, ensuring that all efforts are made to locate parents, publication when appropriate is completed timely, and the

child's needs are being met through home visiting and early intervention services.

## **b. Hawaiian Children**

According to 2019 statistics from the University of Hawaii, Center on the Family, Native Hawaiian and part Native Hawaiian people make up 21.5% of the general population of the State. See Figure 52: Hawaiian Children in Foster Care SFYs 2016-2020. The first four rows of the table provide the number of Native Hawaiian or part Native Hawaiian children who entered foster care in each of the past five SFYs, along with their percentage out of the total number of children who entered foster care in each year. A higher percentage of Native Hawaiian children is entering foster care (ranging from 40-49%) than exist in the general population in Hawaii (21.5%); this is disproportionality.

It is encouraging to see that the percentage of Native Hawaiian children entering foster care in the last four years (SFYs 2017-2020, ranging from 40-44%) is lower than it had been in the previous five years (SFYs 2012-2016 at 49 or 50% each year). See this encouraging trend in Figure 54: Hawaiian and non-Hawaiian in Care SFYs 2012-2020. From SFY 2012 – SFY 2016, the blue line (representing non-Native Hawaiian children in foster care) and the green line (representing Native Hawaiian and part Native Hawaiian children in foster care) are almost on top of each other. In contrast, in SFYs 2017 – 2020, the blue line rises, diverging from the green line. This shows that while the total number of children in foster care has increased during SFYs 2017-2020, the number of Native Hawaiian children has remained relatively constant.

This may be due to the efforts in Native Hawaiian communities that are described below. The next rows in Figure 52: Hawaiian Children in Foster Care SFYs 2016-2020 display the annual total unduplicated number of Native Hawaiian children in foster care, along with their percentage out of the total unduplicated number of all children in foster care in Hawaii for each SFY. In comparing the percentages of Hawaiian children entering care to those in foster care each year, it can be surmised that Native Hawaiian children are staying in foster care longer than non-Hawaiian children, since the percentage of Hawaiian children in care is higher than the percentage entering care each year.

The average length of stay in foster care for Native Hawaiian children is higher than it is for non-Native Hawaiian children in foster care and their permanency outcomes are poorer. See Figure 55: Discharge Type by Hawaiian and non-Hawaiian children, SFYs 2016-2020. The percentages of Native Hawaiian and non-Native Hawaiian youth who emancipate from foster care are comparable. One can see the

emancipation percentages across the years, ranging from 5% - 8%. Unfortunately, Native Hawaiian children are consistently being reunified at a lower rate than their non-Native Hawaiian peers. See the reunification percentages across the years, where each year Native Hawaiian children are being reunified 4 -11% less than non-Hawaiian children. Because their reunification rates are lower, Native Hawaiian children are entering adoption and legal guardianship at higher rates than non-Native Hawaiian children.

While younger children are inherently at greater risk of maltreatment, poverty adds another risk factor. National studies have shown that poverty plays a key role in representation in foster care. According to World Population Review 2021 statistics, Native Hawaiians are living in poverty at more than twice the rate of the general population of the State – Native Hawaiians at 20.2% and the general population at 9.4%. CWSB’s Native Hawaiian overrepresentation is sadly similar to disproportionality in numerous social services and programs throughout the State: juvenile justice, adult criminal justice, probation, TANF (Temporary Assistance to Needy Families), MedQuest (Hawaii’s State-funded health insurance), SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infants, and Children federal subsidy), substance abuse treatment, Vocational Rehabilitation, and community mental health, public housing, special education, and others. CWSB is concerned about this issue and is working to ameliorate this complex situation. Hawaii has implemented numerous targeted efforts and programs to meet the cultural needs of Native Hawaiian families.

As mentioned previously, Native Hawaiian children continue to be the highest impacted demographic in CWSB, although since SFY 2016, the percentage of Hawaiian children who entered foster care, who are currently in foster care, and who emancipated from foster care has decreased. Race and ethnicity are normally identified during interviews of families through self-disclosure to CWSB and entered in CPSS. Families of mixed race including Native Hawaiian sometimes identify themselves as Native Hawaiian.

Of the children who entered foster care, 49% identified as Native Hawaiian in SFY 2016 and 43% in SFY 2020.

Of the children in foster care, 50% identified as Native Hawaiian in SFY 2016 and 45% in SFY 2020.

Of children who emancipated from foster care, 59% identified as Native Hawaiian in SFY 2016 and 38% in SFY 2020. See Data Booklet Figure 52: Hawaii Children in Foster Care SFYs 2016-2020.

CWSB continues to collaborate with Casey Family Programs (CFP) Annie E. Casey Foundation, EPIC Ohana, Liliuokalani Trust (LT), Kamehameha Schools (KS), DOH, DOE, and other community agencies to strengthen partnerships and better serve children and families through a community approach. Frequency of these meeting and working groups varies dependent on the mission and goals. For example, the Casey Race Equity Collaboration workgroup meets monthly for approximately 1.5 hours and discusses larger statewide implementation plans for addressing race equity and anti-racism. Other workgroups meet quarterly, or more frequently as needed. Across collaborations in CWSB, Native Hawaiian overrepresentation is discussed and is a high priority of concern. Culture and values are frequently discussed when implementing new initiatives and revising ongoing practice. CWSB collaborated with DOH on drafting culture and diversity language to include in contracts.

Throughout the exploration and implementation phases of Family First Hawaii (FFH), the primary focus has been on the top priorities of culture, equity, and diversity. During the statewide scan of services, each exploration group was tasked with identifying how proposed programs and services were culturally sensitive, and how programs and services could be customized to include a foundation of Native Hawaiian values and activities that incorporate Native Hawaiian practices. The exploration groups found that there were no evidenced-based programs or services that were based on cultural practices; however, many programs and services were grounded in Native Hawaiian values and integrated various cultural-based activities and concepts. For example, some programs used Native Hawaiian language and others included land-based activities. FFH will continue to explore the service array available in Hawaii and ensure that selected programs and services are grounded in Native Hawaiian values. FFH aims to prevent children from entering foster care by identifying and referring to programs and services that best meet each family's need. FFH aligns with the CWSB practice model and the value of engaging families in a meaningful way in order to develop family-centered case plans.

CWSB believes that culture is an important component of service development and delivery. Services with Native Hawaiian components include Aha gatherings and Nā Kama a Hāloa projects that provide services related to placement prevention, decreasing time in care, and increasing permanency for Native Hawaiian children.

Nā Kama a Hāloa is a statewide collaboration of service providers and CWSB with five subworkgroups, each tasked with focusing on creating changes, making critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, uplifting youth and family voice, training and supporting nurturing resource caregivers, and honoring sibling connections. Nā Kama a Hāloa has reviewed the CWSB New Hire Training and H.A.N.A.I. Training for resource

caregivers and provided feedback, including identifying additional training needs. This collaboration also helps support other collaborations and initiatives by providing information on Native Hawaiian values and resources.

Ka Pili Ohana, on Oahu, is a collaborative Liliuokalani Trust pilot project focused on strengthening parent – child relationships during visits with birth parents, children, resource caregiver, and CWSB. The Trust provides Native Hawaiian cultural guidance to the project and participants.

CWSB continues to encourage and support community-based agencies in their efforts to increase the availability of culturally meaningful services to families, beyond DHS contracted services. Some of these services include Kamalama Parenting Curriculum, Board and Stone, and Aha Kāne and Aha Wahine (groups for birth fathers and birth mothers).

**c. Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Issues Efforts**

CWSB is committed to upholding the rights of all individuals and takes a firm stand against discrimination. CWSB supports the freedom of gender identity and expression of children, youth, and families who identify as Lesbian, Gay, Bisexual, Trans, Queer/Questioning, Intersex, Asexual (LGBTQIA+), and all other sexualities, sexes, and genders. The CWSB Anti-Harassment and Non-Discrimination Policy and Procedures Regarding People who are Lesbian, Gay, Bisexual, and/or questioning are a strong basis for this approach.

CWSB strives to ensure that LGBTQIA+ children, youth, and families have safe, supportive, and affirming homes and are provided services identified as best practice and promising practices.

**i. Recent Accomplishments**

- 1) Revival of the CWSB LGBTQIA+ workgroup composed of LGBTQIA+ and cisgender members from diverse professional backgrounds including university, non-profit, faith-based community, child welfare, and those with lived experience.
- 2) The CWSB LGBTQIA+ workgroup:
  - a) Reviewed and revised the *Sexual Health and LGBTQIA+* component of the new H.A.N.A.I. Training for Resource Caregivers with the primary goal of creating safe and affirming spaces in relative and non-relative placements by providing education and training to new resource caregivers on how to be an “askable adult.”



- b) Produced a 15-minute video of three LGBTQIA+ young adults with lived experience for inclusion in the *Sexual Health and LGBTQIA+* of the H.A.N.A.I. Training. These panelists shared their experience of being in foster care, their strongest supports, moments of kindness, and messages for future resource caregivers. This project was primarily designed and led by a work group young adult with lived experience.

[Link to video](https://vimeo.com/503657633/e5e25e0762): <https://vimeo.com/503657633/e5e25e0762>

## ii. Current Efforts

- 1) Modifications to CWSB CPSS data system and forms to reflect inclusive gender identity and expression information gathering.
- 2) Ensuring that anti-discrimination policies and procedures reflect the department's values of support and inclusion in all its guidelines, procedures, and practice.
- 3) Review and provide feedback on the LGBTQIA+ and Diversity module of the New Hire Training.
- 4) CWSB LGBTQIA+ workgroup to continue to establish goals and objectives focused on improving and strengthening practice with the LGBTQIA+ children, youth, and families.
- 5) Develop a LGBTQIA+ section within the DHS Style Guide to provide guidance on inclusive and affirming language and writing practice.
- 6) The CWSB LGBTQIA+ to continue to provide consultation and education to CWSB.

These current efforts will improve awareness of LGBTQIA+ needs and issues while improving CWSB practice and enhancing standards for contracted providers. CWSB will build on current anti-discrimination policies and move forward to affirming practice that creates safe and healthy environments. The primary barrier that this workgroup has experienced is lack of awareness and education in CWSB internally. The workgroup will continue to work closely with and provide consultation and feedback to CWSB.

There is limited data available regarding LGBTQIA+ children, youth, and families in the current CWSB system. By making system modifications to include a more comprehensive list of gender identity and expression, CWSB will be able to capture more inclusive data on this population.

Figure 115: Human Trafficking Risk Factors for SFY 2018-2020 lists "LGBTQ" youth as a risk factor for human trafficking. Since SFY2018, the number of LGBTQIA+ youth

has declined from four to two in SFY2020. Due to the small population, CWSB is unable to make a determination of the cause of this decline. Through education, awareness, and creating safe spaces in the home, CWSB aims to prevent and address other risk factors listed in Figure 115 such as substance use, mental health, and runaway behavior.

#### COVID-19 Implications

Due to COVID-19 and public health implications the workgroup developed the 15-minute LGBTQIA+ young adults with lived experience panel video virtually. This has some limitations as in-person panels appear to be more impactful for the audience and provide the space to ask questions and have discussion with the panelists.

#### **d. Indian Child Welfare Act (ICWA)**

There are no federally recognized tribes in the State of Hawaii.

##### **Hawaii's ICWA Process**

##### **ICWA procedures**

Hawaii CWSB has written procedures that provide direction and guidance for ICWA compliance, regarding:

- i. What must be addressed when consulting tribes;
- ii. Notification to Native American parents, tribes, and the Bureau of Indian Affairs (BIA);
- iii. CWSB efforts to prevent breakup of the Native American Family; and
- iv. Placement preferences for Native American children in foster care; and
- v. The importance of tribal input in all stages of the case.

CWSB has processes in place for children who are identified as potentially eligible for ICWA, which include the roles of caseworker at intake, the courts, the Attorney General, and the ICPC process.

In a child abuse and neglect investigation, the caseworker obtains demographic information from the family. If the family identifies Native American lineage, the caseworker asks about the family's tribal affiliation, including whether the parents and/or children are registered members of a tribe.

When there is reason to believe that the child may be Native American, the caseworker informs the State Attorney General's office. The office then sends a registered letter to the Secretary of the Interior, Bureau of Indian Affairs (BIA) and, if

known, to the tribe and to the biological parents, if necessary. These letters notify the parties of the State's proceedings involving these Native American children, and ensures they are aware of their right to intervene. In most cases, based on the information provided to the caseworker and subsequently to the BIA, the BIA is not able to confirm that the child is Native American.

In these situations, where appropriate, the caseworker may encourage the family to register the child. In cases where ICWA applies and the tribe wishes to assert jurisdiction over the case, CWSB complies with ICWA by allowing the tribe to take custody of the child, relinquishing the child to the tribe, and terminating Hawaii's jurisdiction in the case. CWSB then provides all necessary and available documents and information on the child, including Title IV-E eligibility, to the tribal representative.

Further, at temporary foster custody or return hearings, the courts inquire or are prompted by the State's attorney to inquire into whether a child is of Native American ancestry and a finding describing the disposition of the inquiry is made in the court order.

ICWA is also pertinent in ICPC and adoption cases where children are crossing state lines and leaving their family of origin. Tribes that have a Title IV-E agreement with their state are required to comply with the ICPC.

CQI case reviews are used to ensure that CWSB is complying with ICWA. The CQI review checks if ICWA status was identified appropriately at the beginning of a case and if sufficient inquiries were made to determine whether the child is a member of a tribe. If a child is found to be potentially eligible for ICWA and was not so identified, the information is brought to the attention of the Section Administrator and made a part of the section action plan that is developed after each case review.

### **Data**

In SFY2020, there were approximately 24 children in care whose ethnicities were coded as American Indian or Native Alaskan. Of that number, 22 were coded as American Indian and two were coded as Alaska Native.

In one case, the mother was registered with the Inupiat tribe. During Hawaii CWSB's collaboration with the Inupiat tribe, timely notification was provided to the tribe of its right to intervene in state court proceedings and the caseworker also contacted the Inupiat tribe. Although, the tribe indicated its intent to intervene, this did not occur.

In SFY2020, case review data revealed that of the 61 cases that were applicable for Item 9: Preserving Connections, there were 22 cases in which sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In eight of these cases, there was evidence of Native American ancestry for the child. Timely notification was not made to the tribe and placement preferences were not followed.

### **Annual ICWA Improvements**

Hawaii continues to look at ways to enhance its ability to comply with ICWA.

#### **Inquiry**

Successful efforts to inquire about Native American ancestry include reviewing birth certificates, asking parents/caregivers about Native American ancestry, completing race and ethnicity forms with parents, and utilizing court hearings to ask parents or caretakers about Native American ancestry.

#### **Hawaii's Program Improvement Plan 3 (PIP3)**

Hawaii's Program Improvement Plan 3 (PIP3) includes activities that focus on incorporating the requirements of ICWA into staff's daily practice.

In 2020, CWSB's procedure regarding its case plan, which includes the Safe Family Home report, was revised to support the strategy of improving permanency through concurrent planning. A key revision to the Safe Family Home Report was the inclusion of an ICWA section. The ICWA section ensures that upon initial contact, workers are asking both maternal and paternal family members whether they identify as Native American and if they are affiliated with a tribe. The ICWA section requires that a worker's inquiry and the family's response to ICWA questions are documented in the case plan.

These revisions to ICWA are also mirrored in the Permanent Plan.

Guidance on how to complete the Safe Family Home Report and Permanent Plan has been drafted to support workers in understanding each section of the report, including ICWA. A part of the guidance provides workers with an explanation for the ICWA section, its relevance to the case, and instructions on how to complete the section appropriately.

All staff received training on the revised Safe Family Home Report and Permanent Plan beginning in April 2020. The revised Safe Family Home Report and Permanent Plan were implemented in June 2020. Since implementation, caseworkers and court

partners have had an opportunity to use and see the revised report in practice and provide feedback and recommendations to enhance the documents.

Further amendments have since been made to both the Safe Family Home Report and Permanent Plan and accompanying practice guidelines to support staff in identifying Native American children early in a case. Clarification has been provided to staff that the results from any notifications that the attorney general's office send to tribes or the Bureau of Indian Affairs are to be transmitted to the court and incorporated into the ICWA section of the Safe Family Home Report. In addition, an "Other" option was added into the ICWA section of the Safe Family Home Report to allow caseworkers to provide a narrative for special circumstances that require further explanation.

#### Collaboration with the State of Hawaii, Department of the Attorney General

CWSB has also collaborated with the state attorney general's office to clarify roles and responsibilities of everyone involved in complying with ICWA. When the applicability of ICWA is indicated at the time the petition is filed, the attorney general's office automatically generates ICWA notices. Additionally, the attorney general's office reviews birth certificates for Native American/Alaska Native ancestry and written and oral reports of any claim of Indian heritage from the families. Responses are then received by the attorney general's office and forwarded to caseworkers. Caseworkers are responsible for notifying the attorney general's office of any Native American ancestry and incorporating any responses received into the case plan and transmitting those responses to court. Staff at the attorney general's office have been reminded of their ICWA responsibilities. Further amendments have been made to the practice guidelines for the Safe Family Home Report to ensure staff incorporate into the ICWA section any responses received from notifications that were sent out, as well as transmitting the responses to court.

Ongoing collaboration and communication are important to addressing any challenges and barriers to meeting ICWA requirements. CWSB has regular meetings with its court partners through its PIP3 Quarterly Court Stakeholder meetings, and has designated time at Branch meetings for the attorney general's office to discuss any ICWA-related issues, including current processes, challenges, and needed improvements.

#### Ongoing Improvements

Hawaii recognizes the importance of ongoing training of caseworkers to ensure they are aware of ICWA and their role and responsibilities in ensuring that requirements

are met. The state is in the process of reviewing its ICWA policies and procedures and providing refresher training to workers.

Currently, race and ethnicity codes are being used to identify children with Native American and/or Alaska Native ancestry. Additional data elements are being discussed to support staff in documenting their efforts to inquire about ICWA status and verification of a child's Native American ancestry.

Hawaii believes these revisions will assist staff in identifying Native American children early in a case and collaborating with tribes to help improve permanency outcomes for Native American children.

### **3. Relative Placement Efforts**

On July 1, 2019, CWSB supplemented the existing Resource Family Support Services (RFSS) contract with Family Programs Hawaii, with Kinship Navigator funds. The additional Kinship Navigator funds are being used to enhance, support, develop, and begin implementation of services to relative caregivers by the Ohana Navigator program. As of March 2021, there are approximately 696 relative resource families statewide caring for approximately 891 related children in foster care.

There are a variety of planned opportunities available through the Kinship Navigator funds to enhance Hawaii's service array to support children in foster care and their resource caregivers. In addition, this may assist with the efforts in CFSR items 12 – A and 12 – C: Needs and Services of the Child and Resource Caregivers as well as promote CFSR Item 4: Placement Stability. This also promotes the Child and Family Service Plan goal of collaboration with CWSB providers.

There is great benefit to children who are placed with relative caregivers and the Ohana Navigator Program will focus on helping to stabilize and maintain placement for these children. There are two components of the Ohana Navigator Program. The first is to provide and establish a one-to-one supportive peer mentoring relationship between seasoned resource caregivers (Peer Navigators), and new relative resource caregivers. The Peer Navigators will be utilized to:

- Assist new families in navigating the child welfare system;
- Identify and connect new resource caregivers to community resources for themselves and the children in their homes; and
- Provide the support needed to child specific resource caregivers to improve retention and minimize placement disruptions.

Recruitment of seasoned resource caregivers to fill the role of Peer Navigators will take place at events provided by Family Programs Hawaii, including support groups, quarterly training, and quarterly Ohana Navigator events. Referrals from DHS Licensing Workers, Resource Caregivers, monthly mailings and the Resource Advisory Committee (RAC) Newsletter will also be sought. A recommendation by the potential Peer Navigator's licensing worker will be required to participate.

Peer Navigators will attend an initial training, as well as regular ongoing training to prepare and equip them to assist and mentor new resource caregivers. The initial training will include, but is not limited, to information on:

- Boundaries and Confidentiality;
- Communication and Feedback, Conflict Resolution and Assessment;
- Community Resources;
- Child Welfare System, Courts, and Schools;
- Normalcy and Prudent Parenting;
- Cultural Considerations;
- HANAI Overview;
- Trauma-Informed Care; and
- Professional Panel with service providers to understand the role of each professional.

The second component of the Ohana Navigator Program is to coordinate and provide quarterly social events and ongoing training opportunities to promote greater connection to resource family networks and resources, recruitment, and Peer Navigator connections. Quarterly Ohana Navigator events will be held at family friendly locations easily accessible by families and at times that are convenient for them. Food and qualified childcare will be provided when necessary. On-call childcare providers, contracted providers, and program staff will be utilized to ensure a safe and comfortable environment for children needing childcare. Quarterly Ohana Navigator events and social support activities will be offered and made available to resource caregivers regardless of their participation in the mentoring program.

To better understand the needs of relative caregivers, they were surveyed and asked to share challenges they have experienced within the child welfare system. The feedback included:

- Lack of knowledge about public assistance programs and eligibility requirements;
- Challenges navigating different service providers and completing eligibility applications;
- Inadequate access to legal assistance when needed;
- Barriers to accessing affordable childcare, counseling, or educational support;

- Lack of financial resources for utilities and/or household repairs; and
- Need for emotional support.

As of April 2021, Oahu leads the program with 11 matches, 12 Peer Navigators on island and three (3) closed matches; East Hawaii has six matches, five Peer Navigators and four closed matches; West Hawaii has two matches; and Maui has one match, two Peer Navigators on island and four closed matches. Molokai, Lanai and Kauai have no matches, Navigators, or closed matches.

Prior to the COVID-19 pandemic, the Ohana Navigator Program had four events planned that would bring general-licensed and relative resource caregivers, youth in foster care and even parents together. The Ohana Navigator Program was able to host two virtual events using Zoom. In October 2020, 13 attendees participated in a virtual “Halloween Social.” In March 2021, 31 attendees participated in a “Paint Your Wave” event. There were three additional quarterly Ohana Navigator events planned; however due to the COVID-19 pandemic, these events were cancelled. More virtual quarterly social events are being developed to adapt to COVID-19 pandemic restrictions.

In addition, the Ohana Navigator Program partnered with other community providers and was able to secure food boxes that were distributed to relative resource caregivers on Oahu. This was also used as an opportunity to engage with relative resource caregivers to share about the Ohana Navigator Program and offer support services.

The Ohana Navigator Program assisted relative resource caregivers with technical support by helping them set up mobile phones and email and Zoom accounts. All of this was done to support relative resource caregivers so they can attend HANA I (pre-service) training, support groups, and other ongoing trainings; and to help children and parents maintain a connection.

The provider has identified lessons learned so far, which include: 1) scheduling to accommodate the availability of both relative resource caregivers and volunteer Peer Navigators is challenging; 2) understanding that volunteer Peer Navigators (mentors) are also current resource caregivers who may need additional support because of the multiple roles they have; 3) having the knowledge that some relative resource caregivers are stigmatized by the perception that they do not need support because they are caring for family members; and 4) the importance of building rapport to work around such stigma in order to achieve success.

The initial feedback received from relative resource caregivers is very positive, and they reported they feel more confident to independently navigate through the child welfare services system. Relative resource caregivers shared that having a mentor is extremely beneficial during the first few months of becoming a resource caregiver. They also shared that they learned about different community resources that they were



previously unaware of. The volunteer Peer Navigators (mentors) shared that they wish they had a mentor when they were first starting out as a resource caregiver.

Moving forward with the Ohana Navigator Program includes moving towards evidence-based methods by monitoring the National Clearinghouse for approved/promising kinship navigator programs. As the program continues to be developed, DHS and the providers are intentionally being mindful of the many ethnicities and cultures and how services are delivered.

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

Reunification continues to be the primary permanency goal for children in foster care. Although in SFY 2020 CWSB saw a decrease in reunifications (to 55% of all exits from foster care), the number of adoptions increased from 165 in SFY 2016 to a high of 208 in SFY 2020. Legal guardianships also saw an increase from 113 in SFY 2016 to 187 in SFY 2020.

Please see the Data Booklet, Figure 51: Percentage of Children Reunified with Parents SFY 2016-SFY 2020, and Figure 58: Exits by Adoption and Legal Guardianship SFY 2016-SFY 2020 for details on the number of exits from foster care by reason of adoption and legal guardianships and what percentages those numbers represent of the total exits from foster care.

Refer to the Data Booklet, Figure 64: Timely Adoption (Within 24 months) SFY 2016– SFY 2020. Although there have been fluctuations in the percentages throughout SFY 2016 – 2020, only in SFY 2019, at 30.1%, did timeliness fall below the National Standard (32.0%). There has been a 13.4% increase since SFY 2019.

#### **Discussion:**

Hawaii exceeds the National Standard for timely adoptions and in SFY 2020 saw a large increase over the previous year. The PIP3 strategies of revising the Safe Family Home Report and clarifying concurrent permanency planning procedures so that staff better understand the importance of concurrent planning from the beginning of the case, will likely continue to move cases to permanency at a faster pace. In addition, the user-friendly brochure on concurrent planning for parents improves parental engagement from the beginning of the case through full disclosure. The PIP3 strategies of coaching and supervision of staff by supervisors and administrators will help to better track cases from foster custody to permanency. Reinstatement of the case visitation tracker system will help supervisors and section administrators discuss with workers their efforts to file timely petitions to achieve a permanency goal.

Wendy's Wonderful Kids (WWK) continues to work closely with CWSB staff to find permanent homes for children. This year, WWK's goal is to add 8-10 children to their recruitment efforts as many children in their recent caseload have already been successfully adopted.

As adoptions increase, of concern is the decreasing percentage of children exiting care through reunification with their parents. CWSB continues to work towards the most appropriate permanency goals for children.

**a. Post-Permanency Support, Services, and Pathways under Family First Hawaii (FFH)**

Children whose adoptions and legal guardianships are at-risk of disruption are eligible candidates for prevention services through FFH. Hawaii included the parenting services models, Homebuilders and Home Visiting services (Parents as Teachers and Healthy Family America), in its FFH plan. Case management of these cases will be provided by Permanency Support Services (PSS) contractors. Policies and procedures are being revised and updated to include FFH pathways to identify candidates, determine eligibility, complete referrals, and provide the family with access to other resources.

**b. Permanency Strengthening Services**

CWSB recognizes the importance of providing supportive services to "permanency families" who have achieved adoption and guardianship to help stabilize placements and enhance the caregivers' skills when they are challenged with caring for children who have experienced past trauma.

Permanency Strengthening Services (PSS), also known as adoption and guardianship strengthening/support services, are available to permanency families through a contracted provider.

The purpose of PSS is to enhance the stability of adoptions and legal guardianships for children and families in Hawaii. The goals are to:

- Prevent abuse/neglect or further abuse/neglect of youths unable to protect their own interests, and;
- Prevent unnecessary family breakup, or prolonged separation of children from parents and guardians, by providing services aimed at strengthening family functioning.

### Annual Update:

In SFY2020, fewer than ten families statewide were referred to PSS. Hawaii believes the existing strong continuum of supportive services has contributed to the low need for PSS, which is reflected in the low number of number of referrals and the trend of most families who were referred to decline services. In addition to PSS, permanency families can access the WARM line when in need of support. The WARM line's target population includes legal guardianship, pre-adoptive, adoptive, and post-adoptive families. The WARM line provides services aimed at supporting and strengthening the bond between the caregiver and child, and enhancing the caregiver's skills to meet the child's needs. Hawaii's Kinship Navigator program also assists caregivers with navigating the services available to them by providing information and referrals and explaining eligibility requirements. CWSB has developed a strong working relationship with other community resources like Department of Health's Child and Adolescent Mental Health Division (CAMHD) to ensure that an array of quality services is available to support families with children with complex needs.

CWSB continues to collaborate with the contracted provider to ensure families are aware of PSS. The provider has developed a brochure explaining available PSS services, identified staff training needs and opportunities to clarify the referral process, and identified an array of services. CWSB and the provider will be working with DHS/Staff Development Office to enhance staff understanding of the PSS program and services by incorporating relevant modules into the New Hire training and ICPC training and reaching out to CWSB Sections to provide presentations on PSS.

CWSB has identified adoptive and legal guardianship families and in-home reunification cases as potential candidates for Family First Hawaii prevention services. Family First Hawaii teams are actively working on a development and implementation plan, including a review of the PSS provider's scope of work and provision of services to determine the most effective ways for the provider to support Family First Hawaii. Family First Hawaii will enhance utilization by early identification of families and providing services that are appropriate to meet the family's needs.

#### **c. Inter-country Adoptions**

Since the last APSR, there were no children adopted from other countries and who entered state custody because of the disruption of their adoptive placement or the dissolution of their adoption. CWSB continues to keep a vigilant watch for private

adoptions involving Marshallese birth parents. In SFY 2020, there were no ICPC requests for adoptions that involved Marshallese children.

Since the 2014 CFSP there has been only one inter-country adoption. Inter-country adoption is rare in the State of Hawaii as many of the inter-country adoptions are handled privately through child placing agencies. Hawaii is aware of its responsibilities to work with the State Department and to ensure compliance with The Hague Convention on the Protection of Children and Co-operation in Respect of Intercountry Adoption.

## **5. Adoption Savings**

In FFY 2020, Hawaii expended part of its Adoption Savings (AS) fund for contract services, including permanency support services (PSS), to support adoptive parents and legal guardians. Hawaii will submit its fiscal report by October 2021.

Hawaii's plans for SFY 2021-2022 include spending some of its AS funds to support its Family First Hawaii (FFH) activities including contracted permanency support services that will provide case management of PSS FFH cases to prevent adoption disruptions, support stability of children with legal guardians, and to prevent these children from re-entering foster care. Hawaii also plans to use AS funds for its differential response services as part of the FFH plan, and to expand prevention services (such as intensive home-based services) to Maui and Kauai counties.

Due to the uncertainty of the state's fiscal condition due to the pandemic, Hawaii is cautious and determined to be fiscally responsible in expending all available funds, including the AS funds.

## **6. Adoption and Legal Guardianship Incentive Payments**

In SFY 2021, Hawaii did not assess any operational needs where it could have spent its incentive payments as the permanency services were already funded through other means. Due to the COVID-19 pandemic, many of the adoption and legal guardianship promotion and support activities were provided virtually, and collaboration with service providers resulted in no expressed needs for additional permanency services during this period. With the uncertainty of the State's economic recovery, Hawaii thoughtfully scrutinized its operational budget to ensure frugal spending and savings of its incentive funds for the SFY 2022-23. As Hawaii moves forward with implementing its approved Family First Hawaii Prevention plan, Hawaii plans to expend a majority of its incentive awards in providing permanency support services for children at risk of adoption or legal guardianship disruption to prevent their re-entering foster care. Hawaii also is currently exploring other areas needing funding support for its Hawaii's Adoption Call to Action

Plan with two main emphases on the promotion of permanency for older youth awaiting adoption or legal guardianship opportunities and medically fragile and special needs children needing a forever family through adoption or legal guardianship. Hawaii plans to expend its incentive payments timely within the 36 month expend period and does not foresee any barriers at this time.

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

### **1. Permanency Outcome 1: Permanency and Stability**

*Children have permanency and stability in their living situations.*

#### **CFSR Item 4: Stability of foster care placement**

Refer to the 2022 Hawaii APSR Data Booklet, CFSR Items Figure C4 for a chart of the SFY 2016-2020 five-year strength rating for this item.

SFY 2020: 61 Cases Reviewed  
43 Strengths, 18 Areas Needing Improvement

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

#### **PURPOSE**

This item is to determine if the child in foster care is in a stable placement at the time of the review and that any changes in placement that occurred during the period under review were in the best interest of the child and consistent with achieving the child's permanency goal(s).

#### **SUMMARY OF DATA**

In 43 of 61 cases (or 70% of the applicable cases reviewed), children in foster care either remained in one stable placement during the period under review or changed placement to meet their needs for permanency and/or well-being.

18 cases (or 30%) were rated as needing improvement.

- In 13 cases, placement changes for the children were not planned in an effort to achieve the child's case goals or to meet the needs of the child.
- In seven cases, the child's current placement was not stable at the time of the review. In four of these cases, there was information that indicated that the current caregiver may not be able to continue to care for the child, but no

support was provided. In one case, the child was on runaway status at the time of review. In another case, the child's placement at the time of review was an on-call shelter. One child was in a residential treatment facility at the time of the review.

## **DISCUSSION**

From SFY 2019 to SFY 2020, CWSB had no change in the rating of placement stability for youth in foster care who had no more than two placements. CWSB continues diligent upfront efforts to make the first placement the only placement through early Family Finding searches and by holding Ohana Conferences for every child entering foster care. In the upcoming year, the outreach and engagement processes will be evaluated and revised as needed to maximize engagement with and support for relatives who are interested in establishing or maintaining contact, becoming a placement option, or being a resource for the child.

### **CFSR Item 5: Appropriate and timely permanency goal**

Refer to the 2022 Hawaii APSR Data Booklet, Figure C5 for a chart of the SFY 2016-2020 five-year strength rating for this item.

60 Cases Reviewed

25 STRENGTHS, 35 AREAS NEEDING IMPROVEMENT

## **PURPOSE**

This item is assessed to determine whether permanency goals were appropriate and established for the child in a timely manner.

## **SUMMARY OF DATA**

In 25 of 60 cases (or 42 % of applicable cases reviewed), the child's permanency goal was identified timely and was appropriate to the needs of the child. In some of these cases, reunification was still appropriate beyond 12 months because efforts were slow to engage the parents in moving toward reunification. The agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied in 22 of 33 (or 67%) of cases.

35 cases (or 58%) were rated as needing improvement. In some of these cases, while reunification was the child's goal, this goal was no longer appropriate as parents did not progress toward reunification. The identification of concurrent goals for the child was needed earlier, as these goals were not identified until more than 6 months after the

child's removal. Also, in several cases, older children had not been consulted about the permanency goal and did not agree with the goal that was identified.

- In 23 cases, the child's concurrent goal was not established timely.
- In 21 cases, the child's goal was not appropriate to the child's needs for permanency and to the circumstances of the case.
  - In two of those cases, a Safe Family Home Report was not completed timely or properly. In one case the permanency section was omitted from the report and in one case there were inconsistencies with what was discussed with parents.
- In 11 cases, a Termination of Parental Rights motion was not filed timely, and an exception did not apply or a compelling reason was not documented.

## **DISCUSSION**

CWSB has completed the activities for its 2019 Program Improvement Plan (PIP3) that focus on improving timely permanency.

Partnering with Family Court is an ongoing activity to improve the court's system for reaching permanency for children in foster care. Family Court staff, Deputy Attorneys Generals, judges, guardians ad litem and other interested parties were trained on the revised CWSB concurrent planning procedures along with the revised Safe Family Home Report, Service Plan, and Permanent Plan.

Family Court is also participating in CWSB's Adoption Call to Action Plan and will assist in identifying, tracking cases that are moving toward timely permanency, and ensuring that a case does not needlessly linger in foster care.

In March and April 2020, CWSB staff statewide were trained on the revised concurrent planning procedures and guidelines, which emphasize that concurrent permanency planning should start from the first day of the case.

CWSB's case staffing process through PIP3 requires supervisors to provide structured guidance and support during monthly case review meetings with their caseworkers. Supervisors are expected to coach, monitor, mentor, and guide their caseworkers on permanency topics such as beginning concurrent permanency planning activities from the first day of the case.

With the enhanced staff guidance and support from supervisors, caseworkers can better focus on engaging families through monthly visits, discussing timely and appropriate concurrent permanency goals, and determining appropriate assessments and services, while meeting required deadlines and keeping cases moving toward timely permanency.

With these PIP3 permanency activities, Hawaii is optimistic that the permanency outcomes for children in foster care will show significant improvement in the coming year.

### **CFSR Item 6: Achievement of reunification, guardianship, and adoption goals**

Refer to the 2022 Hawaii APSR Data Booklet, Figure C6 for a chart of the SFY 2016-2020 five-year strength rating for this item.

SFY 2020: 61 Cases Reviewed

17 STRENGTHS, 44 AREAS NEEDING IMPROVEMENT

### **PURPOSE**

This item is to determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification, guardianship, adoption, or another planned permanent living arrangement (APPLA) in a timely manner.

### **SUMMARY OF DATA**

In 17 of 61 cases (or 28% of applicable cases reviewed), reunification, guardianship, adoption, or APPLA was achieved or likely to be achieved timely. In these cases, when reunification was the goal, there were quality monthly contacts with parents/caregivers and children, Ohana Conferences, and regular visits for children and their parents. Also, services were provided as needed and referrals were made timely. Early concurrent planning was also evident in these cases.

44 cases (or 72%) were rated as needing improvement. In all cases, the goals of reunification, guardianship, adoption, or APPLA were not or will not be achieved within federal timelines. Irregular face-to-face contact with families was a factor.

- Of the applicable cases, at the time of the review or recent case closure, children were in foster care:
  - 0 – 12 months: 10 children
  - 13 – 24 months: 18 children
  - 25 – 36 months: 10 children
  - 37+ months: 6 children
- In 40 cases, there were insufficient caseworker contacts with the child and parents that served as a barrier to engagement and case planning. Meaningful discussions with parents infrequently occurred regarding permanency.
- In seven cases, there was a lack of urgency to achieve permanency. Children were residing in the same home for years, but discussions had not happened and processes had not been followed towards permanency. While Court-related



delays were not evident, it did not appear that the Court's orders compelled timely permanency.

- In nine cases, reunification was achieved within required timeframes, but could have been achieved earlier if not for delays related to lack of concerted efforts.

## **DISCUSSION:**

There is a slight increase in this item, to a 2% increase in the right direction since last year. The 2019 Program Improvement Plan (PIP3) was designed to address this area through its permanency strategies that include Staff Development, Program Development, supervisors, and caseworkers working together.

Caseworker visits remain an area needing improvement to achieve timely permanency goals. Engagement of parents and children are essential in moving a case forward and the PIP3 activities are addressing the root causes of lack of caseworker visits in a case.

The PIP3 activities provided more clarity and understanding of the concurrent planning process. After the revision of concurrent planning procedures last year, trainings began in March 2020 for all staff on the revised concurrent permanency planning procedures, which emphasize that concurrent planning starts when the child enters foster care and has a goal of reunification in addition to pursuing another permanency goal that will become primary if reunification is not successful. A visual timeline was created to support staff awareness of the legal interventions that should be occurring throughout the life of the case.

Trainings included presentations on new permanency planning tools such as a brochure for parents on concurrent planning and the importance of having simultaneous permanency goals to ensure timely permanency. Practice guidelines were clarified to help staff implement concurrent planning once a child enters foster care and to keep the case moving towards reunification or to change the focus when reunification no longer seems achievable.

Staff received training on revised Another Planned Permanent Living Arrangement (APPLA) procedures to be consistent with Hawaii state laws. Included in the staff trainings were resource caregiver consent and agreement forms that were created to document workers' efforts to provide youth with permanency planning services including consideration of alternative permanency goals to adoption, legal guardianship, or reunification.

In March 2020, the Family Court trained judges and legal providers on the Court's Concurrent Permanency Planning Benchcard, which supports CWSB concurrent planning procedures and timely permanency.

Training on the revised tools and procedures for concurrent permanency planning is integrated with all PIP3 training and activities on procedures and guidelines for coaching, supervision, and case staffing that promote shared and supportive decision-making. With this integrated approach, it is expected that data will demonstrate an increase in achieving timely permanency goals.

## **2. Permanency Outcome 2: Continuity of Family Relationships**

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

### **CFSR Item 7: Placement of siblings**

Please see Data Booklet CFSR Items Figure C7 for a five-year strengths trend for this item.

SFY 2020: 33 Cases Reviewed  
32 Strengths, one ANI

*DHS will keep siblings together in foster care.*

### **PURPOSE**

This item is to determine if, during the period under review concerted efforts were made to ensure that siblings in foster care are placed together unless a separation was necessary to meet the needs of one of the siblings.

### **SUMMARY OF DATA**

- In 32 of 33 cases (or 97% of the applicable cases reviewed), siblings in foster care were either placed together or siblings were placed apart due to special circumstances.
- One case (or 3%) was rated as needing improvement. In this case, siblings were placed apart initially and efforts during the period under review were needed to revisit placing siblings together.

### **DISCUSSION**

From SFY 2019 to SFY 2020, CWSB had a 4% increase in placement stability for youth in foster care who had no more than two placements. At the time of initial placement, CWSB makes concerted efforts to work with parents to identify any relatives that could take placement responsibility of the sibling group. CWSB contracts services for targeted recruitment of resource caregivers who are able to care for sibling groups.

CWSB continues to maintain and continues to be committed to keeping siblings together in foster care, which can be challenging given the number of large sibling groups in Hawaii.

### **CFSR Item 8: Visiting with parents and siblings in foster care**

53 Cases Reviewed

19 STRENGTHS, 34 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is to determine if, during the period under review, concerted efforts were made to ensure that visits between a child in foster care and his 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 19 of 53 cases (or 36 % of applicable cases reviewed), 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 many of these cases, visits were facilitated by the resource caregiver, by a DHS aide, or by a contracted provider.

34 cases (or 64%) were rated as needing improvement. Documentation to explain circumstances contributing to barriers was lacking. Overall, documentation by the contracted provider and resource caregivers was not available to the caseworker for ongoing evaluation. Visits occurred informally and loosely under the facilitation of a family member even though safety threats that brought the child into foster care had not been mitigated. There was no oversight of the visitation, so the quality of visitation, need for parenting support, and progress towards reunification could not be assessed by the caseworker.

- In 23 cases, concerted efforts were needed to ensure sufficient frequency of visits for mothers and their children.
  - In 10 of these cases, the child did not have visits with the mother.
- In 10 cases, mothers and their children did not have quality visits, or information about their visits was unknown to the caseworker.
- In 18 cases, concerted efforts were needed to ensure sufficient visits for fathers and their children.
  - In nine of these cases, the child did not have visits with father.
- In 12 cases, fathers and their children did not have quality visits, or information about their visits was unknown to the caseworker.
- In six cases, concerted efforts were needed to ensure sufficient visits with siblings.

- In one of these cases, the child did not have visits with their sibling(s).
- In seven cases, children and their siblings did not have quality visits, or information about their visits was unknown to the caseworker.

## **Discussion**

CWSB realizes that performance on this item is poor and has become progressively worse over the last several years. CWSB recognizes that the largest current barrier to providing quality Ohana Time is lack of staff and lack of time. These are challenges shared by all state agencies. CWSB hopes to support efforts to improve this situation across agencies.

While the number of children in care has increased, staffing levels have remained stagnant. Heavy workload and staff turnover are just two of the many reasons staff list as to why visits aren't occurring as they should. However, CWSB recognizes that this is a priority and will continue to strive to improve/increase visits and documentation.

CWSB continues to work on enhancements to resource caregiver trainings to include more training on the importance of Ohana Time and how to effectively support and facilitate Ohana Time. A recently issued RFP by DHS highlights the importance of Ohana Time and the relationship between birth parents and resource caregivers.

The COVID-19/Pandemic presented challenges, confusion, and concerns. CWSB, partners, and the courts had to quickly work on safety, personal protective equipment, investigations/CWSB first responders vs. monthly visits, in-person vs. virtual visits, and CWSB vs. contractor visits, among many other concerns. At the same time, CWSB, partners, and stakeholders rose to the challenges and demonstrated compassion for families, young people, partners, and communities and creatively approached challenges to keep everyone safe while supporting in-person and virtual visits.

## **CFSP**

- Plans for the next five years include a major focus on the CWSB workforce, including strategies for maintaining and hiring staff, providing quality staff and supervisor training and supervision and support.
- Other collaborations, such as with ZTT Court, Project First Care, Hui-PIDF/FPH, EPIC Ohana First meetings, and Liliuokalani Trust-Ka Pili Ohana, highlight the energy and passion of providers and communities to partner with CWSB to increase family visits. Collaborative trainings on topics such as documentation and concerted efforts will be needed.

- CWSB will continue to work through the COVID-19/Pandemic challenges with partners and stakeholders for in-person and virtual visits and improved documentation of actual visits and efforts.

### **CFSR Item 9: Preserving connections**

61 Cases Reviewed

42 STRENGTHS, 19 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is to determine whether, during the period under review, concerted efforts were made to maintain the child's connections to his neighborhood, community, faith, extended family, tribe, school, and friends.

#### **SUMMARY OF DATA**

In 42 of 61 cases (or 69% of applicable cases reviewed), children were maintained in their same community and kept connected to culture, school, family (including older siblings, grandparents, cousins), sports, and friendships.

19 cases (or 31%) reviewed were rated as needing improvement:

- In 15 cases, concerted efforts were needed to keep the child's important connections. Often, connections were not identified or recognized by the caseworker.
  - In seven of these cases, the child could have connected with extended relatives.
  - In five of these cases, efforts were needed to connect with community/friends.
  - In three of these cases, efforts were needed to explore maintaining the child in his/her school.
  - In one case, the child could have had connected with siblings who were not in foster care.
- In 22 cases, sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe.
  - In eight of these cases, there was evidence of Native American ancestry for the child. Timely notification was not made to the tribe and placement preferences were not followed.

#### **DISCUSSION**

CWSB's work focuses on maintaining and nourishing the important bonds in a child's life, while the child is in foster care. Preserving family, friends, tribe, culture, faith, neighborhood, community, and school relationships is at the core of CWSB's work.

CWSB's use of the automatic referral for Ohana Conferencing and Family Finding has led to performance above the national level. Ohana Time's goal of enriching connections with biological family members not only reduces the time a child spends in foster care, but also improves the child's emotional health.

### CFSP

- As mentioned previously, CWSB will be enhancing its HANAI training for resource caregivers and one of the items of focus in that training is on keeping connections. An RFP has been issued to strengthen the relationship between birth parents (BPs) and resource caregivers (RCGs), which is also targeted to increase Ohana Time with family and siblings. There are also collaborations to strengthen that relationship, e.g., Liliuokalani Trust-Ka Pili Ohana (KPO), which enhances cultural identity and healing; KPO and Two Makua First meetings; and Na Kama a Haloa/Hui Makua and Hui Fostering Connections.
- Na Kama a Haloa collaboration focuses on maintaining connections for Hawaiian children in care. Another group in this collaboration has a focus on sibling connections.
- The COVID-19 pandemic presented challenges, confusion, and concerns. CWSB, partners, and courts had to quickly work on safety, personal protective equipment, investigations/CWSB first responders vs. monthly visits, in-person vs. virtual visits, and CWSB vs. contractor visits, among many other concerns. At the same time, CWSB, partners, and stakeholders rose to the challenges and demonstrated compassion for families, young people, partners, and communities; and creatively approached challenges to keep everyone safe while supporting in-person and virtual visits.
- CWSB is finalizing a Memorandum of Agreement with the Department of Education (DOE) that spells out procedures and processes for determining the best interest of the child when making school placement change decisions. This will help CWSB to advocate for a child to stay in their home school and provide a process to work with the DOE.
- The CFSP five-year plan emphasizes case staffing, which will include a consideration of the child's needs, e.g., lessening the trauma of the foster care experience and keeping the child connected to family and significant others in the child's life.

### **CFSR Item 10: Relative placement**

Refer to the 2022 Hawaii APSR Data Booklet, CFSR Items Figure C10 for a chart of the SFY 2016-2020 five-year strength rating for this item.

SFY 2020: 60 Cases Reviewed  
43 Strengths, 17 ANI

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

## **PURPOSE**

This item is to determine whether, during the period under review, concerted efforts were made to place the child with relatives when appropriate.

## **SUMMARY OF DATA**

In 43 of 60 cases (or 72% of the applicable cases reviewed), children were in stable placements with relatives, or efforts were made to place children with relatives.

Relatives are being identified at the time of removal to explore whether children could be placed immediately. EPIC completes relative searches to identify and locate appropriate relative placements for a child and sends notification letters to inform relative(s) of the child's situation. Relatives are provided with a response form to complete, which indicates the type of involvement (placement option, maintain connections, facilitate visits, and other activities), if any, they would like to have with the children in foster care.

17 cases (or 28%) were rated as needing improvement. In some cases, although family finding efforts were made before the review, efforts were needed to re-evaluate relatives during the period under review.

- Maternal relatives: In 15 cases, concerted efforts were needed to pursue maternal relatives for placement during the PUR.
- Paternal relatives: In all 13 cases, concerted efforts were needed to pursue paternal relatives for placement during the PUR.

## **DISCUSSION**

From SFY 2019 to SFY 2020, CWSB had a 11% decrease in relative placement of youth in foster care. Statewide data show about 52% of the children in foster care are placed with relatives and 48% are placed with non-relatives (Data Booklet Figure 57: Monthly Averages Percentage of Children in Relative and Non-Relative Care SFYs 2016-2020). Further data is needed through a targeted review to understand the current practice, policies, barriers, and strengths to improve placement with relatives. Due to the COVID-19 pandemic, a targeted review, was not requested. CWSB will be making this request

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in the current state fiscal year and the findings will be used to revise policies, procedures, processes, and training.

### **CFSR Item 11: Relationship of child in care with parents**

45 Cases Reviewed

13 STRENGTHS, 32 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is to determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and his 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 13 of 45 cases (or 29% of applicable cases reviewed), 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 in coordinating activities to maintain relationships with parents and children. Activities included attending children's doctor visits and extracurricular activities, informal resource caregiver mentorship, and participating in family therapy.

42 cases (or 71%) were rated as needing improvement. Better documentation about barriers and efforts may have explained these ratings. Parents were not encouraged or informed of opportunities.

- In 25 cases, efforts were needed to support the children's relationships with their mothers.
- In 21 cases, efforts were needed to support the children's relationships with their fathers.

#### **DISCUSSION**

During the past five years, Ohana Conferences continued to engage, include, and support fathers and mothers in the planning, reunification, and/or placement process with their children. By convening as many members of the family unit and extended family as possible and appropriate, the Ohana Conferencing process is often able to identify and facilitate a supportive network for the family comprised of their own relatives and kin.



CWSB also partners with the Family Court and other systems involved with the families, to train on the importance of family engagement and reunification.

The persistent staff shortages, strained resources, and lack of time have created challenges for CWSB in successfully meeting the goals of the CFSR items, as well as challenges in documenting the efforts to attain the goal. When interviewing staff and families, often there have been visits, but the documentation just does not make it into the record.

COVID-19/Pandemic presented challenges, confusion, and concerns. At the same time, CWSB, partners, and stakeholders rose to the challenges and demonstrated compassion for families, young people, partners, and communities; and creativity to keep everyone safe while supporting in-person and virtual visits.

### CFSP

CWSB will continue to work through the COVID-19 pandemic challenges with partners, and stakeholders for in-person and virtual visits and to improve documentation of actual visits and efforts.

CWSB is awaiting the award of a contract to build a new SACWIS system of record. The current computer system is over 20 years old and staff find it cumbersome to navigate. There will be many benefits of a new system. For example, it is anticipated that the time saved inputting data into the new system will result in more time to complete required case work and to more thoroughly document the good work that is being done.

In the next five years, CWSB will be reorganizing its structure and current position allocations. This will increase staffing in some locations and add or restore needed positions that were lost during the 2009 reduction in force.

The PIP3 focuses back on fundamentals for line staff, supervisors, and section administrators, many of whom are new to their positions. Through the *Wiki Wiki hire* process and HCWEC, CWSB has been able to fill many long vacant positions. The next five years will be crucial in training, re-training, and retaining staff to implement best practices in child welfare case work.

## SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

### A. PROGRAM AND SERVICE DESCRIPTIONS

#### 1. Monthly Caseworker Visits

Frequent, quality contact between the CWSB caseworker and the child are the cornerstone to successful casework. Hawaii prioritizes monthly caseworker face-to-face visits with children. When discussing the matter with caseworkers, they state they know that the expectation is that they see every child on their caseload face-to-face every month. Although staff are aware of this expectation, Hawaii has not been successful in ensuring these contacts.

In SFY 2021, Monthly Worker Visit Formula Grant funds were used to pay a portion of Hawaii's contract with Action for Child Protection. Child abuse experts from Action for Child Protection revised CWSB's safety assessment tool based on feedback from the revised safety training that Action for Child Protection implemented for CWSB in SFY 2020. Action for Child Protection also provided safety decision-making resources to CWSB line supervisors. With this improved tool, the revised training, and additional resources, CWSB staff is better able to both assess and address safety issues that may be present in the families CWSB serves. This increased capacity of the workers greatly enhanced the quality of visits among workers and children. All available Formula Grant money in SFY 2021 was used to pay for these contracted services. Hawaii plans to contract further with Action for Child Protection in SFY 2022 to continue to improve the quality of worker-child contact, using Monthly Worker Visit Formula Grant funds.

See Data Booklet, Figures 65-68 on the Worker Visit Survey. The data displayed in these four figures is from the annual federal Title IV-B Worker Visit Survey. In past years, due to limitations of Hawaii's data system, only a sample of children were reported in the survey each year; this sample was roughly 20% of the applicable children statewide. In FFY 2020, Hawaii reported on the entire applicable population of children in foster care for the first time.

In considering Hawaii's data regarding caseworker visits with children, it is important to note that the Worker Visit Survey data only includes children who were in foster care, in contrast with the CFSR Item 14 data, which includes children in foster care and children in in-home cases, including Voluntary Case Management (VCM).

Figure 65: Worker Visit Survey FFYs 2016 – 2020 and Figure 66: Worker Visit Survey Percentage of Monthly Visits to Children in Care FFYs 2016-2020 show how, over the past five years, Hawaii has continued to struggle to meet the national Standard of 95% monthly caseworker visits with children in foster care. It is encouraging to see that

SFY 2020's performance (of 82%) is the highest it has been over the past five years. Some of the strategies outlined below and in the discussion *Section V.B.1.a. CFSR Item 14: Face-to-face contact with children* are responsible for the improvement and point toward continued progress.

Hawaii has been more successful in consistently exceeding the National Standard of 50% of caseworker visits with the child being in the home where the child is living. This data is shown in Figure 65: Worker Visit Survey FFYs 2016 – 2020 and Figure 67: Worker Visit Survey – Percentage of Monthly Visits to Child's Home: FFYs 2016 – 2020. Each year, Hawaii has exceeded the 50% standard, ranging from a low of 53% in FFY 2016 to a high of 64% in FFY 2020.

The most useful of the Worker Visit Survey data figures is Figure 68: Worker Visit Survey – Reasons for Lack of Visit – FFY 2020, because this figure provides insight into Hawaii's challenges caseworkers have in seeing children on their caseloads every month. Each year, when Hawaii gathers data for this survey, workers are asked for reasons why timely visits did not occur. The data in Figure 68: Worker Visit Survey – Reasons for Lack of Visit – FFY 2020 is from caseworker self-reports. A more complete description of each coded reason is provided here.

**a. No Documentation/Unknown**

The reason for 1,229 missed visits out of a total of 3,373 missed visits in FFY 2020:

For all missed visits that fall into this category, CWSB was unable to find documentation that a visit occurred or a documented reason for why the needed visit did not occur. In some cases, the caseworker who was assigned the case for the month(s) with the missed visit(s) in question no longer works for CWSB, so it was not possible to track down information. In other cases, where the caseworker is still working with CWSB, they could not find any notes and could not recall what happened that month. It is good to note that some of these visits likely did occur, but since Hawaii had no documentation to confirm a visit, it was marked as a missed visit.

Through its current CFSR Program Improvement Plan (PIP3), Hawaii has implemented two key strategies to help address this problem: 1) the Worker Visit Tracker and 2) structured monthly supervision meetings between workers and their supervisors. The Worker Visit Tracker in the SHAKA database allows caseworkers, supervisors, and administrators to easily view which required monthly face-to-face visits have and have not occurred each month. The Tracker pulls this data directly from the documented logs of contact in the CPSS database, thereby indirectly encouraging documentation of all visits. During structured

monthly supervision meetings between caseworkers and their supervisors, the Tracker content is reviewed, and documentation challenges are addressed. Although the Tracker only monitors the occurrence of these visits, during the structured monthly supervision supervisors mentor caseworkers in improving the quality of their visits as well.

**b. Workload**

The reason for 902 missed visits out of a total of 3,373 missed visits in FFY 2020:

This encompasses all situations where the worker was aware of the needed visit, but could not make it happen that month, because of too many other work demands, such as investigating a new intake, filing petitions, writing court reports, making referrals, developing case plans, attending Ohana Conferences, or visiting other children and parents.

Starting in the first quarter of PIP3, CWSB closed hundreds of inactive cases, which allows caseworkers to focus on the cases that need attention. Also, CWSB Special SWAT Team has been deployed to units throughout the State, as needed, and has assisted short-staffed sections, e.g., West Hawaii and Maui, in closing inactive cases and responding to intakes.

Another strategy that has helped address this issue is *Wiki Wiki hire*. *Wiki Wiki hire* is a fast-track hiring process that was put in place by the DHS Personnel Office in collaboration with CWSB, especially for CWSB to decrease the time from job application to staff start date. The program has been successful and is continuing to help CWSB more quickly fill vacant positions, thereby reducing workload.

The structured monthly supervision, mentioned above in *a. No Documentation/Unknown* helps caseworkers prioritize their conflicting demands, which directly addresses the workload problem. Additionally, the overall effect of regular, supportive supervision is staff retention. Research in numerous fields, including child welfare, demonstrates that a primary reason for leaving one's job is a lack of supportive supervision. CWSB's exit interview anecdotal data is consistent with this finding. Hawaii is optimistic that strengthened supervision will lead to improved staff retention, which will lead to a reduction in staff turnover, which will lead to fewer vacancies, which will lead to fully staffed units, which will lead to reduced workload, which will lead to higher rates of completed monthly caseworker visits.

## **2. Inappropriate Diagnoses**

CWSB continues to measure and monitor diagnoses to prevent inappropriate diagnoses and placements appropriate settings based on level of need. Measures include consultation with the Multidisciplinary Team, training, and collaboration with other agency partners. The Multidisciplinary Team includes an APRN who has oversight of all youth in care for whom psychotropic medication is prescribed and is tasked with reviewing each of those referred cases for appropriateness of medication and bringing any concerns to the treatment team for further review. Consultation is also available for all children with medical and mental/behavioral health needs. CWSB does not currently track data related to inappropriate diagnosis or inappropriate placements settings based on the level of need.

CWSB continues to meet monthly with the Department of Health, Child and Adolescent Mental Health Division (CAMHD), and the DHS Med-QUEST Division (MQD). Monthly meetings, as well as impromptu communication, help coordinate care and services for CWSB-involved children placed in treatment facilities and children with complex, cross system needs. Goals include effectively transitioning children back into their communities as quickly and as safely possible, while preventing facility placement or placement disruptions altogether. These meetings also help identify special medical and behavioral health care needs and the available resources to meet those needs. The meetings serve as a platform to discuss needs related to systemic issues, policies, and services.

Crisis residential stabilization program services continue to be available to any youth, regardless of the youth's existing participation in one of the state care systems. This positive addition to the spectrum of care continues to successfully serve children and their families/caregivers. Children involved with CWSB and/or in foster care have been able to receive and benefit from this service. This resource also provides insight and support related to the child's needs, diagnosis, and medication. The program has provided information to CWSB sections to increase awareness and referrals.

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

### **1. CFSR Well Being Outcome 1: Capacity to provide for the children's general needs**

#### **CFSR Item 12: Services to children, parents, and resource caregivers**

Refer to the 2022 Hawaii APSR Data Booklet, Figure C12 for a chart of the SFY 2016-2020 five-year strength rating for this item.

95 Cases Reviewed

14 STRENGTHS, 81 AREAS NEEDING IMPROVEMENT

## **PURPOSE**

This item is to determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and resource caregivers (both initially, at the child's entry into foster care if the child entered during the period under review, or on an ongoing basis) to identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family, and (2) provided appropriate services.

## **SUMMARY OF DATA**

In 14 of 95 cases (or 15% of applicable cases reviewed), 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 appropriate services.

81 cases (or 85%) were rated as needing improvement. Irregular monthly caseworker contacts negatively impacted this performance item; without contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments were not evident to ensure the services met their needs and that progress was being made with those services toward case goals.

### **CFSR Item 12A: Needs assessment and services to children**

95 Cases Reviewed

41 STRENGTHS, 54 AREAS NEEDING IMPROVEMENT

- In 51 cases, initial and/or ongoing comprehensive assessments were not conducted that accurately assessed children's needs.
- In 53 cases, appropriate services were not provided to children to meet their needs. In three cases, services were not provided for Independent Living Skills.

## **DISCUSSION**

Caseworker visits with parents shows a continual decline over the last five years from 2016 to 2020, with a high of 46% in 2016 to a low of 11% in 2020 (Figure C15). This affects the concerted efforts to assess the needs of children, parents, and resource caregivers and to provide appropriate services to achieve case goals and adequately address relevant issues, which have shown a sharp continual decline in the strength rating from SFY 2016-SFY 2020. SFY 2016's strength rating of 55%, to a strength rating of only 15% in 2020, shows a decline of 40% in five years (Figure C12).

There was an overall decline of 12% since last year for this item. Compared to last year, the period under review indicates a 12% decline in completed comprehensive assessments for children, and a 14% decline in the provision of needed services for children. Without appropriate assessments, identification and provision of appropriate services does not occur.

Many factors contributing to this decline, including lack of worker visits, lack of quality staff supervision, lack of staff, lack of staff tracking and monitoring of cases, and lack of documentation in the case record.

Lack of worker visits especially will impede case progress and the provision of services to enable successful reunification of the child and family. The continual decline of worker visits with child correlates with the continual decline of needs assessment and services to children (Figure C14). Similarly, the continual decline of the needs assessment and services to parents over the last five years, from 60% in 2016 to 10% in 2020 (Figure C12) correlate with the lack of visits with parents over this same time period (Figure C15). Lack of staff and high caseloads are contributing factors. In an effort to alleviate both, CWSB has continued to use the *Wiki Wiki hire* process, a collaborative effort between DHS Personnel Office and the Hawaii State Department of Human Resources.

The continuing PIP3 activities to improve supervision and coaching of staff will also improve services for families. CWSB has spent much time and effort to improve staff supervision this past year with much needed training for staff to develop their skills.

### **CFSR Item 12B: Needs assessment and services to parents**

86 Cases Reviewed

NINE STRENGTHS, 77 AREAS NEEDING IMPROVEMENT

For mothers:

- In 63 cases, initial and/or ongoing comprehensive assessments were not conducted that accurately assessed mothers' needs. In seven of these cases, minimal efforts were made to locate mothers and in three cases no efforts were made.
- In 63 cases, appropriate services were not provided to mothers to meet their needs.
- Lack of ongoing face-to-face contact was a factor in most of these cases and led to ongoing assessments not being conducted.

For fathers:

- In 57 cases, initial and/or ongoing comprehensive assessments were not conducted that accurately assessed fathers' needs. In five of these cases,

minimal efforts were made to locate father and in eight cases no efforts were made.

- In 57 cases, appropriate services were not provided to fathers to meet their needs.
- Lack of ongoing face-to-face contact was a factor in most of these cases and led to ongoing assessments not being conducted.

## **DISCUSSION**

CWSB continues to emphasize information gathering to understand a family's strengths and needs. As part of the November 2019 through January 2020 safety and risk assessment training, information collection related to the six information domains was reviewed. CWSB is including information collection in the six domains (extent of maltreatment, surrounding circumstances, child functioning, adult functioning, general parenting, and disciplinary practices/behavioral management) in revisions to procedures and practice guidelines as applicable. The Staff Development team is also working to reinforce this concept in training and through job aids. As part of the FFH work, the service plan may be revised to highlight the connection from identified needs to services.

Workers and supervisors continue to utilize the monthly worker visit with parents tracker to monitor the completion of monthly visits with parents. Sections have shared their strategies in leadership meetings. Efforts to locate parents has also been reviewed and job aides and references to procedures may be provided to refresh workers on strategies and resources to locate parents. Monthly supervision also reviews contact with parents.

A Na Kama A Haloa workgroup is also developing strategies to uplift parent voices and parent engagement. This work may help inform and revise CWSB practice.

### **CFSR Item 12C: Needs assessment and services to Resource Caregivers**

SFY 2020: 58 Cases Reviewed  
38 Strengths, 20 ANI

- Of the 58 cases reviewed, 40 cases (or 69%) had an initial and/or ongoing comprehensive assessment completed and accurately assessed resource caregivers' needs.
- Of the applicable cases (36 of 54 cases (67%)), appropriate services were provided to resource caregivers in order for them to meet the needs of the children/youth in foster care.



## DISCUSSION

Families who step into the role of resource caregiver face many challenges as they navigate the child welfare system. Access to quality support services for resource families helps to alleviate some of these challenges and can play a large role in the retention of a resource caregiver and in placement stabilization. This year, a mobile app was developed and launched as an additional tool for resource caregivers, adoptive/guardianship families, shelter/group home staff, CWSB staff, and the community. The purpose of the Hawaii Foster Care Connections (HFCC) mobile app is to connect resource caregivers to these needed supports, including community resources; to support events such as training and support groups; and most importantly, to support other resource caregivers. A mobile app puts these supports in the palm of the resource caregiver's hands and makes it easily accessible with a push of a button. There are no costs to anyone who download and use the Hawaii Foster Care Connections mobile app.

Additionally, resource caregivers can chat with seasoned resource caregivers through the Warm Line chat app feature. Searching for helpful resources by island has never been easier, and they can find helpful tips and tools for many of the challenges they may face. Through the app, access to hours of applicable training videos on various topics such as Creating Sexual Safety in Foster Care, Learning Disabilities, Supporting LGBTQ+ Youth, and Trauma-Informed Care will give caregivers the tools they need to support the youth in their homes and earn training hours towards relicensing. As of April 2021, there were a total of 571 downloads since the launch date of July 20, 2020.

The Warm Line is a statewide phone support system that is offered to resource caregivers, adoptive/guardianship families, service providers, and the public. The operating hours were extended and provides phone support Sunday through Saturday, from 8:30 a.m. to 10:00 p.m., 365 days a year. Staffing for the extended Warm Line hours include four part-time Support Specialists who have lived experience as a current or former resource caregiver. A part-time Support Specialist is located on Maui, Kauai, Hilo, and Kona. The local Support Specialists have knowledge about their island-specific community resources.

Additional resource caregiver ongoing training and supports are provided in Section VI.D.4 RCG and Adoptive Parent Training - Item 28 Resource Caregiver and Adoptive Training.

## **CFSR Item 13: Engagement of child and parent in case planning**

87 Cases Reviewed

12 STRENGTHS, 75 AREAS NEEDING IMPROVEMENT

### **PURPOSE**

This item is assessed to determine whether efforts were made to involve parents and children (if developmentally appropriate) in case planning.

### **SUMMARY OF DATA**

In 12 of 87 cases (or 14% of applicable cases reviewed), concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed case direction in 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. Efforts to locate and engage parents and children contributed to strength ratings.

- 75 cases (or 86%) were rated as needing improvement. In many of these cases, the infrequency of contact and quality of contact did not allow for the children and parents to be engaged in case planning. Parents and children in these cases were not seen monthly, and in some cases, for several consecutive months. Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents. In 46 of 69 applicable cases (or 67%), concerted efforts were not made to actively involve the child in case planning.
- In 61 of 74 applicable cases (or 82%), concerted efforts were not made to actively involve the mother in case planning.
- In 52 of 62 applicable cases (or 84%), concerted efforts were not made to actively involve the father in case planning.

### **DISCUSSION**

Since March 2020, the COVID-19 pandemic presented challenges, confusion and concerns for CWSB and its community partners statewide. Restrictions were quickly ordered regarding face-to-face contacts and travel to neighbor islands and out of State. CWSB, with its collaborators that include the Family courts and service providers, had to quickly establish protocols and practices to ensure the safety of CWSB staff, children in foster care, resource caregivers, parents, personal protective equipment, investigations/CWSB first responders regarding monthly visits, in-person and virtual visits, and expectations of CWSB and contractors. Procedures were quickly developed and amended as the world learned about the pandemic and as guidance was received from ACF. Ongoing and frequent communication with staff, providers, collaborators,

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and stakeholders was critical, including integrating feedback on the procedures and policies and practice.

At the same time, CWSB, partners, collaborators, and stakeholders rose to the challenges demonstrating creativity and compassion for the families, young people, partners and communities, to keep everyone safe while supporting in-person and virtual visits. CWSB will continue to work through the COVID-19 pandemic challenges with partners, stakeholders, and collaborations on in-person and virtual visits and improving documentation of actual visits and efforts.

CWSB, collaborators, partners, and providers evolved in their creativity, flexibility and responsiveness to engage and work with parents and families. Virtual devices and platforms were secured and used to communicate, maintain connections, and maintain engagement and case planning efforts. These new approaches were challenging but also provided additional options to increase contact, visits, and communication.

Findings of various studies on caseworker-client frequency of contact indicate that if contacts with clients were more frequent, there would be significant improvement in engagement and case planning. CWSB continues to monitor visit frequency with a worker visit tracking tool and uses the information gleaned from this tool to support efforts to increase the frequency of visits.

PIP3 continues to focus on strengthening the frequency and quality of supervision to support and enhance the quality of caseworker contact, engagement, and case planning. Regularly scheduled case monitoring during dedicated one-on-one supervision meetings between the caseworker and the supervisor will support early identification and resolution of problems and challenges. Tools for tracking worker visits and to guide quality supervisory meetings support supervisors and staff. The ongoing discussions with Administrators regarding sharing the strengths of units and sections and strategies to implement successful practice, as well as identifying challenges and supporting the units and sections who are struggling, have proved to be successful practices that are also welcomed by the staff.

CWSB partners with EPIC Ohana Conferencing to help increase caseworker skills in engaging children and families in their case planning through enhanced modeling and relationship building. Workers' limited understanding of procedures was identified as a barrier. PIP3 activities for this issue included clarifying procedures for mandatory initial referral of families to Ohana Conferencing and subsequent quarterly conferences. CWSB administrators and EPIC meet to review progress and identify additional areas that need to be addressed.

Various promising collaborations to strengthen the engagement with and working relationships among the caseworker, birth parent, resource caregivers, and relatives, include: Liliuokalani Trust-Ka Pili Ohana (KPO), which enhances cultural identity/healing; KPO and Two Makua First meetings; Na Kama a Haloa-Hui Makua and Hui Fostering Connections; Project First Care; Ohana Navigator; and ZTT Court. During collaborative meetings, positive working relationships are developed with the families and partners, while the worker feels supported and experiences good models of practice.

Staff face challenges when trying to manage multiple competing demands and trying to maintain positive efforts to locate and engage parents safely while ensuring staff's own safety during the pandemic. With the established structure of tracking, supervision, guidance, and support from supervisors and peers, and team support from partners, Hawaii is hopeful that there will be improved and sustainable good practice and engagement.

### CFSP

Discussed above is the need for strengthening supervision, tracking tools, strengthening the EPIC Ohana and CWSB partnership, revisiting barriers, clarifying procedures, reinforcing mandatory procedures, and holding multiple Ohana Conferences. This continued work will address the CFSP goals of collaboration, workforce, prevention, and case.

### **CFSR Item 14: Face-to-face contact with children**

Please refer to the 2022 Hawaii APSR Data Booklet, Figure C14 for a graph of the SFY 2016-2020 five-year strength rating for this item.

95 Cases Reviewed

23 STRENGTHS, 72 AREAS NEEDING IMPROVEMENT

### **PURPOSE**

This item is assessed to determine whether the frequency and quality of visits between caseworkers and the child(ren) in the case are sufficient to ensure the safety, permanency, and wellbeing of the child(ren) and promote the achievement of case goals.

### **SUMMARY OF DATA**

In 23 of 95 cases (or 24% of applicable cases reviewed), both the frequency and quality of visits between caseworkers and children were sufficient to ensure their safety,

permanency, and wellbeing and to promote the achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and wellbeing in a way appropriate for that specific child. In many of these cases, caseworkers had built good rapport with children and saw them in a variety of settings, e.g., home, school, and community. Caseworkers often noted observing interactions of the children with parents, resource caregivers, and/or siblings, as part of their monthly contact. In some of these cases, the monthly contact record was used to capture and document information. In 29 of the cases, the frequency of visits was sufficient and, in 38 of the cases, the quality was sufficient.

72 cases (or 76%) were rated as needing improvement.

- 1) In 66 cases, the frequency of contact with the children was less than monthly. It was often difficult to tell why contact was not made in cases, but case transfers (from investigator to permanency worker, from worker leaving CWSB to the receiving worker, from CWSB to VCM and VCM to CWSB) appeared to account for several cases. Also, patterns of monthly contact were observed for caseworkers across multiple cases.
  - a. In 37 of these cases, children were not seen for consecutive months at a time.
- 2) In 57 cases, the quality of visits with the child(ren) was not of sufficient.
  - a. In 28 of these cases, discussions with children did not sufficiently address safety, permanency, and wellbeing.
  - b. In 10 of these cases, children were not met alone, and efforts were not made to meet alone. In some cases, information from documentation and interviews did not describe sufficient quality and the caseworker was not available for an interview due to employment change.

## **DISCUSSION**

CWSB recognizes that frequent, quality contact with children translates directly to improved outcomes. A key activity of Hawaii's CFSR PIP is to track and monitor frequency of face-to-face visits between caseworkers and children. The tracker for face-to-face visits between the workers and children was implemented as part of the PIP. Staff were initially slow to use the tracker regularly, but this has been improving with the implementation of structured monthly supervision. Statewide supervisors have been encouraged to review caseworker visits via the tracker with their staff at least monthly, and to work with their staff to prioritize work to help ensure all children are seen monthly. Additionally, with the PIP3 focus on improved supervision, supervisors

are better able to guide, coach, and support caseworkers in completing quality visits with children.

Performance on this item varies by section. CWSB Administrators are working with Section Administrators every week, sharing strategies across sections to improve in this area.

Please see *Section V. A. 1. Monthly Caseworker Visits* of this report for more data and discussion about Hawaii's performance in this area.

### **CFSR Item 15: Face-to-face contact with parents**

See Data Booklet, *Figure C15* for a graph of the SFY 2016 - 2020 five-year strength rating for this item.

83 Cases Reviewed

9 STRENGTHS, 74 AREAS NEEDING IMPROVEMENT

### **PURPOSE**

This item is assessed to determine whether the frequency and quality of visits between caseworkers and the mothers and fathers of the child(ren) are sufficient to ensure the safety, permanency, and wellbeing of the child(ren) and promote the achievement of case goals.

### **SUMMARY OF DATA**

In nine of 83 cases (or 11% of applicable cases reviewed), the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency, and wellbeing 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. For mothers, in 16 of the cases, the frequency of visits was sufficient and, in 32 of the cases, the quality was sufficient. For fathers, in 10 of the cases, the frequency of visits was sufficient and, in 19 of the cases, the quality was sufficient.

74 cases (or 89%) were rated as needing improvement. According to supervisors and caseworkers that were interviewed, a combination of staff turnover and workload were factors in not seeing parents. Limited documentation resulted in much information being unknown.

- 1) For mothers: In 57 of 73 applicable cases, the typical pattern of visits with the mother was not monthly. In four of these cases, there were no visits with mothers.

- 2) For mothers: In 36 of 68 applicable cases, visits with the mother were not of sufficient quality.
- 3) For mothers: In 14 cases, meaningful conversations with mothers did not occur, as issues related to case planning, services, and goal achievement were not discussed. In seven of these cases, the usual location of the visits was limited to Family Court, Ohana Time, or CWSB offices.
- 4) For fathers: In 51 of 61 applicable cases, the typical pattern of visits with the father was not monthly. In 15 of these cases, there were no visits with fathers.
- 5) For fathers: In 27 of 46 applicable cases, visits with the father were not of sufficient quality.
- 6) For fathers: In 13 cases, meaningful conversations with fathers did not occur, as issues related to case planning, services, and goal achievement were not discussed. In five of these cases, the usual location of the visits was limited to Family Court, Ohana Time, or CWSB offices.

## **DISCUSSION**

Please see the discussion section for Item 14 above, as many of the issues are similar. As part of the CFSR PIP, Hawaii has implemented a Worker Visits with Parents tracker, which is helping staff, supervisors, and administrators ensure frequent visits with both mothers and fathers. The tracker also aids in identifying barriers to visits, e.g., incarceration or residential placement that can be addressed with supervisory support.

In PIP3, Hawaii is focusing on improving CWSB staff's engagement with parents. Hawaii recognizes that children achieve permanency faster (through reunification, adoption, or legal guardianship) and more safely when parents are actively involved with the case. Building rapport with parents is vital to their involvement.

Hawaii is concerned about the poor performance on this item. Branch Administrators are making concerted efforts to impress upon Section Administrators the importance of promoting consistent, quality visits with parents. In the third quarter of SFY 2021, improving caseworker visits with parents was a focus of both the quarterly Statewide Supervisors' Meeting and the quarterly Management Leadership Team Meeting. Barriers to locating and engaging parents were discussed, as well as other challenges to regular contact. The staff at both meetings shared ideas and strategies to overcome the barriers and challenges. Strategies included sending letters to all known addresses, talking to relatives and neighbors to track down parents, employing formal locator systems, meeting parents on evenings and weekends, creating regular monthly appointments with parents, and workers sharing their email addresses and work cell phone numbers with parents to encourage communication.

## 2. CFSR Well Being Outcome 2: Providing for the children’s educational needs

### CFSR Item 16: Educational needs of the child

See Data Booklet, Figure C16 for a chart of the SFY 2016- 2020 five-year strength rating for this item.

SFY 2020: 63 Cases Reviewed  
34 Strengths, 29 ANI

#### PURPOSE

This item is to assess whether, during the period under review, 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 period under review), and whether the child’s identified needs were appropriately addressed in case planning and case management activities.

#### SUMMARY OF DATA

In 34 of 63 cases (or 54% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In some of these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children’s education needs.

29 of the cases (or 46%) were rated as needing improvement.

- In 24 cases, (15 Foster Care, six CWSB, three VCM) initial and/or ongoing assessments of the children’s educational needs were not completed.
- In 29 cases, (18 Foster Care, seven CWSB, four VCM) efforts were needed to address educational needs and provide appropriate services. Examples of services that were needed but not provided included: oversight to ensure appropriate services to meet children’s needs; tutoring or academic support; DOH and DOE services to address children’s academic and behavioral needs; and services to address school attendance issues, developmental delays, and pre-school enrollment.

#### DISCUSSION

A taskforce composed of CWSB, DOE, and interested court entities including the CASA program, a GAL, and CIP, was created to draft a MOA supporting joint DOE and CWSB Best Interest Determination decisions to ensure educational stability when a youth



enters foster care or has a placement change. Once the MOA is approved, policies and procedures within both agencies will be revised and joint training will be rolled out statewide for all CWSB and DOE staff. The MOU and MOA are significant steps toward sharing responsibility and information between the Departments and should allow for more seamless transitions of youth in the care of both systems.

CWSB continues to collaborate with DOE to address the individual educational needs of children. Activities during the last five years have focused on educating stakeholders in the foster care system on the importance of educational stability for a child in foster care and achieving educational stability by maintaining children in their home schools when possible. With the passage of Every Student Succeeds Act (ESSA), DOE joined in CWSB's mission to ensure educational stability. DOE and CWSB continue to work toward an integrated system of information sharing and will be finalizing an MOU to facilitate an electronic interface for data sharing.

Due to the COVID-19 pandemic, the draft MOU on data exchange and the MOA on educational stability did not move forward to completion/finalization, although work will continue on these agreements. CWSB and DOE have teamed up in the interim, using the MOA structure to resolve any issues related to a youth's educational stability. Additionally, DOE and CWSB have agreed to prioritize the MOU, which will allow the DOE to better identify and provide services.

Many of Hawaii's resource caregivers were affected by COVID-19 due to job loss or reduced working hours. DHS offered a one-time support payment of \$500 per child to resource caregivers who have school-aged (5 – 17 yr.) children in their care to help support placement stability, which has a significant role in educational stability for the child. DHS made a total of 556 payments to resource caregivers, totaling \$275,850.

### **3. Children's Physical and Mental Health Needs**

#### **CFSR Item 17: Medical and dental health of children**

See Data Booklet, Figure C17 for a chart of the SFY 2016- 2020 five-year strength rating for this item.

SFY 2020: 80 Cases Reviewed

38 STRENGTHS, 42 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is assessed to determine if physical health, including dental health needs of the child, were addressed.

## **SUMMARY OF DATA**

In 38 of 80 cases (or 48% of applicable cases reviewed), children were assessed and provided with services to address their physical and dental health needs. PPE's were commonly distributed. In some cases, resource caregivers, unit aides and assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs.

42 of the cases (or 53%) were rated as needing improvement.

- In 33 cases, (20 Foster Care, 10 CWSB, three VCM) assessments were not completed to determine the child's physical health needs.
- In 27 cases, (20 Foster Care, five CWSB, two VCM) assessments were not completed to determine the child's dental health needs.
- In 35 cases, (22 Foster Care, 11 CWSB, two VCM) appropriate services were needed to address the child's physical health needs, but were not provided.
  - In nine cases, routine physical health exams were needed.
  - In three cases, oversight/monitoring of the children's medical issues was needed.
- In 30 cases, (22 Foster Care, seven CWSB, one VCM) appropriate services were needed to address the child's dental health needs, but services were not provided.
  - In nine cases, routine dental exams/cleanings were not provided to children.
  - In four cases, dental services were needed and not provided.
- In seven foster care cases, appropriate agency oversight of the child's prescription medication(s) was needed.

## **DISCUSSION**

There has been a sharp decline of 14% in this area from the previous year. This decline is almost equal to the 13% decline from 2016-2017.

The CFSR review is showing a lack of assessments and services provided to the children.

Last year, for the PIP3 supervision strategy, CWSB staff received training in case staffing that provided procedures and practice guidelines for case monitoring and review for supervisors and administrators on coaching and supervision, which provided more support for CWSB staff. PIP3 also addressed the supervisor caseload issue by not allowing supervisors to carry cases, as much as possible, which will provide more time for quality staff supervision and more time for case review and analysis. The use of the SWAT team to alleviate a Section's caseload, is being used to allow more supervision time for the units.

In addition to the SWAT team, staff shortage is being addressed through the *Wiki Wiki hire* process. Hiring additional staff will decrease workload and allow staff to spend more time on their cases, make better assessments, and provide follow-up services for children, including medical and dental services. The SWAT team will provide needed support for increasing worker visits with the child, which is integral to making an informed assessment of the child's needs and providing appropriate services.

The monthly tracker system can assist staff and supervisors to monitor quality face-to-face visits with children and support staff in increasing the number and quality of their assessments, which can help determine the medical and dental needs of the children.

### **CFSR Item 18: Mental health assessments and services for children**

See Data Booklet, Figure C18 for a chart of the SFY 2016 - 2020 five-year strength rating for this item.

72 Cases Reviewed

30 STRENGTHS, 42 AREAS NEEDING IMPROVEMENT

#### **PURPOSE**

This item is assessed to determine whether the agency addressed the mental/behavioral health needs of the child(ren).

#### **SUMMARY OF DATA**

In 30 of 72 cases (or 42% of applicable cases reviewed), children were assessed and provided with services to address their mental/behavioral health needs. Resource caregivers contributed to setting up appointments and transporting children.

42 cases (or 58%) were rated as needing improvement.

- In 37 cases (20 Foster Care, 13 CWS, four VCM), assessments were not completed initially or ongoing to assess the child's mental/behavioral health needs to inform case planning decisions.
- In 36 cases (17 Foster Care, 13 CWS, six VCM), appropriate services were needed to address the child's mental health.
  - In 11 cases, although children were exposed to domestic violence (some of which resulted in a confirmed threat of abuse allegation), needs were not assessed and addressed.
  - In 11 cases, no services were provided although they were identified as being needed.

- In eight cases, caseworker oversight was needed concerning assessment and treatment of children's significant mental health needs (such as suicidal ideation, depression, self-harm).
- In eight cases, a formal assessment was not completed so services could not be identified.
- In two cases, the child was not regularly attending needed mental health therapy, but this issue was not addressed.
- In two cases, individual and/or family therapy was identified as a need and not provided.
- In seven foster care cases, appropriate oversight of prescription medication for mental/behavioral health was not provided.

## **DISCUSSION**

CWSB continues to build on completing thorough assessments to understand the needs of the family and make referrals to appropriate services. As part of safety framework training from November 2019 to January 2020, sufficient information collection was highlighted as essential to understand the full picture of the family and their strengths and needs. Informal collection focuses on six domains of information including each child's day-to-day functioning. Identification and clarification on information collection continues to be discussed in various venues such as supervision, leadership meetings, and tool revisions as part of practice.

As part of the PIP3, the Safe Family Home Report (SFHR) has been revised and reissued and includes a section for information on each child. The section includes a header for Mental Health and Medication. The guidelines to complete the SFHR include the following guidance for Mental Health: diagnoses, psychosexual/mental health/psychological assessments, care plan and recommendations, observations of symptoms, behavior, and verbal expression of mental health concerns. The guidelines for Medication include: type of medication, dosage, reason for prescription, and how it's being monitored.

The Monthly Caseworker Visit Form was also revised and reissued in October 2020. Sections include coverage of children's mental health and medications as well as a review of the child's needs and supports for the resource caregiver to meet the child's needs.

As part of Family First Hawaii, the Service Plan document may be revised to further connect needs to services and training will be provided on matching services to needs.

The tracking of worker visits with children, parents, and caregivers may also lead to more contacts and discussion on each child's needs, including mental and behavioral health.

## SECTION VI. SYSTEMIC FACTORS

### A. STATEWIDE INFORMATION SYSTEM (CF SR ITEM 19)

#### 1. Child Protective Services System

Since 1989, Hawaii's child welfare's system has been a legacy data base system, known as the child protective services system (CPSS), which continues to be the system of record for Child Welfare Services Branch (CWSB) and Adult Protective Community Services Branch (APCSB). CPSS is managed by DHS Office of Information Technology (OIT) staff as well as a contracted vendor. OIT staff tasks include supporting CPSS' capacity for production support and system maintenance. OIT staff ensure that batch jobs are successfully produced on schedule and resolve any job abends by working with the consultant and notifying affected users.

CPSS stores all information of confirmed perpetrators of child/adult abuse/neglect in a registry known as the "Central Registry," which allows CWSB and APCS B to provide employment background clearances for potential employers. CPSS information is not available to the general public. CWSB unconfirmed cases are also stored in CPSS but are only available to CWSB for future risks and safety assessment, as authorized by CAPTA. CPSS continues to collect, store, extract and help generate NCANDS, NYTD, and AFCARS reports to ACF. CPSS continues to identify the legal status of case, demographics, placement location, placement goals, and other required data elements for reporting purposes. Please refer to Data Booklet, Figure 17: Supervisory Legal Status for Families, Geographic Location SFYs 2016-2020 and Figure 18: Supervisory Legal Status for Children, Geographic Location SFYs 2016-2020 regarding legal status of cases, Figure 58: Exits by Adoption and Legal Guardianship SFYs 2016-2020 Numbers regarding children accomplishing goals of adoption and legal guardianship, and Figure 52: Hawaiian Children in Foster Care SFYs 2016-2020 for data on Hawaiian children.

In 2020, the OIT staff participated in several activities/projects including: screen modifications for Family First Hawaii cases; proof of concepts projects; an improvement plan regarding the central registry; data cleaning efforts to address CPSS data quality; streamlining of data processing; and working with staff development office in training new staff on CPSS and refresher training sessions. OIT staff continues to work with CWSB staff on data clean up prior to each AFCARS transmission to ACF.

#### 2. State of Hawaii Automated Keiki Assistance System

The UH Maui College Software Development team continues the development and enhancement of the supplemental data information systems for DHS better known as

the SHAKA system. The three user facing components of this system are known as CWSB SHAKA; APS SHAKA; and ShakaTown, the youth centered portal.

CWSB SHAKA activities include the development of PIP3 tools primarily for the Worker Visit Tracker, an innovative method of gathering, aggregating, and reporting the completion status of monthly visits with children and parents. This tracker allows workers, supervisors, and administration to broadly view monthly visit statuses of all cases, something that the aged system of record, CPSS, is unable to do dynamically. This ability allows for the quick identification of data fidelity issues that can be address by Program Development and encourages caseworkers to improve their data gaps. A tight development feedback cycle with the SHAKA team allows for quick iteration in identifying and fixing any further data gaps that arise from the breadth of data aggregated and used in presenting monthly visit statuses. Other PIP3 related tools developed include a calendar to track and coordinate PIP3 related meetings and activities and a tracker to measure response time to Child Welfare and Voluntary Case Management intake reports.

Ongoing CWSB SHAKA activities include the bi-annual Federal ACF NYTD submissions for ILP services and mandatory NYTD cohort follow-up surveys, transitional services and extended assistance program application management and case services for ETV/Higher Education stipends and Imua Kakou, various periodic data imports, a service provider portal for third party program services, maintaining on-line CWSB procedural manuals and policy internal communications forms, and ShakaTown (a youth centered extended assistance service and information portal). These system functions and processes will continue to be maintained for the foreseeable future.

The SHAKA Team has begun Family First Hawaii data system activities to address data collection and reporting needs for CWSB as well as service providers. The SHAKA team has been active participants in the Family First Hawaii Data & IT and Case Pathways workgroups during planning and implementation. The SHAKA Team is currently working to implement an integrated Prevention Plan process for both CWSB and Service Provider interaction.

The SHAKA system has proven the serious need for CWSB to develop and build a modern information system. This need is driven by the need for data that is easily accessible by workers at all levels and the increased data requirements for reporting and program purposes. These needs can be addressed and resolved by having a single system of record that simultaneously interacts with multiple systems, including CPSS, SHAKA, Med-QUEST, and Child Support. A less than fully integrated system becomes a barrier for data fidelity, worker acceptance, and overall business planning.

### **3. Comprehensive Child Welfare Information System**

Hawaii's efforts to design, develop and implement its comprehensive child welfare information system (CCWIS) was impacted by many leadership and support staff changes in the past year. The project lost its Project Manager, Project Owner, and Project Management Office in 2020, which slightly delayed its procurement goals and licensing solution implementation. In early 2020, SSD successfully implemented a hardware technology refresh of lightweight small format HP tablets. The new tablets, which supported access to the DHS network via a secure Virtual Private Network to capture and retrieve data, was a key element in allowing the workforce to work remotely during COVID shelter-in-place orders.

CWSB was able to procure a licensing solution with funds from the Office of Enterprise Technology Services to expedite and enhance licensing functions that will be integrated into the future CCWIS. The procurement was initially slated to be completed by mid-2020, but was not finalized until fall 2020 with an initial go-live date in January 2021. Customizations, user profiles, trainings and website design are near complete; however, challenges with bidirectional data exchanges have delayed the go-live until mid-2021.

SSD will be focused on assessing the readiness of data in the legacy system for migration into a new system, developing a technical roadmap, revisiting business processes for effectiveness, and formalizing a plan for organizational change management.

## **B. CASE REVIEW SYSTEM**

### **1. CFSR Item 20: Written Case Plan**

The case plan is defined in Hawaii Administrative Rules (HAR) 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4 and consists of a court report known as the Safe Family Home Report (SFHR), which covers each of the safe family home factors, and a family service plan or permanent plan.

The HAR requires that all children and families under the jurisdiction of the department and assessed as needing ongoing child welfare casework services, have a written case plan. For in-state cases, this written case plan must be developed with the family and written and approved no later than 60 days after the date of receipt of the report of abuse or neglect.

For court cases, the case plan must be filed with the petition for jurisdiction within 72 hours after a child is removed or placed in foster care unless there is a voluntary agreement for placement by parents; and within 15 days before a scheduled return hearing, periodic review, permanency hearing, and termination of parental rights hearing, pursuant to HRS §587A-18, unless otherwise ordered by the court.



Hawaii assesses whether each child has a written case plan developed jointly with the parents, and whether efforts were made to engage both parents and each child, if developmentally and age appropriate, in the case planning process, through the following:

- The statewide case review process (see Section V.B.1 Item #13 for a discussion on this) and
- A targeted review process.

### **Targeted Review – timely achievement of permanency goals and concurrent planning**

In 2020, the Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project conducted a statewide targeted review on timely achievement of permanency goals and concurrent planning for children in foster care.

This review was conducted as part of the PIP3 permanency strategies (implementation and utilization of the Concurrent Permanency Planning Brochure, revised case plan template, and revised concurrent planning procedures) in October and November 2020.

The purpose of this review was to assess the fidelity of implementation of revised permanency procedures after CWSB retrained staff from March 2020 through June 2020. This targeted review also evaluated the implementation of permanency strategies and reasonable efforts by the caseworker to engage the family in the concurrent planning process. Some of the specific findings include:

- The process and timeline for identifying permanency goals, timeframe for concurrent planning discussion, and documenting the concurrent plan.

There were 10 cases applicable for this section.

Based on this part of the review, a concurrent goal was identified within 60 days of removal in half of the cases and the goal was documented in the case plan. The family was engaged in the planning process in these cases. Most families did not receive the "Concurrent Permanency Planning Brochure." Some caseworkers were not aware of this brochure.

- Timelines for filing of Termination of Parental Rights (TPR), including providing compelling reasons where applicable.

There were seven cases (Category 5) applicable for this section. TPR was not filed timely in most cases and compelling reasons were not identified by the caseworker and not documented in the case plan.

- Use of the revised case plan template.

There were 27 applicable cases. Thirteen cases were not applicable cases because the last periodic or permanency review hearing was held prior to the June 2020 implementation and the next review hearing was not due until after the period under review. The revised case plans were used in most cases.

#### Discussion:

The COVID-19 pandemic temporarily halted in-person visits early in SFY2020. CWSB consulted its federal partners for guidance on meeting the requirements of face-to-face visits while at the same time ensuring the health and safety of its staff and families. Although the pandemic initially presented challenges to the way CWSB conducted business, as time has gone on, staff have become more creative in engaging families by using both in-person and virtual means.

Caseloads and staffing continue to present challenges to meeting monthly face to face visits with parents and children. Due to the high and complex needs of cases, caseworkers frequently are required to manage multiple tasks, which include monthly if not more frequent visits, service referrals, preparation for court, and crisis intervention. These numerous demands can present challenges for workers to conduct monthly visits.

CWSB recognizes that to engage the family and be able to develop appropriate case plans, staff need to have regular visits with the families and the time to discuss case direction, progress in services, and the case plan with the family, especially when there are any changes being recommended for the service plan.

Based on findings of the case review and targeted review, action steps are being developed to further clarify and support practice.

Engagement is one of four primary cross-cutting themes of Hawaii's PIP3. Hawaii has implemented three main strategies to enhance engagement:

- Train and coach staff to authentically engage parents,
- Use SHAKA tracker for monthly face-to-face visits with parents, and
- Improve use of Ohana Conferencing.

These activities continue and are covered in other APSR sections including caseworker contact with children and parents.

Procedures were revised to clarify the purpose of the Concurrent Permanency Planning Brochure and how it is to be used in practice. Clear timelines were also included to ensure caseworkers provide parents with the brochure at the time of removal, or no

later than 60 days from the date of removal, and ensure that concurrent permanency planning is a topic to be discussed during every meeting with the family.

To support staff further, *A Guide to Compelling Reasons and Exceptions to Filing a Motion for Termination of Parental Rights (TPR)* is being reissued to staff. This Guide provides staff with common compelling reasons and exceptions to filing for TPR, as well as case examples, to assist them in identifying whether a compelling reason/exception applies. Staff will be able to reference this document when writing their case plan.

In 2020, the case plan template was revised as part of the PIP3 Permanency strategy to achieving timely permanency. The revisions included:

- A Compelling Reasons section was added to ensure caseworkers addressed and clearly identified the Compelling Reason/Exception when they were not filing for TPR; and
- Sections to ensure clear documentation of the concurrent permanency plan, ongoing efforts to achieve the concurrent plan, safety assessment and decisions, identification of reasonable efforts, parent engagement, and readiness for reunification assessment.

In June 2020, the revised case plan was implemented statewide after training of staff. There has been positive feedback from CWSB staff and court partners on the revisions, including but not limited to the implementation of italics text to denote new information, which allows judges to update themselves more easily on the case. Also included in the revisions were additional sections on: ICWA, to document caseworkers' efforts to inquire about Native American ancestry for both maternal and paternal relatives; incorporating the in-home safety plan, and aligning the conditions for return or reunification with Hawaii's safety training received by staff in 2019-2020.

Ongoing PIP3, CWSB, Management Leadership Team, and Quarterly stakeholder meetings between CWSB and court partners are regular venues in which implementation of the revised case plan are discussed. Feedback and recommendations are welcomed to further enhance the case plan for ensuring children achieve safety, well-being, and timely permanency. Continued updates are being made to the case plan to incorporate Family First Hawaii prevention plan efforts and to further support CWSB staff in their practice.

Please see Section V. Family Engagement and Child Well Being, B. Updates, Goals, Measures, Progress, and Action Steps, 1. CFSR Well Being Outcome 1, Item 13 Engagement of child and parent in case planning for a further discussion of this trend.

## **2. CFSR Item 21: Periodic Reviews**

Targeted reviews of systemic factors by the CQI Project of Maui College showed that for SFY 2020, there were 45 eligible cases with a total of 107 periodic review hearings. All 107 cases (100%) had timely periodic review hearings. The timing of the hearings was just under six months from the last periodic review or from the child's entry into foster care.

See Data Booklet Figure 70: Periodic Reviews Achieved Timely FFY 2016B – 2020B for a graphic representation of the timeliness of review hearings during the FFY periods 2016 through 2020. Within the last five years, DHS has consistently rated 95% or higher, with the exception of FFY2018B (90%). This continues to be an area of strength for Hawaii.

DHS and CIP continue to coordinate and facilitate ongoing collaborative quarterly meetings to discuss permanency, PIP initiatives, and other concerns for which CWSB, the Family Court, and the DAG have mutually agreed can improve the functioning of the periodic case review system.

CWSB continues to work with the courts and the DAG to decrease and eliminate inconsistencies in court orders between circuits that can make it difficult to identify whether the hearing was a periodic review or a permanency hearing.

It has also been helpful that Family Court judges, Deputy Attorneys General, GALs, CASAs, parent counsel, and CWSB staff have recently been trained on the PIP3 timeliness goals for permanency and concurrent planning, emphasizing the need for all to work towards moving foster care cases toward reunification, adoption, or guardianship.

CCWIS continues to be designed to include fields and screens that will make it easier to input information about periodic review hearings and track and monitor information and timelines.

## **3. CFSR Item 22: Permanency Hearings**

For SFY 2020, there were 30 applicable cases. There was a total of 47 permanency and/or permanency review hearings. Forty-four cases (94%) had a permanency hearing no later than 12 months from the child's entry into foster care or every six months for children in permanent custody. There were three (6%) cases that did not have a permanency hearing or the hearing was not timely. This is a slight increase from last year in not meeting the timeliness of the permanency hearing.

**Discussion:**

Hawaii completed most of its PIP3 activities to date, including the development of a monthly supervisory tool, revision of concurrent planning procedures, development and implementation of a checklist, a concurrent planning brochure that staff can use with families, and a visual timeline tracker to help staff stay mindful of target dates, all of which will assist in timely achieving permanency goals. Another PIP3 initiative to assist in achieving timely permanency was the development of a revised permanency training curriculum and training of all staff statewide in 2020. The training placed an increased emphasis on the importance of permanency planning beginning with receipt of the case and continuing during the ongoing casework process. Staff Development provided training for section administrators and supervisors on supervision and coaching staff, with a focus on safety, engagement, and permanency using CFSR PIP data. In addition to this, a concurrent planning brochure was developed specifically for youth to ensure their involvement and understanding of their case and the critical timelines toward reunification or another permanent plan goal.

These permanency PIP3 activities will ensure casework staff have a clear understanding of the importance of timely permanency and to have the tools to track and monitor critical timelines for moving children through the process of court hearings to achieve timely permanency.

At this time, permanency goals are still tracked manually by the workers and monitored by supervisors to ensure critical timelines are met. Sharing monthly CPSS data reports on foster care placement with section administrators and supervisors enables them to monitor each child's length of placement and to support their staff in developing effective strategies to expedite permanency.

The new CCWIS system will have an automated process to track permanency goals.

**4. CFSR Item 23: Termination of Parental Rights**

During case record reviews the Onsite Review Instrument is used to determine whether Motions for Termination of Parental Rights (MTPR) were filed timely. In case record reviews, whether motions for Termination of Parental Rights (TPR) are timely filed is evaluated using the Onsite Review Instrument in Item 5, Permanency Goal for child, to report on cases from all circuits in the State. In the SFY 2020 reviews of 62 cases, Items 5d, 5e, 5f, and 5g show that five children had been in foster care for at least 15 out of the most recent 22 months. Of those five children: CWSB filed or joined a motion for TPR in a timely manner for two children (40%); there were documented reasons for a judicial exception to the requirement to file a motion for TPR for one child (20%),

meeting the Adoptions and Safe Family Act requirements; and TPR was not filed in a timely manner for two children (40%).

**Discussion:**

CWSB continues its plans to enhance its capabilities to track timely filings of the MTPR by creating a unique code within CPSS and CCWIS to document the filing dates for MTPR. As part of the CCWIS development, the system will be designed to interface with the Deputy Attorney General's (DAG's) Office and the Judiciary. In February 2021, the DAG's office trained CWSB staff on a revised adoption packet designed to streamline the adoption paperwork procedure and decrease delays in attaining permanency. The DAGs have also worked with the family courts in each jurisdiction to ensure consistent practice and documents across the state.

CWSB's permanency planning training clarified the circumstances under which MTPRs should be filed and the requirement to document compelling reasons, when applicable, in the SFHRs.

**5. CFSR Item 24: Notice of Hearings and Reviews to Caregivers**

Pursuant to HRS §587A and Hawaii Family Court Rules, the child's current resource family must be served written notice of hearings no less than 48 hours before a scheduled hearing. HRS further states that the child's current resource family is entitled to participate in the hearings to provide information to the court, in person or writing, concerning the status of the child in their care.

Resource caregiver(s) are provided written notifications of upcoming hearings and afforded the right to be heard in verbal or written form. They are encouraged to either attend the hearing and/or submit a written update prior to the court hearing. They can also raise any issues with the court during the hearing.

Consistent with applicable Hawaii laws and court rules, CWSB Procedures Manual, Part III, Sections 4.8.3. and 4.10.3.H, require that resource caregivers be given notice of court hearings. Notices of hearings and reviews to resource caregivers are sent by the assigned Child Welfare unit by letter and a hard copy of the notice is kept in the case file. A log of contact is entered by the caseworker indicating that the notice was given.

Resource caregivers who attend Family Court hearings are also provided copies of the court orders, which provides notice of the next court hearing.

CWSB monitors whether required notices are given, as follows:

- CWSB requires all caseworkers, effective October 3, 2016, to obtain written acknowledgment of receipt of hearing notices from both resource caregivers and, as appropriate, the subject child, during monthly face to face visits.
- The data tool for the State’s annual case review looks to see if copies of the notices to caregivers were in the case files. Reviewers also ask caregivers during case review interviews if they recall receiving written notices of hearings. Of the 57 foster care cases, there were a total of 191 court hearings. Of these court hearings, 80 (42%) written notices were provided to resource caregivers and 52 (27%) resource caregivers attended court hearings.

As of November 2016, the Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) checks case files for copies of notices to resource caregivers and court orders with notice of the hearings. During case review interviews, HCWCQI staff ask resource caregivers if they recall receiving written notices of hearings and the results of these inquiries are included in case review reports. In addition to these efforts, CWSB is collaborating with the Department of the Attorney General to ensure that proper notice of court hearings is being provided to resource caregivers.

In early 2017, CWSB began requiring caseworkers to submit resource caregiver notices to court, and judges were asked to make a finding in the court order regarding whether formal written notice of the hearing was properly provided to the resource caregiver. An Internal Communication Form (ICF) titled “Confirmation that the DHS Resource Caregiver and Foster Child were Provided Notice of the Family Court Hearing” was issued on April 25, 2017.

Of the 287 out of 1152 responses in the 2020 Annual Resource Family Survey, 56% (112 responses) said they were provided with a written notice of court hearings and 30% (60 responses) said they received information about upcoming court hearings in the past year, but the information was not written.

The HCWCQI project continues to do a supplemental review in conjunction with regularly scheduled Child and Family Services Review (CFSR) case reviews and will continue to check whether written notices of court hearings were provided to the resource caregiver and whether the resource caregiver attended the court hearings.

## **C. QUALITY ASSURANCE SYSTEM**

The CWSB quality assurance (QA) and continuous quality improvement (CQI) systems remain the same as described in the 2019 APSR and the Statewide Self-Assessment (SwSA) for the 2017 CFSR. The QA and CQI system meets the five requirements in the following ways:

Hawaii APSR FFY 2022  
June 30, 2021; Revised August 27, 2021

## 1. Operating in Jurisdictions where Services Included in the CFSP are Provided

### a. Overview of Foundational Administrative Structure

Hawaii's QA and CQI system is centrally administered and operating in all jurisdictions of Hawaii by the University of Hawaii, Maui College (UHMC); this includes targeted reviews of CWSB's procedures and services, select case reviews of specific cases with concerns, and regular reviews of child welfare contracts.

### b. Quality Assurance Process

Adherence to the standards set by statute, rule, and procedure is monitored through the quality assurance processes. The QA process was fully described in the 2018 APSR and the SwSA for the 2017 CFSR and has not changed significantly. Please see those documents for further details.

The following is a short recapitulation of some of the processes:

- i. **Meetings**, in-person and by telephone, designed to review, discuss, track data/responses such as intake response time, and to share information about case, reviews, financial funding and expenditures, and aggregate data measures over time.

Although, the participants vary depending on the goals and functions of the meeting, members will include CWSB administration and staff, service providers, community stakeholders and youth/young adults.

- ii. **Reviews** include periodic court reviews/hearings, case reviews modeled after the CFSR, select case reviews of specific cases with concerns, targeted reviews for specific issues, and contract compliance reviews.

Targeted reviews in 2019 were related to licensing delays, CPSS data accuracy, new hire and ongoing staff training, timeliness of periodic and permanency hearings, delayed permanency, and notice of court hearings to resource caregivers.

Contract reviews in 2019 included contracts for the following services: human trafficking, independent living, higher education, Imua Kākou, Neighborhood Places, Promoting Safe and Stable Families, and Voluntary Case Management.

- iii. **Data Sharing** includes sortable lists and graphs of children in foster care, potentially inactive cases, children under family supervision, Native Hawaiian families involved with CWSB, youth eligible for ILP services, families eligible



for Home Visiting Services, children under voluntary foster custody agreements, length of stay of children in foster care, children who may emancipate from care, position vacancies, workers' caseloads, and investigations without dispositions.

- iv. **Continuous Quality Improvement Council/CWSB Advisory Committee** members include CWSB staff, contracted CQI staff, social service providers, court staff, Department of Health representatives, current and former foster youth, resource caregivers, and family representatives.

As Hawaii moved forward with planning and implementing its PIP, the Continuous Quality Improvement Council transitioned to become the Child Welfare Advisory Committee in November 2018. Committee members are encouraged to participate in at least one CFSR case review to gain an understanding of the CFSR, desired practice, and the broader child welfare system. The Committee meets quarterly to share updates in CWSB and in each community that affect clients and to review and discuss CWSB data including case review findings. In SFY 2019, two quarterly meetings were cancelled due to scheduling conflicts and impending weather that precluded travel.

#### c. **CQI and QA Staff**

Staffing patterns have not changed from those described in the 2018 and 2019 APSR and the SwSA for the 2017 CFSR.

#### d. **HCWCQI Additional Activities**

To strengthen CWSB, the Project has also been involved in Title IV-E reviews, licensing compliance, developing the PIP measurement plan, case staffings, and developing job aides for line CWSB staff regarding permanency and safety.

## 2. **Standards to Evaluate the Quality of Services**

This includes standards to ensure that children in foster care are provided quality services that protect their health and safety. CWSB has written procedures for all program areas from intake through permanency, consistent with federal laws, and State laws and rules. Procedures are available at <https://shaka.dhshawaii.net>. Procedures for the case review, contract review, and targeted review processes were updated in 2018. Purchase of Services contracts include requirements that all providers establish ongoing standardized QA procedures.

### 3. Identifies Strengths and Needs of the Service Delivery System

CWSB identifies strengths and needs through conducting various types of reviews that promote consistency in the quality of practice and adherence to practice standards. Data is shared and discussed internally with staff at all levels and externally with child welfare partners and stakeholders to identify progress towards goals. Family voice is vital to this process. Please refer to the 2017 SwSA and the 2018 APSR for further details in addition to the information discussed below. The types of reviews include:

- a. **Administrative Review Processes** – a team review when unusual and challenging situations arise in active cases. In 2019, administrative reviews were held for approximately four cases, which is lower than previous years.
- b. **Implementation Reviews and Measures** for new programs, services, and initiatives. In 2019, the PIP Core team designed and implemented measurement strategies to gauge the success of various PIP activities, including a staff survey regarding monthly supervision, and Branch Meeting reviews of worker visit tracker data.

#### c. Targeted Reviews

Targeted reviews gather data to address a specific need, issue, or problem. In 2019 targeted reviews were conducted regarding licensing delays, CPSS data accuracy, new hire training, ongoing staff training, timeliness of periodic and permanency hearings, delayed permanency, and notice of court hearings to resource caregivers. In a random selection of cases, parents are interviewed regarding engagement and THIC values on a quarterly basis. Feedback from these parents has informed supervisors' approach to working with staff who are struggling in this area.

- d. **Contract Reviews** regarding purchased services. In 2019, the following contracts were reviewed: human trafficking, independent living, higher education, Imua Kākou, Neighborhood Places, Promoting Safe and Stable Families, and Voluntary Case Management.

#### e. Case Reviews

Case reviews are modeled on the Federal CFSR process and have not changed from the descriptions provided in the 2017 SwSA and the 2018 APSR. Refer to those documents for further details.

- i. **Onsite case reviews** are conducted once every fiscal year in each of the seven Child Welfare Services sections across the state including a random sample of cases from CWSB and VCM. In SFY 2020, Hawaii completed eight case reviews in all Sections: East Oahu, Kauai, Maui, Oahu Special, West

Oahu, West Hawaii, Oahu VCM, and East Hawaii. The results of these reviews are embedded throughout this report. The strength ratings are shown at the end of the Hawaii APSR 2022 Data Booklet in figures C and C1-C18.

- ii. **Review Teams** are comprised of CWSB staff and Child Welfare community partners who attend a one-day training to prepare for the onsite review. The HCWCQI staff provides leadership, QA, and support to all the review teams, throughout the case review process.
- iii. **Case Preparation and Selection** is conducted by the HCWCQI staff before the on-site review to ensure that information and caseworkers needed for the review are available during the review period.

iv. **Including Stakeholder Input**

As part of the case review process, parents, children, resource caregivers, CWSB and VCM caseworkers, and CWSB and VCM supervisors are interviewed. This is a key part of the review process. Cases may be rejected during the selection process if no parent or child is available for interview. The feedback provided by the children and parents gives Hawaii crucial insight into both strengths and areas in need of improvement.

v. **Collecting Quality Data and Sharing/Documenting Findings**

In SFY 2016, Hawaii began using the Online Monitoring System (OMS). More effort and attention are 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. A general overview of preliminary results is offered to the Section Administrator on the last day of the review, as time allows. This data is also shared quarterly with a range of stakeholders at the CWSB Advisory Committee Meetings.

f. **Select Case Reviews**

Select case reviews, begun in SFY2019, are modeled after the Federal CFRS process. These reviews were added as a means of examining case practice when concerns are brought to the attention of the CWSB on specific active cases.

- i. **Select case reviews** are conducted on an as needed basis across the state.
- ii. **Reviewers** are members of the HCWCQI staff.

iii. **Cases** are identified by CWSB when they receive concerns from family members or if concerning patterns of practice are discovered by administration.

iv. **Collecting Quality Data and Sharing/Documenting Findings**

Data is captured through the Online Monitoring System (OMS). Information gathered is shared with the section that oversees the select case as well as CWSB.

g. **Ongoing Analysis of Process and Outcome Data**

There are numerous meetings and forums where data trends are discussed, such as quarterly meetings with court partners, MLT, Branch, SPC, CWSB Advisory Committee, and where the teams develop plans to address emerging needs and build on agency and community strengths to adapt to the changing child welfare landscape. The CWSB Advisory Committee members include CWSB-involved parents, relatives, and youth. At these meetings, findings of case reviews are shared, data is reviewed, feedback is sought, and improvements are planned. The feedback of individuals with lived experience is actively sought and incorporated into strategies. For more examples, see 2017 SwSA.

h. **Provides Relevant Reports**

CWSB's openness with its data is evidenced by its posting several data-rich reports, including the APSR and CFSP, on the DHS website. In addition to making data publicly accessible in this way, CWSB administrators disseminate data to stakeholders and community partners at committee and workgroup meetings, and conferences, such as the CWSB Advisory Committee, Court Improvement Project Advisory Committee, and the Citizens Review Panel.

Reports to inform QA and CQI processes are developed and distributed for internal and external use. Examples of reports include:

i. **Case Review Section Reports and Annual Reports**

Case review results are compiled and distributed by the HCWCQI Project for each section and compiled annually for the State. Case review results by section are shared internally and with the CWSB Advisory Committee. Annual case review results are aggregated and widely shared.

The data collected during the on-site case reviews is incorporated into a written report of findings for each CWSB section that provides data specific

to each section and aggregate statewide data. The report identifies strengths, areas needing improvement, and needs related to training, supervision, and policy reform. The report's charts showing ratings over a period of time for each section help create perspective and provide a visual presentation to identify trends and growth/decline for each performance item.

**ii. CPSS Report of Investigations without Dispositions**

This tool helps supervisors work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort. This report is made available to internal staff via SHAKA and updated weekly. This data is reported in NCANDS.

**iii. 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 their cases. This data is shared with leadership when requested.

**iv. Report of Worker's 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. Individual caseload data is retrievable in real time via CPSS. Aggregate caseload data is gathered and analyzed semi-monthly.

**v. CPSS Data Report on All Children in Foster Care**

This is a user-friendly monthly list of all children in foster care, containing multiple data elements that supervisors and administrators can manipulate to review data to assist in managing practice within their units and sections. This data is disseminated to all CWSB administrators and unit supervisors every month. Also, each month, a version of this list is transferred confidentially to the Department of Education which uses the list to match children in foster care with the free lunch programs at their schools.

**4. Evaluates Implemented Program Improvement Measures**

These processes continue as previously described in the 2017 SwSA and the 2018 ASPR. Please see those documents for further detail.

CWSB evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, select case

reviews, review of administrative data, and contract and targeted review processes. Regular workgroups, which include CWSB staff and community stakeholders, utilize data reports to assess performance and progress, and make modifications to initiatives according to the data, with consultation with DHS decision-makers.

Based on case review findings and other available information, section administrators, with technical assistance from the HCWCQI staff, develop action plans to address key areas needing improvement within 45 – 60 days after the section’s case review. Within 30 days of the last day of the case review, a results conference is held with the section’s staff, HCWCQI review team, and branch administrators. The action plans and progress are overseen by the section administrators and CWSB branch administrators. Challenges and successes in the action plans are shared with the CWSB Advisory Committee.

As discussed above, the HCWCQI staff also designs and implements targeted reviews to gather data on new CWSB programs and initiatives. This data is then shared with CWSB staff and stakeholders to assist in adjusting practice direction and related policies.

Select case reviews give CWSB insight into specific cases which have been identified as having case practice concerns. The data from these specific case reviews are shared with CWSB staff and the sections to assist them in responding to concern with increased objectivity.

### **Feedback Results – Guiding Collaborative and Administrative Efforts**

CWSB administrators, who have the authority to make decisions about changes in policy and practice, regularly attend collaborative meetings where they can hear feedback directly from stakeholders, community partners, and other State agencies. CWSB ensures that the data, information, and feedback gathered are provided to those with the ability to create true change, and that those people take appropriate action. 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.

### **Program Improvement Plan**

Hawaii’s third Program Improvement Plan (PIP) developed from CFSR Round 3 is underway. The PIP was approved on April 16, 2019 and officially began on May 1, 2019. A core team of CWSB and CQI staff oversee the implementation of the PIP, meeting weekly, communicate about progress with sub-committees and stakeholders, and review completion of activities and trends in data. Monthly meetings are held with SA’s and quarterly meetings are held with supervisors to discuss the application of new and revised procedures and practices to cases and to review CFSR data.

## **D. STAFF AND PROVIDER TRAINING**

### **1. CFSR Item 26: Initial Staff Training**

In the past, all in-person trainees completed evaluations after each training module. However, in response to the pandemic, for the first time the most recent cycles of New Hire Training were entirely virtual. A decision was made to maximize training time and pause the post-training evaluations. SDO used the extra time gained in each module to place a strong emphasis on engagement, ensuring staff participation and overall understanding of the module's objectives. With a better understanding of virtual meetings and related technology, SDO will resume the training evaluations to gauge effectiveness and suggestions to improve the quarterly New Hire Trainings. CQI also helps to evaluate the New Hire Training modules through virtual group evaluations/meetings at the end of all New Hire Trainings. The purpose of this meeting is to gather information about the new hire's experience with the various modules and evaluate how effectively SDO met the objectives of the training. It has been a great teaching tool for SDO and generated several changes based on the suggestions provided in the meetings.

In collaboration with staff from Action For Child Protection, SDO was able to develop and revamp its New Hire Training. Revisions include new curriculums and modules for Safety and Permanency, Domestic Violence, Worker Safety, CAPTA, and Assessment. SDO initiated ongoing quarterly New Hire Trainings that will be held during the same months each year to provide consistency. Refresher trainings, such as CPSS Inquiry, were also incorporated into the training calendar to offer year-round support for CWSB staff. In addition, SDO developed and implemented an extensive "hands on" On The Job Training component which consists of new staff shadowing identified seasoned staff to observe various responsibilities related to their job, as well as in-service presentations by various community partners statewide to learn more about the specific community resources available. This enhances staff understanding of job duties and resources. The general feedback for the On-The-Job Trainings has been positive. SDO will continue to build on current training curriculums and modules to better support CWSB staff as they develop knowledge and skills to best serve children and families.

During SFY 2020, 32% (17 out of 53) of eligible staff completed New Hire training. However, during the SFY 2021 New Hire training participation rate increased to 98% (49 out of 50). The last class for the SFY 2021 is currently in session; when it concludes, that information will be reflected on the final report of the SFY 2021.

## **2. CFSR Item 27: Ongoing Training**

See SDO 2019 Training Plan.

Training was conducted in a manner consistent with the SDO 2019 training plan. Due to the pandemic in March of 2020, all trainings were done virtually and continues to be virtual since then. Virtual trainings were referenced in section VI.D.1 Initial Staff (paragraph 1) and VI.D.3 New and Ongoing Training for Supervisor and SA'S (paragraph 1).

## **3. New and Ongoing Training for Supervisors and Section Administrators**

In response to the current pandemic, virtual trainings replaced in-person trainings. Overall response has been very positive, with staff providing positive feedback verbally, by email, and in the training room chat box. The Microsoft Teams platform is used for all trainings, both internal and external. This interactive platform allows such tools as voice and visual participation, the ability to record trainings, display Power Point presentations, a folder where forms can be viewed or downloaded, chat box where questions can be asked, online polling systems, games, using virtual flip charts, and breakout rooms that allow smaller group activities and discussion. Microsoft Teams also allows trainers to monitor the chat and breakout rooms. All trainings by SDO are done with at least two staff, depending on the needs of the training and the size of the class. The benefits of virtual trainings include ease of access, increased participation, time savings, and a decrease in travel related time and expense for the Department and participants. Virtual trainings have become and will remain a vital tool in CWSB efforts to support staff and provide appropriate and quality service for families and children.

CWSB Data on trainings is in held in the SHAKA system. For FY 2020, 48.59% of the staff participated in ongoing training (172 of 354 staff) and 28.57% of new hires participated in New Hire Training (14 of 49 staff).

During SY 2020 and SY 2021, supervisors have been participating in ongoing Supervisor Training. There is no data specifically on this subject; however, SDO will work with the SHAKA information technology staff to work on capturing the data regarding the training for our Supervisors and Section Administrators.

There was no specific training for our Section Administrators at this time. However, ways to support the Section Administrators will be reviewed. Currently their data is captured in the Ongoing data.

The FY 2021 data appears to be trending towards positive improvements in the above subjects.



Evaluations from training participants will be collected through the Learning Management System (LMS) Primetime Hawaii portal system, as well as post-test on module content.

#### **4. CFSR Item 28: Resource Caregiver and Adoptive Parent Training**

Pre-Service and ongoing training for all child-specific and general licensed resource caregiver homes is provided through a contracted provider, Partners In Development Foundation (PIDF). PIDF subcontracts with Catholic Charities Hawaii (CCH) for child-specific services and Family Programs Hawaii (FPH) for support services.

##### **Pre-Service Training for Prospective Resource Caregiver Homes**

The H.A.N.A.I. (Hawaii Assures Nurturing and Involvement) curriculum provides 18 hours of training and is required of all prospective resource caregiver homes. To better meet the needs of resource caregivers, DHS requested the revamp of pre-service training based on feedback received from surveys and the need to provide the most current information about the CWSB practice model, while using a trauma informed and healing foundation, to address the unique needs and experiences of resource caregivers. Since the beginning of SFY 2020, a workgroup of key community stakeholders has been meeting monthly to work on recommendations for bringing Hawaii into compliance with relevant federal standards. The group is incorporating federal licensing standards into the revamp of Hawaii's pre-service training for all prospective resource caregivers.

The new pre-service training incorporates Trauma Healing Informed Care (T.H.I.C.) based standards and will be increasing to a total of 27 hours. Hawaii plans to roll out the revised curriculum by December 2021. In addition to revising the training curriculum, Hawaii's home study on resource caregivers for children in foster care has been revised to incorporate federal standards. The curriculum will be translated into Marshallese, Chuukese, Ilocano, and Tagalog to assist CWSB with relative placements.

In SFY 2020, 492 resource caregivers completed the H.A.N.A.I. pre-service training, which consisted of 355 child-specific resource caregivers and 137 general-licensed resource caregivers.

##### **Ongoing Training for Resource Caregiver Homes**

Since January 1, 2013, DHS has required all licensed resource caregiver homes to participate in a minimum of six training hours per family or 12 hours over a two-year licensing period. On-going training covers an array of topics and is primarily targeted at CWSB resource and permanency families, but CWSB staff, Judiciary, and other service providers, such as on-call shelters (licensed facility) staff, can attend. Family Programs

Hawaii (FPH) partners with local and statewide agencies, such as the Foster Care Training Committees on Oahu, to provide most on-going trainings for resource families.

In SFY 2020:

303 families received ongoing trainings. See Data Booklet, Figure 74: Attendees at Ongoing Training for SFY 2016 – 2020

As families' needs change, so do the training options offered through Family Programs Hawaii to all resource caregivers. FPH continues to offer a variety of training options, including online trainings that are more convenient for families to access considering busy schedules. Additionally, to prepare and equip resource caregivers/families to adequately care for children in foster care, evidence-based trauma and healing informed care continues to be the foundation on which trainings are based. A mobile app also offers on-demand trainings which can be accessed at any time.

The following reflects on-going training opportunities that were offered to all relative and non-relative resource caregiver's:

### **Quarterly In-person Training**

In SFY 2020, there were a total of 19 ongoing trainings statewide. Trainings held include:

- A Closer Look At Building Emotional Regulation Skills - 1.5hrs
- A Closer Look at Building Resiliency and Healing Trauma - 1.25hrs
- A Follow-Up on the Importance of Self-Care for Kids and Caregivers - 1.5hrs
- A Psychological Perspective on the Traumatized Child - 1hr
- Dealing With Power Struggles - 1hr
- Fostering a Love of Learning - 1hr
- FPH Virtual Resource Fair - 1.5hrs
- Helping Youth Who Have Experienced Sexual Abuse - 3hrs
- Navigating Special Education Services in Schools: Understanding the Individualized Education Program (IEP) - 1hr
- Prenatal Substance Exposure: Regulations and Relationships - 3hrs
- Providing Safety and Support for LGBTQ+ Youth - 2.25hrs
- Strengthening Relationships Between Children and Caregivers: Giving Your Child the Best Start -1hr
- Strengthening Relationships Between Children and Caregivers: Why Attachment Matters in Early Childhood - 1hr
- Supporting Successful Transitions into Higher Education -1hr

- Surrogate Parenting and Educational Advocacy: How to Advocate for Your Child's Educational Success - 1hr
- The Importance of Family Connection for Children in Care: Building Bonds with Birth Families - 1hr
- The Importance of Family Connection for Children in Care: Engaging with a Child's Birth Family -1hr
- Transitions: Supporting Young People Entering Adulthood from Foster Care - 1.5hrs
- Understanding Court Hearings for Resource Caregivers

### **Online Trainings and Lending Libraries**

Families not able to attend in-person trainings may access various online training options offered by FPH, including the Foster Parent College online resource, Foster Care & Adoptive Community online training site ([www.fosterparents.com](http://www.fosterparents.com)) featuring a range of published articles, and an in-house Lending Library of online videos, DVDs, and books.

In SFY 2020, 42 individual caregivers accessed the Foster Parent College online trainings, completing a total of 208 training hours. The top three requested topics, in order, are: 1) anger outbursts 2) lying, and 3) trauma-informed care. See Data Booklet, Figure 76: Foster Parent College Online Trainings SFY 2016 – 2020.

In SFY 2020, 75 caregivers borrowed 14 DVDs, and watched 180 online videos from the lending library, totaling 522 training hours. The top three requested topics, in no particular order, are videos of past annual conferences which include: Trauma Changes the Brain, Fostering Resiliency, and Learning by Doing”. See Data Booklet, Figure 77: Resource Caregiver Lending Library SFY 2016 – 2020.

### **Adoption Training and Preparation**

H.A.P.A. (Hawaii Adoption and Permanency Alliance), a collaborative committee to support adoptive families, held an event for adoptive families. On November 21, 2020, in partnership with the Honolulu Zoo, H.A.P.A. paid for entrance fees to over 55 adoptive families and their children to enjoy a day at the zoo together. Families packed up picnic lunches and came ready to enjoy the zoo at their leisure while still practicing social distancing guidelines. Many families who historically participated in past events, opted out this year, as they did not want to take the risk of exposure to the COVID-19 virus. Those who attended were so grateful for an opportunity to have a new “change of scenery”. They felt blessed to allow their kids an option to be outdoors and were excited to take full advantage of this change of pace.

Adoptive and guardianship parents are invited to all ongoing trainings: 15 adoptive parents and 10 Legal Guardianship families attended trainings. See Data Booklet, Figure 74: Attendees at Ongoing Training SFY 2016 – 2020. In addition, adoptive parents on Oahu receive support through Family Programs Hawaii’s Wendy’s Wonderful Kids (WWK) program, which uses a comprehensive training and preparation model for adoption.

## **E. SERVICE ARRAY AND RESOURCES**

### **CFSR Item #29 Service Array**

The State of Hawaii provides a broad array of services to children and families statewide from birth through young adulthood in all the topic areas listed below. Providers of the services include DHS, DOH, DOE, and community social service agencies. In order to work towards the DHS Vision, *The People of Hawaii are Thriving*, CWSB utilizes a holistic and comprehensive approach, ensuring that CWSB services and support work in conjunction with local community resources to maximize available supports to children and families. CWSB continues to contract with community service providers to provide specialized services to fit the needs of children and families supported by child welfare. Additionally, CWSB continues to partner with other state agencies, e.g., DOH and DOE to meet the needs of the children and families served. For some services, the CWSB-involved family or individual is automatically referred to the service through electronic data sharing such as Free School Lunches, Ohana Conferencing, Family Finding, ILP, MDT, and Home Visiting. Additional information on the services array is provided immediately below and throughout this APSR (a few specific sections for reference are in *Section V-Family Engagement and Child Wellbeing*, *Section VIII.D-G*, and *Section IX-Young Adults*).

Hawaii utilizes data to make informed decisions on the effectiveness of its array of services. Use of this data helps to ensure that the service array aligns well with the Vision/Mission statements and trends identified in CWSB’s CQI efforts. See Data booklet for data available to inform decision-making in addition to data produced from quarterly CQI efforts. Hawaii examines service contract use, geographic trends, and the factors that are bringing families to CWSB. This data review aids Hawaii in ensuring that geographic locations with high needs in a specific service area, such as substance abuse, have the necessary resources available to address those needs. The data review also facilitates identification of underutilized services and potential service contractor issues, leading to solutions like improving the referral process and/or combining similar service contracts.

CWSB staff submit referrals for services directly to providers on behalf of the families they are working with, usually via email or phone. CWSB staff is made aware of services through training, service directories, SSD-dispersed resource announcements, and community clearinghouses, like Aloha United Way. In Hawaii’s future Family First Hawaii: Keeping Families Together plan, referrals may come from multiple sources as when the definition of candidacy is

rolled out across the state. Also, as Hawaii continues to develop CCWIS, the service referral process will be simplified and improved. In the coming year, Hawaii plans to utilize technical assistance from the Capacity Building Center for States (CBC) to move CCWIS implementation along faster. CCWIS will offer a geographic resource directory to assist CWSB in finding the most appropriate resource referrals.

### **Multi-Disciplinary Team**

The Multi-Disciplinary Team (MDT) is an essential case consultation tool used by CWSB caseworkers for expert insight. The Team consists of professionals with significant experience and knowledge working in child abuse and neglect – a registered pediatric nurse, a pediatrician, a clinical social worker, and a clinical child psychologist. The Team members come together to discuss the case and provide perspective and insight. The Team does not direct CWSB case work, but instead provides recommendations and information that the worker then uses to make case decisions. The Team reviews medical records and other relevant documents to inform recommendations. Cases are automatically referred to the MDT, as the Team receives copies of all CWSB intakes. A Team coordinator then reaches out to the assigned caseworker to offer a team meeting for appropriate cases. All serious harm, death, and re-harm (within 60-days of case closure) cases require an MDT meeting. CWSB caseworkers also contact the Team directly to request an MDT meeting or expert consultation. The MDT provides written reports after each Team meeting as well as for other consultations as requested.

Additionally, there is an APRN (Advance Practice Registered Nurse) who is a member of the MDT and who monitors statewide CWSB cases involving youth who are taking or considering taking psychotropic medication. The nurse also offers education to CWSB sections and to individual youth and caregivers on topics related to psychotropic medication. In SFY 2020, this service monitored the medications of 85 CWSB youth. 24 of these cases had a concerning constellation of medication types, number, dosages, diagnoses, assessments/screenings, and youth's demographics (also termed "red flag" cases). The nurse works and advocates with the youth, their caregivers, their healthcare providers, CWSB staff, and other relevant parties to help ensure the youth's medication is appropriate and safe. The nurse also offers education to CWSB sections and to individual youth and caregivers on topics related to psychotropic medication.

All services provided by the MDT contract are highly individualized to the specific needs of the family. Team members read all relevant reports from CWSB, doctors, therapists, schools, and others, in addition to speaking with CWSB and numerous service providers, to obtain a detailed picture of the family.

## **Psychological Evaluations**

DHS contracts with a community provider to offer psychological evaluations and mental health assessments to CWSB-involved family members. All evaluators are specifically trained to conduct these evaluations and assessments with the CWSB population. Most of the practitioners are licensed psychologists, and some are psychology graduate students in training. The students all receive close supervision and oversight of their evaluations and assessments from experienced psychologists. The evaluations involve the administration and interpretation of formal validated psychological tools. The psychologist prepares a comprehensive written report of the evaluation findings for CWSB use. These evaluations are extremely useful in determining many key case matters, e.g., mental health status of the parent, best modes for education and communication with the parent, the parent's level of understanding of the reason for CWSB involvement, cognitive functioning of the parent, the parent's grasp of caretaking responsibilities, the potential need for a substance abuse assessment, the parent's capacity for bonding and attachment, among other issues. Although the tools administered for the psychological evaluations are standardized, there is some individualization based on presenting issues. For example, measures are included or excluded as relevant, such as those regarding domestic violence or substance use. Also, a parent's performance on one measure may indicate the need for another specific assessment. For example, if a parent scores high on a depression index, a suicidality assessment will be conducted, but that assessment is not completed for those with low scores on the depression index. The results of the evaluations and assessments are used to help CWSB create a tailored service plan for each parent, as well as to provide a basis for case direction.

## **Ohana Conferencing**

The primary focus of Ohana Conferencing (OC) is on establishing support and transparency with the family (including developmentally appropriate children), empowering them to voice their opinions, and engaging them in decision-making. Conferencing strengthens CWSB's relationship with families and positively impacts safety and timely permanency for children in foster care. Early use of Ohana Conferencing in a case, consistent quarterly conferences to ensure movement toward permanency, enhancing family voice, and increasing the use of conferencing at critical points in a case, e.g., before case closure, are current PIP3 activities. Monthly meetings between CWSB, CQI, and EPIC Ohana Conferencing are held to track outcomes and work on barriers and solutions.

In surveying families and staff, EPIC has found that Zoom virtual conferences are positively regarded and increase engagement of families on the mainland and on the neighbor islands. Consideration is being given to utilizing a mix of conferences to retain the benefits of in-person and virtual meetings, e.g., in-person first meetings and virtual conferences for subsequent meetings.

For more information on Ohana Conferences, refer to Section IV. Programs Supporting Permanency, A. Program Service and Description, 1. Reunification Efforts.

### **Permanency Support Services**

Permanency Strengthening Services (PSS) provides supportive services to permanency families who have achieved adoption and guardianship. These services are important in stabilizing placements and enhancing caregivers' skills when permanency families are challenged with caring for children who have experienced past trauma. The goals of the service are to:

- Prevent abuse and neglect or to prevent further abuse/neglect of youths unable to protect their own interests and,
- Prevent unnecessary family breakup or prolonged separation of children from parents by providing services aimed at strengthening family functioning.

Services are provided by a contracted provider that is based on Oahu but provides services statewide. Historically, referrals numbers have been low. When the COVID-19 pandemic struck, the provider was challenged to provide services statewide due to the suspension of travel to other islands; however, services were later resumed via virtual platforms.

CWSB continues to collaborate with the provider to ensure families are aware of PSS. In addition, the state expects that implementation of FFH, which includes adoptions and guardianships at risk for disruption, will enhance utilization by early identification of at-risk families.

### **Family First Hawaii (FFH) Services**

#### **Community Stakeholder and Partner Participation in Family First Hawai'i and Statewide Scan of Services**

Exploration groups were formed with community providers, state agencies, nonprofit organizations, advocacy groups, other related experts and professionals, CWSB, and persons with lived experience in the areas of substance use, mental health, parenting support, and expectant and parenting young people. Each of these groups were tasked with analyzing CWSB data, completing a statewide scan of available services, and recommending services to include in the prevention plan. Each group utilized data analysis and qualitative data to inform service recommendations. Providers and persons with lived experience provided input on strengths, limitations, and gaps in services. A primary focus of each exploration group was the need for cultural sensitivity and knowledge in programs and services to best meet the needs of families.

The selection of evidenced-based services included in FFH (HOMEBUILDERS, Parents As Teachers, Healthy Families America, and Motivational Interviewing) were a direct result of the work and recommendations of each exploration group.

See Section VII.C.7 for more information on FFH.

### **COMPREHENSIVE COUNSELING AND SUPPORTIVE SERVICES (CCSS) and MOLOKAI INTEGRATED SERVICES SYSTEM (MISS)/ LANAI INTEGRATED SERVICES SYSTEM (LISS)**

Through these comprehensive contracts, a statewide array of services continues to be available to families with children at home or in foster care. Services include an assessment to develop plans to focus on key areas related to a family's needs. Services include crisis intervention, counseling/clinical therapy, Ohana Time/Visitation Supervision Services, individual and group skill building, and transportation. Intensive Home-Based Services (IHBS) and monthly worker visits are provided in specific geographic locations. IHBS utilizes the Homebuilders model and may be expanded as part of Family First Hawaii implementation to other geographic locations.

As part of Hawaii's Differential Response System to provide the most appropriate, least intrusive response to families, Family Strengthening Services and Voluntary Case Management Services continue to be available statewide.

### **FAMILY STRENGTHENING SERVICES (FSS)**

FSS continues to provide a community-based intervention designed to strengthen families reported to CWSB for child abuse and/or neglect who are assessed as low risk. Services include safety and strengths/needs assessment, information and referral to community resources, development of Individual Program Plans (IPP), individual and group skill building, monthly face-to-face contact, follow-up contact 30 days after case closure, individual/family counseling, problem-solving counseling, in-home monitoring, education, and support for up to six months. FSS is available statewide and is customized to the specific needs of the child and family.

### **VOLUNTARY CASE MANAGEMENT (VCM) SERVICES**

VCM continues to provide a community-based intervention designed to strengthen families reported to Child Welfare Services (CWS) for child abuse and/or neglect who are assessed as moderate risk. Services include face-to-face contact with the family, including children; an assessment of safety and strengths/needs; service planning; service coordination; individual and group skill building in the home or other community settings; regular visits in the home; hands-on parenting instruction; practical life skills instruction; role modeling; nutrition information; and planning, monitoring and ongoing assessments through monthly face-to-face contacts to ensure appropriate and effective services and child safety and well-being. This service is available statewide and is customized to the specific needs of the child and family.

### **Wraparound**

Family Wrap Hawaii, a Title IV-E Waiver service on Oahu and Hawaii Island continues to be available. Family Wrap Hawaii is an individualized, family-centered, strengths-based, needs-



driven planning process. The referral criteria have been expanded to allow referrals prior to nine months of a child's placement in foster care and when reunification may not be the permanency goal. This expansion helps serve children and families earlier as well as when there is a need for creative case planning with a variety of team members that support the family.

### **Crisis Response Team (CRT)**

The Crisis Response Team (CRT), initiated as part of Hawaii's Title IV-E Waiver, continues on Oahu and Hawaii Island to respond and make efforts to prevent placement when safely possible. Representatives of the CRT are participating in the Family First Hawaii Case Pathways Workgroup to provide insight from their experiences and help inform prevention casework practice.

### **Youth in Foster Care and Youth Aging Out of Care**

For services for youth in foster care and youth aging out of care, refer to Section IX. Young Adults and Chafee.

### **Human Trafficking**

For services related to Human Trafficking, see Section VIII. CAPTA, G. Human Trafficking.

#### **1. Assessment of the strengths and needs of children and families**

Services in this area include: CWSB Assessment Tools (Child Safety Assessments, Safety of Placement Assessments, Comprehensive Strength and Risk Assessment, Safe Family Home Report, which are explained throughout this APSR), CWSB Face-to-Face Visits with children, parents, and resource caregivers, psychological evaluations, mental health assessments, medical evaluations (pre-placement exams, comprehensive exams, forensic exams, EPSDT, plan of Safe Care), vocational assessments, domestic violence family services initial assessments, and shelter entry assessments (assessments completed by the CWSB-contracted on-call shelter staff upon a youth's entry into the facility). These assessments and training related to their usage have played a vital role in supporting staff to understand that homelessness and poverty are not automatic indications of a need for child welfare services, and that certain risk and safety factors must also be present. Additionally, as Hawaii implements the Family First Hawaii Plan, assessment will be vital in identifying the appropriate services that will allow the child to remain safely in the home.

## **2. Addressing the needs of families and individual children to create a safe home environment**

Although COVID-19 initially created some logistical challenges in safely observing children in the home, the use of screening questions and availability of PPE aided the effort. Services available in this area include: Comprehensive Counseling and Support Services, Home Visiting Services for families with children age 0-3, Comprehensive Case Management and Disability-Related Services, Women Infants and Children, Federal Lifeline Assistance, Early Intervention Services, Language Interpreter Services, Transportation Assistance, Substance Abuse Treatment, Domestic Violence Shelter Services, Salvation Army Relief, and Healthy Youth Programs.

For a description and discussion of CWSB and community services specifically for families with the children age 0-5, see *Section IV.A.2.- Most Vulnerable Populations* of this report. Please also see *Section III.B.4.- Safety in Child's Home* for additional information.

## **3. Enabling children to remain safely with their parents when reasonable**

Services in this area include: CWSB In-Home Safety Plans, Crisis Response Team, Intensive Home-Based Services, Homeless Shelters, and Multi-Systemic Therapy. FFH will be an additional service option in the coming year.

As part of the CFSR PIP3, the safety and risk curriculum for new hire training and existing staff training continued to incorporate the supervisor's role and professional judgment in the following areas:

- information gathering,
- safety threshold – safety vs. risk,
- safety decision-making at critical junctures – removal, reunification, and case closure,
- in-home safety planning and safety services,
- assessment – use of risk and safety tools and in-home safety analysis; conditions for return, and
- safety services matching.

## **4. Helping children in foster and adoptive placements achieve permanency**

Services in this area include: Ohana Conferencing, case staffings, resource caregiver training, mentoring and encouraging partnerships with birth parents, CAMHD mental health services, ILP, Ohana Time, Family Finding, Youth Circles, Medicaid coverage through Med-QUEST to 26, Adoption/Matching Hui, Wendy's Wonderful Kids, and

Permanency Support Services. See *Section IV- Programs Supporting Permanency* of this report for additional details.

CWSB continues to work with the CIP and the Adoption Call to Action plan to foster concurrent planning, utilization of the Safe Family Home Report (SFHR) and Permanent Plan with input from Family Court to:

- Improve the process and timelines for identifying and achieving permanency goals;
- Meet timelines for filing for termination of parental rights (TPR), including compelling reasons not to file a motion for TPR;
- Meet appropriate timeframe for concurrent planning discussions, documenting the concurrent plan, and efforts to achieve the concurrent plan;
- Share requirements of reasonable efforts, parent engagement, and readiness assessment, when moving from reunification; and
- Improve appropriate use of APPLA and legal guardianship as permanency goals.

### **CFSR Item #30 Individualizing Services**

As mentioned in last year's APSR, the state of Hawaii continues to provide a wide array of individualized, flexible, and culturally sensitive services to meet the needs of children and families. Hawaii regularly reviews system data, e.g., demographics, service utilization, family needs reports, community stakeholder and partner agency feedback, in order to identify potential gaps in services/systems needs and provide services and supports that are responsive to the needs and desires of children and families CWSB supports. In the coming year, Hawaii is poised to provide additional customized supports to families through FFH to prevent placement in foster care. Hawaii's goal is for the individualized services offered through FFH to provide skill building and support that strengthens families, allowing them to safely remain intact. Additional information on some of the specific ways services and supports are individualized in Hawaii follows.

### **Matching Children to Resource Caregivers for Placements**

DHS utilizes a form that provides unique details, characteristics, needs, strengths, and interests to conduct the best match of resource caregiver to child when doing a placement search. This process allows DHS to see the individual characteristics within a resource home and among potential resource caregivers, allowing for placement matches customized to the needs of the child and the skills of the resource caregiver.

### **Targeted Recruitment for Specific Children**

DHS has started a process with the contracted recruitment provider, to look for potential resource caregivers for specific children who need a permanent family. An electronic form has been created and will be implemented to expedite the process and get pertinent information to the recruitment provider to speed up the process. DHS will continue to develop the process and make adjustments as needed.

### **Individualized Services for Domestic Violence (DV)**

DHS contracts with eight domestic violence shelters across the state to operate and provide 24-hour domestic violence (DV) services.

The goals for these services are to promote survivor and child safety, emotional well-being, and independence; and to strengthen child resilience through safe housing, services, and supports.

Services include a 24 hour DV crisis hotline (crisis intervention, information and referral); 24 hour emergency shelter (safe shelter, food, and other necessities); individualized services, which include supportive counseling, assessment of client's needs, safety and goal planning, advocacy and information, and referral for needed services, such as health services, legal services, and housing assistance; support group services focusing on family violence issues, self-esteem building, parenting, and self-help; transportation and other services; outreach and follow-up services; services for children including child care, recreational and developmental activities, group and individual counseling, and linkage/referral to other services.

### **Sex Abuse Treatment and Support Services**

DHS contracts with a community provider to offer Intra-familial Sexual Abuse Treatment Services (IFSATS). The services provide comprehensive assessment and treatment services to families/caregivers whose children are victims of intrafamilial sex abuse.

The goals for these services are to ensure and promote safety for the child victim and family by strengthening protective factors and capacity, increasing understanding of the dynamics of sex abuse, and developing a customized personal safety plan. Other areas of support include holding offenders accountable for their actions and engaging them to make positive behavioral changes and to prevent re-abuse or risk of sexual abuse for the child by the parent/caregiver.

Services include assessments, psychosexual evaluations, polygraphs, individual service plans, group treatment, individual therapy/clinical counseling services, family therapy, therapeutic visits, and discharge and safety plans.

## **Human Trafficking (HT) Services**

By their very nature, Human Trafficking services are customized. HT services support suspected or identified victims of human trafficking to safely leave the trafficking situation and assists them in addressing their immediate and long-term needs.

The goals for these services are to provide victim-centered, trauma informed services that are individualized and responsive to the needs, values, culture, and gender identity of the victim to support victim safety, health, and wellbeing.

Services include 24/7 crisis response, intake, human trafficking assessment, case management, trauma assessment, service coordination with other service providers, individual counseling, support and advocacy, and mentorship. Services for parents/guardians/caregivers are also provided that include information on the impact of human trafficking on victims, guidance on dealing with the effects of trauma, psychoeducation on the dynamics of human trafficking and group training sessions on various topics regarding trafficking for parents/guardians/caregivers at least once a year statewide.

## **F. AGENCY RESPONSIVENESS TO THE COMMUNITY**

### **1. CFSR Item 31: State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR**

Community collaboration and stakeholder voice are foci of CWSB. There are innumerable ways that CWSB is responsive to the needs of the community. One of the primary ways is by including community members on all key committees and workgroups. CWSB does not make decisions without consulting with stakeholders and relevant community partners. Youth in foster care and formerly in foster care, former CWSB-involved parents, and resource caregivers are all invited to participate in workgroups and councils. Community social service agencies, activist groups, educational organizations, State agencies, and federal agencies are all represented on CWSB committees.

Currently, several CWSB FFH workgroups have broad community membership. In addition to those workgroups, there are two CWSB FFH workgroups with an explicit community-voice focus: the FFH Constituent Advisory Group and the FFH External CQI Workgroup.

The CWSB Advisory Council meets quarterly to provide input on key CWSB activities, including the CFSP and the CFSR PIP. The Council consists of advisors from community organizations, State agencies, and stakeholders throughout the State.

Not only does CWSB invite the participation of others in CWSB's decision-making meetings, CWSB administrators attend community and other agency meetings almost every day of the week to ensure that CWSB has a finger on the pulse of the community. This also allows for coordination of efforts, services, and activities among various entities including CWSB. For example, due to close communication and collaboration with numerous stakeholders working in the area of Early Childhood, CWSB has been able to coordinate its FFH Plan with the State's broader Action Plan on Child Health.

### **Community Stakeholder Collaboration in Family First Hawaii**

CWSB used a collaborative approach for FFH planning and implementation. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all its initiatives and ongoing processes. Full collaboration is not only practiced and expected in all aspects of CWSB policy and program development, it is a priority in CWSB practice. This commitment to inclusive participation has been implemented at every step of the FFH planning process. In addition to involving the community, CWSB has taken advantage of opportunities to learn from colleagues across the country and benefit from national experts.

CWSB collaborated with diverse child abuse and neglect professionals statewide including state agencies, community providers, non-profit agencies, military programs, advocacy groups, and persons with lived experience throughout the FFH planning process. Persons with lived experience as well as the community partners were part of the decision-making process for choosing the services to include in FFH.

CWSB and Casey Family Programs hosted the first Hawaii gathering to discuss FFH at the State Capitol on December 5, 2018. Over 100 people, including representatives of DHS, DOH, Department of Education, the Judiciary, service providers, the legal community, and legislators and legislative staff met for a half-day training about FFH and what it might mean for Hawaii. That spirit of collaboration continues as CWSB works toward implementing FFH in 2021.

Before the pandemic and the resulting restrictions on gatherings, CWSB hosted two large meetings for providers and partners in February 2020, with more planned through the spring. When the gatherings had to be canceled, CWSB moved the convenings online, reaching approximately 135 external partners across every island through six virtual FFH Talk Story sessions.

CWSB maintains a FFH email list of more than 400 people, including government employees, parents, youth, service providers, community partners, policy makers, military representatives, private foundations, and other interested individuals. CWSB

sends periodic communications to this list about the FFH planning process, milestones achieved, and opportunities for involvement.

See Section VII.C.7 for more information on FFH.

### **Court Stakeholders**

Hawaii's PIP3 includes a strong focus is on achieving timely permanency. Several strategies have been implemented to address this cross-cutting theme, including collaboration with court stakeholders. CWSB and CIP have collaborated to initiate, coordinate, and facilitate regular quarterly stakeholder meetings to discuss permanency and other PIP initiatives for which CWSB and the Family Court have decision-making authority, responsibility, and influence.

All quarterly stakeholder meetings follow a collaboratively created agenda with a focus on case review data and Family Court and CWSB strategies to support timely permanency. Section-specific data is shared to allow for fruitful discussion about factors contributing to the data and strategies specific to each section's needs in addressing the data. Meetings are structured to facilitate discussion, creative thinking, and development of collaborative approaches and solutions.

Among the major topics for the past year have been:

- The revised Safe Family Home Report: Overall feedback from court partners was positive. Additional amendments requested by court partners have been incorporated and have led to enhancements in practice.
- Ohana Time: The impact of COVID-19 on Ohana Time, and the concerns about the lack of contact between parents/caregivers and children and its impact on permanency goals, has been a regular topic of discussion. CWSB has kept court partners informed of interim Ohana Time policies and procedures to ensure the health and safety of staff and families, the use of virtual visits to enhance Ohana Time, and efforts to resume in-person visits.
- Virtual court hearings: In response to the COVID-19 emergency, in-person hearings were halted. Court partners and CWSB shared and discussed the interim processes for attendance at hearings and provided regular updates on the status of the court return to in-person hearings.
- PIP3 strategy to streamline the adoption process: Discussions have provided the opportunity to provide feedback on the process leading to modifications that

ensure CWSB staff and court partners are knowledgeable on the required documents and that reviews of packets are occurring timely.

Other meetings that include CIP, CWSB leaders, Family Court judges, DAGs, GALs, CASAs, parents' counsel, and other judicial partners have focused on promoting a shared understanding and responsibility for permanency outcomes and implementation of concurrent planning, and other topics such as the Interstate Compact for the Placement of Children (ICPC) and conditions for return as a part of safety assessments.

There has been good attendance by judges, DAGs, CASAs, parent counsel, GALs and CWSB staff. Participants have shared their experiences with the court's use of the concurrent planning benchcards, timeliness of adoption, challenges presented by COVID-19, and other topics. The overall feedback on these meetings has been positive and participants express appreciation for the data that is shared and appreciate having a venue to share challenges they are facing and hearing strategies implemented by both CWSB and the courts to improve outcomes.

### **All State Team Collaboration with the Oahu Zero to Three Specialty Court**

The All State Team collaboration team continues to meet monthly through video conferencing technology to identify needs, resources, and opportunities to improve access to services and supports for families with children 0-3 served by the Oahu Zero To Three (ZTT) Specialty Court as part of the Collaboration Goal identified in the CFSP. The team includes participation from Community Based-Child Abuse Prevention, the Family Court and Court Improvement Program, Department of Education, Department of Health, and community providers/agencies. Other individuals/agencies also collaborate with the team based on areas of focus. Based on meetings with the collaboration team and other stakeholder groups, the following topics were prioritized as potential projects or topics that were explored in the year:

- Expand Ohana Time/visitation opportunities and resources,
- Legal services,
- Navigation/connection to services,
- Access to quality childcare, and/or
- Connection to resources post-ZTT court case and CWSB case closure.

### **Young People**

CONSUMERS (Birth parents, relative caregivers, resource caregivers, young people): DHS/CWSB contracts and collaborates with local and national agencies who empower the voices of birth parents, young people, relatives, and resource caregivers, such as:



- a. EPIC/WRAP for Parent Partners,
- b. EPIC/Youth Partners,
- c. EPIC/Jim Casey/Annie E. Casey Foundation/HI HOPES young people Advisory Council,
- d. PIDF-Hui for resource caregivers and relatives, and
- e. Annie E./Casey Family Programs/Native Hawaiian Leaders/Na Kama a Haloa/Hui Makua – Native Hawaiian collaboration/birth parent voices).

These consumers participate in CORE Trainings for CWSB Staff, and in statewide trainings with Judiciary, among other trainings. The collaboration with young people, CWSB, EPIC Ohana, Law School, Judiciary, and DAGs developed and implemented the Grievance/Pono Process for Young People’s Rights, Self-Advocacy Trainings for Young People, and the ACF Requirements to Support Young People in the Consolidated Appropriations Act (CAA). These collaborations have been effective in addressing barriers between systems and in developing trusting working relationships to work towards common goals that support young people currently or formerly in care. These collaborations also were critical in legislative successes for Medical to 26, Prudent Parenting/Normalcy, Extended Foster Care/Imua Kakou, Bill of Rights (2018). These consumers also participate in CQI/Advisory Committees to develop programs and policies and to provide ongoing oversight and implementation.

These collaborations were exemplary in being creative, flexible, and responsive to the young people and families during the COVID-19 pandemic crisis. Their ability to quickly pivot to virtual platforms and thereby provide support, information, resources, and PPEs, sets an example for how partnerships with CWSB, community stakeholders, and other agencies can utilize a hybrid approach toward in-person and virtual communication and service delivery as CWSB moves forward.

For additional collaborations, see Item #32 Coordination of CFSP Services with Other Federal Programs.

## **2. CFSR Item 32: Coordination of CFSP Services with Other Federal Programs**

CWSB strives to provide services and support in the least restrictive, most integrated manner possible. This means that it is vital to continue to successfully collaborate with other federal programs to ensure that CWSB families have ready access to these federal programs. Early learning opportunities are critical to brain development, so CWSB works with the providers of Head Start and other federally funded childcare programs to support young children. CWSB continuously coordinates with the State-run Medicaid program, which covers almost all Hawaii children in foster care, to ensure access to needed medical care. CWSB also works closely with the Hawaii Court Improvement Project (CIP). DHS and CIP coordinate and facilitate ongoing collaborative quarterly meetings to provide cross-training opportunities, discuss permanency issues, PIP

initiatives, and other concerns to improve the functioning of the periodic case review system and to foster collaboration in meeting the health, safety, and well-being needs of the children of Hawaii. CIP and CWSB worked together to develop Hawaii's Adoption Call to Action plan, identified barriers to finalizing adoptions and action steps to addressing those barriers. Other specific collaborations are cited throughout this APSR.

Regarding young people in care or formerly in care, see Section IX Young Adults and Chafee (Title IV-E, Extended Foster Care, Chafee funded support services, and ETV).

## **G. FOSTER/RESOURCE AND ADOPTIVE FAMILY RECRUITMENT AND RETENTION**

### **1. CFSR Item 33: Standards Applied Equally**

Licensing rules apply uniformly to all licensed and approved resource family homes and child caring institutions receiving Title IV-B or IV-E funds. HAR 17-1625 Licensing of Foster Family Homes for Children and HAR 17-1627 Licensing of Child Caring Institutions codify Hawaii's licensing requirements. CWSB does not permit safety waivers of these licensing requirements.

While CWSB does not give waivers or exemptions for a potential caregiver's criminal history, waivers for non-safety licensing standards for relative foster family homes are authorized pursuant to section 471(a)(10)(D) of the Social Security Act. Waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms, and the number of beds, may be granted provided the waiver does not compromise the health and safety of the child. Although waivers may be requested for all homes, space and bed waivers have recently been authorized only for relative placements. A waiver of the bed requirement is often resolved during the home study process as the contracting agency and CWSB assist resource caregivers in obtaining additional beds if cost is an issue.

After a home study is completed and if a waiver is needed, a request describing the circumstances and what is being done to resolve the situation is sent to the CWSB licensing unit by the contracted provider that recruits, licenses, and provides support to DHS resource families. The request is reviewed by the licensing unit supervisor and then the waiver request and the unit recommendation are forwarded to the section administrator for approval or denial.

#### **Data**

From July 1, 2019 to June 30, 2020, there were 38 space waivers approved, four in East Hawaii, one in West Hawaii, twenty-eight (28) on Oahu, and five on Kauai. All waivers were for relative placements. Maui, Molokai and Lanai did not issue any space waivers.

## **Annual Update**

Since the beginning of SFY 2020, a local workgroup of key community stakeholders has been meeting monthly to work on recommendations for bringing Hawaii into compliance with federal standards. The group is incorporating federal licensing standards into the revamp of Hawaii's pre-service training for all prospective resource caregivers. The new training incorporates T.H.I.C. (trauma informed) based standards and consists of 27 hours of pre-service training. Hawaii plans to roll out the revised curriculum by December 2021. In addition to revising the training curriculum, Hawaii's home study on resource caregivers for children in foster care has been revised to incorporate the federal standards. The curriculum will be translated into Marshallese, Chuukese, Ilocano, and Tagalog to assist CWSB with relative placements.

DHS issued a Request For Proposal (RFP) on February 26, 2021 for recruitment of resource caregivers, homestudy/licensing processing of applicants and ongoing support services. Award letters were sent out on April 30, 2021. The current contract ends on June 30, 2021 and new contracts for the three services will start on July 1, 2021. To adjust and meet the current needs of resource caregivers and to improve on how resource caregiver applications are processed, service activities were re-organized to match services. The three service activities are 1) recruitment, 2) home study assessments/licensing process, and 3) support services, which includes Kinship Navigator services (pre-service training, ongoing trainings, support groups).

### **Hawaii's Licensing Solution Website and Portal**

DHS is currently in the process of developing and implementing an online website and portal for all resource caregivers. Hawaii's Licensing Solution Website will be used as the primary source for anyone interested in becoming a resource caregiver. The initial inquiry from any interested community member will start from <https://rcg.hawaii.gov>. This exchange/sharing of data will allow for more expedited and comprehensive communication between DHS and the three contracted providers to enhance service coordination and improve outcomes for children and families.

Hawaii's Licensing Solution Portal (<https://family.binti.com/users/login>) will be the primary work platform between DHS, providers, and resource caregivers. The providers will be trained and supported and given appropriate access by DHS to process all new general-license and child-specific resource caregivers.

In April 2021, a pilot project started that marks the beginning for general-license applicants to complete the process using Hawaii's Licensing Solution Portal. The child-specific licensing process requires more steps because of the interaction between the licensing portal software/system and the DHS CPSS Legacy System. The projected goal

to be operating fully from the Hawaii Licensing Solution Portal is June 2021; however, Hawaii's Licensing Solution Website is already live and currently provides a wealth of Hawaii DHS information for resource caregivers and others.

## **2. CFSR Item 34: Requirements for Criminal Background Checks**

### Overview

CWSB has procedures to ensure compliance with federal requirements for criminal background clearances related to licensing and approving foster care and adoptive placements. Hawaii State Criminal Justice clearance is completed for the resource caregiver and all adult household members annually or biennially depending on whether the home is licensed for one year or two years.

### Annual Update

Hawaii has procedures in place that ensure a standardized process and documentation of expectations for criminal background clearances related to licensing and approving foster care and adoptive placements that are consistent with federal security requirements.

In SFY2019, a total of 601 homes were approved and issued an unconditional license. 18 preadoptive homes were approved. All these homes completed all background checks. Although Hawaii does not currently collect data on safety concerns that may have been identified within these homes, a process will be developed to gather this information.

In May 2019, Hawaii was found to be compliant with requirements following a U.S. Department of Justice, Federal Bureau of Investigation, Criminal Justice Information Services Division, and 2018 Non-Criminal Justice Agency Audit. The audit included a questionnaire and a review of both Fingerprint Submission Reports and Transaction Reports. Hawaii was required to indicate:

- 1) the specific use, reason and statutory authority related to the submission of the fingerprint; and
- 2) the specific reason why the query was performed as required by FBI CJIS Security Policy, Section 4.2.5.1 Justification:

In addition to the use of purpose codes and logging information, all users must provide a reason for all inquiries whenever requested by NCIC System Managers, CSAs, local agency administrators, or their representatives. Hawaii was found to be compliant.

Hawaii did not conduct a targeted review for Item 34 during this APSR reporting period. Updates to the licensing process were only implemented within the past year (08/2019 and 06/2020) and a review at this time would not have resulted in any changes to the findings. A request will be submitted to the CQI team to begin a targeted review for Item 34 by the end of December 2021.

### Impact of COVID-19

The COVID-19 pandemic impacted many in-person services through office closures, limited hours, and staffing. FBI fingerprinting services were impacted, which caused challenges to resource caregivers meeting licensing requirements timelines. Due to the pandemic, fingerprinting sites were limited across the states and those that remained open were not accepting appointments or walk-ins. During this time, the state temporarily revised the process for child-specific licensing and approved a temporary delay for up to 90-days or until the end of the COVID-19 crisis and service providers are open for regular business for FBI fingerprinting. CAN, CJIS, Hawaii Sex Offender and National Sex Offender check requirements remained in place and all resource caregivers including all adult household members are required undergo these checks prior to placement of a child(ren) in the child-specific home.

Since implementing interim licensing guidelines under COVID-19, Hawaii has slowly begun to reopen for business. There are currently no fingerprinting sites that are being impacted by COVID-19 and resource caregivers can timely complete FBI and all other background clearances.

### **3. CFSR Item 35: Diligent Recruitment of Foster and Adoptive Homes**

*Item #35: How well is the foster and adoptive parent licensing, recruitment, and retention system functioning to ensure that the process for ensuring the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children in the state for whom foster and adoptive homes are needed is occurring statewide?*

To ensure the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children, a multi-pronged approach was used throughout the process:

#### **Recruitment**

With the number of Hawaiian children in care ranging from 1,234 in SFY2016 to 1,200 in SFY2020 (Figure 52: Hawaiian Children in Foster Care SFYs2012-2020 in Data Booklet), at least half of all statewide recruitment efforts focus on recruiting Hawaiian resource caregivers. During SFY 2020, 144 Hawaiian families inquired about becoming resource

caregivers (16% of the total inquiries for the year). About 25% (14 out of 55) of the general-license applicants who were issued an unconditional license identified as Hawaiian.

Prior to the COVID-19 pandemic, most of the contracted provider's general-license staff were deployed to assist the child-specific provider address its backlog of pending home studies. The priority during that time was to support and assist relative resource caregivers with the licensing process and to complete the home study. This brought almost all the general-license applicants to a halt in their licensing process. Then in March 2020, the COVID-19 pandemic re-directed all attention to learning about COVID-19, temporarily revising procedures to continue operations, and everyone stepped into the online world using video conferencing to communicate. These two events are the primary contributors to the significant decrease in general-license recruitments and approvals in SFY20.

There was a total of 107 general-license campaigns conducted statewide to recruit community members to become licensed resource caregivers. As an outcome of these campaigns, a statewide total of 55 general-license applicants were submitted to DHS and were issued an unconditional license.

### **Victims of Sex Trafficking**

Because of the complexity of the circumstances surrounding commercial sexual exploitation of children (CSEC) victims, it is difficult to find families who are equipped to take care of the special needs of these children. Additional training and support specific to CSEC and resource caregivers need to be developed. These resource caregivers require a higher level of support and resources so they can provide appropriate care for CSEC children. In the meantime, the provider continues to create community awareness about CSEC.

### **Hawaiian Resource Caregivers**

The provider has been developing and is now maintaining connections with community groups that provide services to Native Hawaiian families, such as the Waianae Neighborhood Place, Tutu n Me, and Ka Paalana Waianae Coast programs. The provider continues to increase its partnerships with Native Hawaiian immersion preschools and elementary schools, as well as Native Hawaiian faith-based communities. Also, the provider has been focusing its efforts on building relationships with newly and currently licensed resource caregivers who are influential community members in the Hawaiian community. Additionally, the provider meets quarterly with its agency's Native Hawaiian Cultural Specialist for consultation on how to best reach Native Hawaiian

families who can foster children and to meet the licensing requirements to become general-license resource caregivers.

The state provides the contracted service provider with monthly data that includes age, removal city, placement city, number of removals, length of time in foster care, ethnicity, and other relevant data for children in foster care. The provider incorporates this data into its statewide and region-specific recruitment events. AFCARS data has not been directly used in recruitment efforts; however, beginning with SFY 2022, AFCARS data will be discussed with and provided to the contracted service provider to help guide recruitment efforts.

### **Word of Mouth Recruitment**

“Ohana Rewards” is a recruitment strategy used by the contracted provider. If a person refers someone who completes the licensing requirements and receives their unconditional license, the referring person receives a \$200 gift card. Nine Ohana Rewards were distributed in SFY20.

### **Consultation**

PIDF continues to meet with cultural consultants who assist in making connections with key contacts in Hawaiian communities and to facilitate understanding of cultural appropriateness. In addition, Denise Goodman, consultant and trainer, continued consultations on Hawaiian focused recruitment strategies.

General recruitment strategies continued to spread the awareness of foster care issues to the larger population:

#### **a. Utilization of Resource Caregivers and Alumni Foster Youth in Recruitment Efforts**

One of the most effective ways to recruit families for higher-needs populations, such as teens, large sibling groups, and those with special needs, is to offer opportunities to engage with current resource caregivers and alumni foster youth. The HI HOPES foster youth boards participated in recruitment presentations, sharing their stories and perspectives. Current resource caregivers also accompanied recruiters at most recruitment activities.

Resource families and former foster youth are featured statewide during “Ask A Resource Caregiver” information sessions. They share their perspective and provide a supportive and realistic picture for interested applicants. Participants continually share that the resource caregiver and former foster youth voices was the most impactful part of the trainings and has helped participants make informed decisions as they move forward with the process.

b. Media

Web-based recruitment continues to be critical in the process. PIDF employed Google ads and social media staff handles the Facebook page “Hui Hoomalu”, Instagram account @pidfoundation, and television advertisements. These efforts drive people who are interested in foster care to the provider’s website for more information about foster care and to begin the licensing application process.

PIDF worked closely with DHS web managers to keep the DHS page updated with current recruitment information since that page is the most frequently utilized site in web searches.

**Retention**

Retention services for resource caregiver families include in-service training, support groups, and a Warm Line. Statewide and local communities are engaged to provide more natural, community-based services to support resource caregivers. The recruitment contract provider initiated a strategy to find the “power of one” in each high need community on all islands. This strategy engaged community leaders, influencers in their communities, to highlight the needs of foster care and provide community-based support for resource caregivers, children in care, and birth families. Statewide, 12 leaders/influencers were identified, became involved and, with the help of faith groups, facilitated access to recruitment opportunities and community-based wrap-around support and respite services for families.

Na Kama A Haloa, a network convening and joint effort of Child Welfare Services, EPIC Ohana, Kamehameha Schools, and Liliuokalani Trust was established in September 2018. The goal of the workgroup is to ensure that by the year 2023, each Hawaiian child and youth (0-26) affected by the foster care system had and can sustain a lasting network of healthy, supportive, and enriching relationships.

Na Kama A Haloa goals are supported through the participation of recruitment, licensing and on-going support contracted staff on two of the five subcommittees, “Sibling Connections” and “Fostering Strong Communities.”

- a. The Sibling Connections subcommittee vision is that sibling relationships are honored and prioritized as critical life-long relationships. The committee addresses this through several avenues: incorporating a Sibling Connections curriculum with Department staff, Judges, and Resource Caregiver Pre-Service curriculum; and addressing transportation issues by partnering with Lyft, Project Visitation, and the CASA program to coordinate more sibling visits.



- b. Fostering Strong Communities is addressing resource caregiver recruitment and support with the vision of having a sufficient number of resource caregivers who are continually trained, supported, and mentored to support and nurture the children/youth, and connect them to biological parents, siblings, and extended family. The committee supports DHS' work to address licensing barriers through events like licensing fairs and supporting the Ohana Navigator program that specifically supports kinship placements. This subcommittee received a grant from a local agency to develop a video to introduce the topic of "shared parenting." This project is currently being developed with a projected completion date of August 2021.

The Statewide GLUE (not an acronym) Committee, comprised of stakeholders in the foster care community, help support the resource caregiver community by identifying ongoing needs, facilitating communication, sharing resources, and reporting on local projects and other topics of interest. A quarterly newsletter, distributed to approximately 1,500 recipients statewide including resource caregiver homes, DHS staff, service providers, and other community members, helps to facilitate communication by sharing information about ongoing needs, resources, and local projects.

The GLUE Committee was established in 2008 to support National Foster Care Month activities. Since then, it has expanded to provide support for National Reunification Month and National Adoption Month activities. The Committee organizes and implements annual fundraisers to provide financial resources for activities that are not covered by contracts and grants.

### **Recruitment Website and Licensing Portal**

DHS is currently in the process of developing and implementing an online website and licensing application portal for all resource caregivers. Hawaii's Licensing Solution Website will be used as the primary source for anyone interested in becoming a resource caregiver. The initial inquiry from an interested community member will start from <https://rcg.hawaii.gov>. This exchange/sharing of data shall allow more expedited and comprehensive communication between the DHS and the provider to support enhanced service coordination and improved outcomes for children and families.

Hawaii's Licensing Solution Portal will be the primary source of shared work between DHS, providers, and resource caregivers. The providers will receive training, support, and appropriate access from DHS to process all new general-license and child-specific resource caregivers.

As Hawaii's Licensing Solution Website and Portal continues to be developed and

becomes fully operational, the provider will continue to work collaboratively with the DHS to accurately and efficiently exchange/share data regarding the contracted service, including information about clients and the provider's staff. The provider will work to ensure that all data requested by the DHS is submitted as instructed in the format and/or by the process, and according to the timeline, provided and approved by the DHS.

There have been no updates to the Foster and Parent Diligent Recruitment Plan.

#### **4. CFSR Item 36: State Use of Cross Jurisdictional Resources for Permanent Placement**

Hawaii has a statewide process for the use of cross-jurisdictional resources to facilitate permanent placements. Hawaii has been a party to the Interstate Compact on the Placement of Children (ICPC) since 1985. The ICPC is a statutory agreement between all 50 States, the District of Columbia and the US Virgin Islands that governs the placement of children from one State into another. The agreement sets forth the requirements that must be met before a child can be placed out of State, to ensure that prospective placements are safe and suitable before approval, and that the individual or entity placing the child remains legally and financially responsible for the child following placement.

##### **a. Annual Update**

Hawaii's ICPC services continue to be provided by a single contracted provider, Catholic Charities Hawaii (CCH).

The State regularly collaborates with the CCH provider to ensure the timeliness and efficiency of ICPC services. Regular meetings are held to review ICPC services and accomplishments, as well as challenges to providing services.

##### COVID Implications

In March 2020, when a State and national emergency was declared related to the COVID-19 pandemic, modifications to the delivery of services were warranted to ensure the health and safety of both staff and families. Hawaii collaborated with its provider to ensure continued services.

Virtual meetings were initiated early on and held on a bi-monthly basis with CCH to develop interim policies and procedures related to all ICPC activities, including but not limited to processing of incoming and outgoing requests, home study activities, and monthly face to face visits for ongoing monitoring for those youth placed in an approved placement. Interim procedures were developed and approved by the State to address the impact of the suspension of interisland travel had on service

delivery, and the shift to virtual visits to ensure child's and family's health and safety. The approved interim policy outlined that face-to-face visits were required when safety concerns were identified and procedures were put in place to ensure the safety of staff and families by using a COVID-19 screening prior to any face-to-face visit.

The modifications made by the provider to its service delivery have not required additional financial support provided through the CARES ACT. The provider has been able to secure PPE for its staff through its organization and has been able to utilize staff from sister programs to conduct face to face visits when travel has been restricted. The program has had cost savings due to the limitations on travel and has been able to meet the terms of their services through their current budget.

Monthly meetings continue between the State and its CCH provider. The interim procedures have been made a standing agenda item in meetings to allow for ongoing assessment to determine if changes are needed to be made as new information and guidance is received.

As restrictions have eased within the State, modifications have been made throughout the pandemic to conduct more face-to-face ICPC activities. In June 2020, modifications to the interim procedures were made to resume physical walk throughs of the home, a requirement for licensing, and a face-to-face visit, within 5 business days of placement, for youth who are placed in an approved placement. In December 2020, further modifications were made to the interim procedures to resume monthly face to face visits for youth placed in an approved placement. Monthly face to face visits were resumed in January 2021, with safety precautions in place.

The AAICPC National Office has maintained a COVID-19 and Interstate Placements (ICPC/AAICPC) update that is shared weekly with its Compact members. The update provides Compact members information on how the pandemic has impacted operations in each state and modifications members have made to ICPC services. Hawaii has provided ongoing updates to the AAICPC National office on ICPC operations for the State of Hawaii.

### Training

The State and CCH provider continue to review and discuss ways to support staff in understanding the ICPC process, its connection to practice, and look at ways in which ICPC requests can be made more efficiently.

One identified barrier has been the lack of uniform and consistent ICPC cover letter that accompanies ICPC requests. In September 2020, the State, in collaboration with its CCH provider, developed a cover letter template that outlines the necessary information to be included. The template includes headers that help to identify the necessary information to be included. The fillable form was made for ease of use with drop-down boxes and check boxes incorporated into the template to simplify the new form.

Additional enhancements and supports that have been developed by the State in collaboration with its CCH provider include developing guidance that highlights areas staff frequently miss or incorrectly complete on forms, and a checklist with specific guidance on what information is to be included in the different types of ICPC referral packets.

Staff have expressed appreciation for these enhancements and both the State and its CCH provider are hopeful that these tools will help to eliminate delays in processing ICPC referrals. Communication with the CCH provider over insufficient or outdated information has been a barrier to timely ICPC referrals. With the on-going collaboration with CCH provider, the new fillable templates, and with the guide/checklist, the State will most likely achieve the goal of improving timeliness and permanency outcomes for children.

In addition to these tools, the State, in partnership with the CCH provider, continues to provide ICPC-NEICE training to staff. In 2019, the State and provider developed a hands-on ICPC-NEICE refresher training that walked staff through the process of inputting an ICPC referral in NEICE, uploading documents, and transmitting referrals. Staff are encouraged to bring their own ICPC cases to the training for hands-on assistance with processing existing cases. This training was piloted with East Oahu Child Welfare Services Section staff and replicated with the Oahu Child Welfare Services Section 1 staff. Staff stated that they appreciated the training and felt it was helpful. Based on positive feedback, plans were made to provide the training to all sections statewide with additional training dates being scheduled. Unfortunately, COVID impacted training plans and suspended the roll out of this training as it was originally planned.

The shift that the world has made to relying on technology to interface with one another has allowed trainings to continue to take place and reach larger audiences. In September 2020, the State, along with its provider, held a virtual ICPC-NEICE training for staff statewide using Microsoft Teams. This platform allowed for nearly 100 staff to participate. The objectives of the training were to: 1) provide an overview of ICPC, 2) connect ICPC to casework practice, 3) highlight specific ICPC regulations, 4) review ICPC enhancements and supports, 5) provide an introduction

to NEICE, and 6) review the ICPC process for Imua Kakou population (Extended Foster care).

In addition to staff training, CWSB and the CCH provider for ICPC services provided a virtual training in September 2020 to Guardian ad Litem (GALs) and Court Appointed Special Advocates (CASAs) statewide during the annual Hawaii Child Welfare Law Update – GAL breakout session. The objectives of the training were to: 1) provide an overview of ICPC, 2) connect ICPC to casework practice, and 3) highlight ways GALs and CASAs can support ICPC.

Both trainings were well received with court partners, including parents' attorneys who requested to participate in further trainings. CWSB with CCH provider continue to discuss ways in which technology can be used to develop recorded trainings on different parts of ICPC. One idea is to develop different modules that include but are not limited to: 1) an ICPC overview that includes the articles, regulations, and its connection to casework practice, 2) a "How To Guide" on compiling a complete ICPC referral packet for the different regulations, and 3) NEICE. The modules would then be made available to staff, as well as court partners, to view as their schedules allow and use for refresher trainings.

The annual AAICPC conference was scheduled to be held in April 2020 in Denver, Colorado. Due to the pandemic, the conference shifted to a virtual platform and was held in October 2020. This conference brought together federal, state, and local health and human service professionals to review laws and develop administrative procedures that improve efficiencies and practices in interstate placement. The virtual platform was well attended and allowed CWSB and all of the State's contracted provider staff to attend. This was beneficial and a great learning opportunity for the Hawaii ICPC CCH provider as it allowed their staff to see how other compact members manage ICPC, hear the challenges that other compact members face and be a part of discussion that lend to solutions. The AAICPC is hopeful that the 2021 conference can be held in-person.

#### **b. NEICE**

Hawaii continues to utilize NEICE to process all incoming and outgoing ICPC requests. Hawaii onboarded with NEICE in 2017 and staff continue to familiarize themselves with the electronic database. Feedback on the implementation of NEICE has overall been positive and the Hawaii ICPC office and CCH provider continue to assist staff when the need to troubleshoot arises.

The current NEICE system is being upgraded. On 12/9/20, AAICPC held a meeting in which Compact members were provided an overview of NEICE 2.0. Several

modifications were highlighted. The updates will streamline and modernize the “look” of NEICE, enhance security and online features, and incorporate updated ICPC forms.

NEICE 2.0 modernization is expected to be implemented in 2021. Hawaii is actively working with its CCH provider to plan training sessions for staff on the updates and use of the NEICE 2.0 throughout the upcoming year.

**c. Data**

Outgoing Requests

In SFY20, Hawaii processed 119 ICPC requests, inclusive of foster/relative/adoptive/private adoptions and residential placements. Of the 119 requests, 88 requests were for home studies in other States.

A total of 18 children were placed with resources in other States: 15 were placed in foster or relative care and 3 were placed with parents.

Of the 119 outgoing ICPC requests for relative/foster/adoptive/parent placements, 58% were processed within three business days.

Nearly 95% of the outgoing ICPC placements for SFY2020 were maintained safely in placement.

In the first six months of SFY2021, Hawaii has processed 54 requests for foster/relative/adoptive/private adoptions and residential placement in other states.

Currently, 12 Hawaii children have been placed with resources in other states.

Of the 12 Hawaii children, six (6) are in a foster, relative, or kinship placement, five (5) are placed with a parent, and one (1) is placed with an adoptive parent.

Incoming Requests

During SFY 2020, Hawaii completed 35 home studies for incoming ICPC requests; these include relative/foster, parent, and adoptive home studies.

Of the 35 home studies completed, all were completed within the required 60 business days.

Outcomes have improved with the development and implementation of status letters/preliminary reports, which are submitted to the sending state by the 60-day

deadline. These letters/reports provide sending states an update on the home study progress. As of December 2020, the CCH provider has also made changes to its workflow process and has designated one worker to conduct all incoming home studies. This change is expected to yield further positive outcomes by allowing the case managers to focus on monitoring placements.

100% of the incoming ICPC placements for SFY2020 were maintained safely in placement.

In the first six months of SFY 2021, Hawaii completed 15 home studies for incoming ICPC requests. All home studies were completed within the required 60 days. Hawaii believes outcomes will be reflective of the described improvements and increased staff knowledge of the new systems put in place.

#### **d. Interisland Placement**

Given Hawaii's unique geography and demographics involving multiple islands, Hawaii has implemented procedures and processes to facilitate interisland placements and placements between the sections on Hawaii Island. This process covers all jurisdictions in Hawaii. A formal request for a "courtesy assessment" (equivalent to a home study) or "courtesy supervision" is created by the unit with jurisdiction and sent to the section where the child, parent, or relative resides or intends to reside. The procedures require that the receiving section establish contact within 30 days of the date of request by the sending section. This courtesy protocol is reserved for children, parents, or relatives residing on different islands, or in different sections of Hawaii Island.

For each jurisdiction in a courtesy assessment or supervision case, section administrators work together to address any challenges that arise that cannot be resolved at the worker or supervisor level. The CWSB Program Development Office has an assigned an Assistant Program Administrator to assist field staff with any questions regarding such placements.

## **H. AFCARS IMPROVEMENT PLAN (AIP)**

Hawaii completed its AFCARS improvement plan in SFY 2020. AFCARS data continues to be monitored through monthly reports extracted from the child protective services system (CPSS). In July 2014, Hawaii opted to extend foster care to age 21 and developed an AFCARS Work plan for the 18+ former youth who was in foster care. CPSS modifications included program logic to include Extended Foster Care to age 21 population, which allowed Hawaii to claim IV-E funds for services.

Hawaii had two main items to be completed in its AIP:

1. Data Element #43 – Case Goal. In 2015 Hawaii did not include APPLA (Another permanent plan living arrangement) as one of its case goals. In SFY 2019 – 2020, Hawaii modified its CPSS to further clarify goal codes for its Imua Kakou (Extended Foster Care) population and codes for youth with APPLA living arrangements, 6A and 6C for Relatives and Non-Relatives, respectively.
2. Data Quality - Hawaii's comprehensive data quality plan includes plans to track and monitor AFCARS data, and more importantly for management and staff to use the AFCARS data to make decisions on case directions, staffing, workload management and resource distribution. Currently, Hawaii has implemented a monthly extraction of AFCARS data for data quality review and corrections. Units with seasoned social workers and support staff have almost perfect input with no AFCARS errors, while new staff in some areas continue to struggle with the accuracy and timeliness of data input. Group meetings have occurred during the past year with support staff, both seasoned and new, meeting to provide information and support, and to further discuss AFCARS errors and how to correct data already in the system. As understanding of the relevancy of data increases, interest in the data also increases and staff seem to embrace the use of data in their work.

### **Next FIVE years**

Hawaii plans to have a new system (CCWIS) fully implemented within the next five years. CCWIS with its business intelligence functions will support AFCARS and other required reports, and also support staff with immediate triggers and alerts when an AFCARS piece of data is skipped or incomplete.



## **SECTION VII. PROGRAM SUPPORT**

### **A. TRAINING AND TECHNICAL ASSISTANCE FROM THE CBC**

Enhancing supervision has been the cornerstone of Hawaii's PIP3. The CBC supported Hawaii CWSB efforts and completion of key PIP3 supervision activities in SFYs 2019 and 2020. The CBC assisted Hawaii in developing a supervisory practice model and a related tool, which is being used in monthly supervision meetings between supervisors and caseworkers.

The Center provided consultation to Hawaii to identify the core components (essential elements) of Hawaii's supervisory practice model. Through trainings provided to CWSB supervisors and administrators statewide, the Center supported the State to ensure that staff are knowledgeable of and have the new skills necessary to implement the supervisory practice model. The training focused on coaching techniques. Additionally, the Center provided individual coaching to supervisors statewide to assist in their development and integration of the coaching and supervisory techniques in the second half of SFY 2020.

In SFY 2021, CBC has begun supporting CWSB FFH implementation, alongside CSSP.

In SFY 2022, Hawaii anticipates tapping into CBC expertise to assist with the CCWIS project.

### **B. TRAINING AND TECHNICAL ASSISTANCE TO THE COMMUNITY**

One of Hawaii's strengths is the power of its community partnerships. CWSB regularly collaborates with agencies and organizations throughout the State to increase safety and wellbeing for Hawaii's children and families.

SSD's Staff Development Office (SSDO) provides numerous trainings throughout the year to the community, including mandated reporter training to school staff and communities Statewide, and child abuse awareness training to community organizations.

Additionally, over the past year, on the issue of Hawaiian disproportionality, CWSB has provided data and guidance to Liliuokalani Trust, Consuelo Foundation, and Partners in Development Foundation. This data analysis and guidance has helped these agencies to develop initiatives and refine programs to decrease Hawaiian children's entry into foster care, decrease their length of time in foster care, and increase their connections with family members, as well as educating them on the resources within their communities.

CWSB collaborated with the Judiciary, former foster youth, Annie E. Casey/Jim Casey Youth Opportunities Initiative, and other partners in the creation and implementation of Ohana Is Forever Annual Youth Conference and Teen Days at Court. These programs were driven by current and former foster youth. CWSB provided trainings on the needs of the young people involved in CWSB, as well as information on relevant services and resources. In addition,

CWSB's Independent Living Collaborator Contract provides collaborative trainings and technical assistance to all Independent Living, Higher Education, and Imua Kakou (IHI) providers, and other groups working with young people. The Imua Kakou initiative has provided young adults with further assistance towards adulthood.

The SSD Staff Development Office understands the importance of partnerships with the communities throughout the State of Hawaii to adequately serve the children and families involved with CWSB. SDO actively seeks opportunities to share training and technical assistance within the community.

### **C. STRATEGIC PLANNING COMMITTEE**

Since 2007, CWSB has collaborated with Casey Family Programs (CFP), through the Strategic Planning Committee (SPC), to safely reduce the number of children in foster care. The objectives of the additional support include improved education, employment, and mental health outcomes for children currently or formerly in foster care. The SPC meets quarterly and has designed and supported the initiatives described below.

From 2015 through 2019, the SPC Initiatives have promoted family and community engagement and collaboration, prevention of removals, reunification/ permanency, and the development of good leadership. These initiatives included Community Gatherings (Aha), Islands of Hope, Wrap Around Model Services, Family Engagement/Support, Education Promotion/Stability, Title IV-E Waiver Demonstration Project, Trauma and Healing Informed Care, and Leadership Development. Wrap Around was one of the service components in the Waiver Demonstration Project. Education Stability became an ongoing collaboration project between the Department of Education and CWSB. Family Engagement/Support is integrated into all services and into the PIP3.

In the latter part of 2019, Hawaii initiated efforts to develop its Family First Prevention Plan, now called "Family First Hawaii" (FFH) with the support of Casey Family Programs and Anne E Casey Foundations, as part of its SPC initiatives.

However, due to the COVID-19 Pandemic of 2020-21, all services, projects, and initiatives in the Casey-DHS 2020 Workplan were put on pause or redesigned to ensure safety of all those providing services and of all those CWSB serves. All in-person Aha/family/community gatherings were put on pause. Other projects to support HI Program Improvement Plan (PIP3) and the development of HI's Family First Prevention Services Act (FFPSA) Plan continued virtually or as-allowed under the COVID-restrictions, in-person.

#### **1. Trauma Informed Best Practices**

A collaborative permanency workgroup developed a curriculum for a Permanency Training, incorporating Trauma and Healing Informed Care (THIC) values. The

permanency trainings were held in March 2020 for all CWSB caseworkers. Staff Development has included the THIC training in the ongoing training schedule available in the Hawaii Training Plan for 2020-2024. The THIC practice guidelines and training materials, can be found in SHAKA for staff to reference.

CWSB is committed to THIC values as evidenced by incorporating it into its training plan and making it a requirement for all staff, including support staff. CWSB has made THIC training and the implementation of THIC values a requirement in all contracts for provision of services to families.

## **2. Supporting PIP3 Goals**

### **a. Program Improvement Plan 3 (PIP3): Integrating and Supporting PIP Goals to Improve Outcomes and Strengthen the Child Welfare System**

#### **i. Overview**

Hawaii's PIP3 was approved by ACF in April 2019 and began on May 1, 2019. The implementation period ended on April 30, 2021 and the non-overlapping evaluation period will end on October 31, 2022.

Hawaii's PIP3 addresses four cross cutting themes:

- Supervision
- Safety
- Engagement
- Permanency

Over the past two years, Hawaii and its partners have worked together to implement the strategies and activities in the PIP3.

#### **ii. Integration**

The PIP3 crosscutting themes and strategies provide key infrastructural components to strengthen the child welfare system and are aligned with the overall CFSP goals related to Workforce, Prevention, and Collaboration. The PIP3 crosscutting themes and strategies also serve as a guide to align innovations and partnerships occurring within communities as a broader function of supporting and implementing change and practice improvement.

Implementation of PIP3 strategies is designed to manage change through a streamlined approach, align change efforts to achieve desired outcomes, and connect practice change for workers.

This integration of innovations is illustrated in the recent implementation of Specialize Workload Assessment Team (SWAT). This team is designed to be adaptive and provide workforce support, including mentoring, training, and casework services to sections/units as needed due to conditions such as high work volume and/or reduced staffing. In alignment with PIP3 activity, closing cases appropriate for closure, the SWAT has been able to assist both Kona and Maui Sections with current intakes and closing inactive cases. Both the implementation of SWAT and these PIP3 supervision strategies are aligned under the CFSP Workforce goal.

The SWAT will also gather and provide critical information regarding overarching workload issues to the Department that can be used to develop additional strategies and initiatives to enhance and support the CWSB workforce.

Where applicable, strategies within the PIP3 crosscutting themes have been integrated across themes. For example, concepts in the safety training, topics clarified in procedures related to permanency and concurrent planning, and trackers related to worker visits are woven into the case discussion tool used in monthly supervision.

The integration of CQI and management is also evident in the PIP3 strategies related to quality assurance and oversight of completed activities. Many strategies are reviewed in existing management meetings such as the monthly Branch meetings with all Sections Administrators and quarterly management leadership trainings with all supervisors to review and discuss progress and opportunities for further clarification and support. Weekly meetings to discuss progress and areas needing improvement are completed. Policies and procedures are created to support the practice of front-line staff. CWSB Management Team review these strategies in their Morning and Section Briefings. Goals for this quarter include increasing supervision, utilization of trackers, and continued collaboration with key partners to increase permanency options.

### iii. Update on Activities

Many of the activities completed over the last year are briefly include below. Additional detail and information are available in the PIP3 biannual progress reports.

### iv. Supervision

During SFY 2021, Hawaii's PIP3 strategies to enhance supervision were

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completed. Formal monthly supervision for caseworkers was successfully implemented and continues to be monitored through administrator oversight. Feedback gathered through quarterly caseworker and supervisor surveys verify that the majority of caseworkers receive monthly supervision, which helps with decision-making in practice.

Previously, CWSB implemented strategies to reduce and/or eliminate supervisors' caseload; close cases appropriate for closure; develop guidelines and a structure for supervision; and develop, train, and implement a monthly supervision tool. Multiple strategies apart from PIP3 continue to be implemented for supervisor caseload reduction and timely case closure. Barriers include turnover, retirements, and high caseloads partially due to an inability to fill vacant positions quickly. Support from SWAT and other external supports are being provided.

v. Safety

Hawaii implemented several strategies as part of PIP3 in SFY 2021 to improve safety and risk assessments. An updated on-the-job training (OJT) curriculum developed in SFY 2020 was implemented in September 2020 with a cohort of new caseworkers immediately following their participation in core training. In addition, targeted reviews were conducted to assess procedural fidelity; clarified procedures related to logs of concerns were fully implemented; an initial response tracker was reinstated with enhanced oversight; and a new tracker for monthly caseworker visits with children was implemented. Discussions about practice prompted from the targeted reviews and the utilization of trackers have continued to support learning and clarification about requirements.

vi. Engagement

During SFY 2021, several PIP3 strategies were completed to improve family engagement. Two targeted reviews were conducted to review the application of THIC values for which practice guidelines were developed and caseworkers received coaching in 2019 and 2020. Additionally, a new tracker for caseworker visits with parents was implemented with oversight by Section and Branch Administrators. This led to discussions with staff about practice strengths and barriers. Lastly, monthly meetings with CWSB administrators and agency partners have continued to evaluate the utilization of Ohana Conferences in supporting family engagement.

#### vii. Permanency

During SFY 2021, a few permanency strategies that had been initiated previously were completed. Family Court judges implemented the use of Bench Cards to ensure concurrent planning in foster care cases. This and related concurrent planning practice and procedures were discussed in quarterly CWSB-Court stakeholder meetings on each island or circuit throughout the year; these meetings are ongoing. Also, from August-October 2020, a targeted review was conducted to assess procedural fidelity. Recommendations from that review were addressed while others are still underway.

### **3. Leadership Development and Support**

The Social Services Division Administrator (SSDA) provides weekly exercises to develop Administrators under her supervision. These exercises provide opportunities to develop and expand leadership skills, interpersonal skills, public speaking and presentation skills, team building and empathy, assess and address organizational health and self-care needs, and provide supervision, coaching, and modeling. Skills learned from weekly sessions are used by Administrators to develop staff skills. The goal is to intrinsically motivate individual positive change and improve leadership functioning. As new skills are developed, latent leadership skills are discovered and applied to help ensure the best services for the children and families of Hawaii. Three Administrators attended One Share Future (OSF) Hawaii, an eight-week leadership course with participants from both the public and private sector. OSF has a foundation in personal strengths and is designed to ignite ideas, enabling agencies and systems to learn to be adaptive, resilient, and innovative, and to understand that “we are all in this together.”

CWSB continues to hold monthly Management Leadership Team (MLT) meetings in addition to monthly supervisors’ meetings to provide consistent communication, targeted training, share best practices, and develop action plans based on CQI results and PIP activities.

### **4. Title IV-E Waiver Demonstration**

Through the flexible funding allowed by the Title IV-E Waiver, the State of Hawaii implemented four innovative interventions from September 2015 to September 2019, aimed at reducing the size of two populations of children in foster care: (1) Short-Stayers, those children who enter and exit out-of-home placement within 30 days; and (2) Long-Stayers, those children who have been in care for at least nine months.

To address Short-Stayers:

- The Crisis Response Team (CRT) was staffed by social workers who were to respond within two hours to any reports of maltreatment from hospitals, schools, or police with a child in custody, to provide an assessment of the need for placement at the point of first contact.
- Intensive Home-Based Services (IHBS) were provided to families after CRT responds, when out-of-home placement was likely but could be prevented if parents and their children participated in a short-term behavioral, skill-building approach to reducing risk to children, in their own home.

To address Long-Stayers:

- Family Wrap Hawaii (Wrap) services were a family-centered, family-empowering approach to working with families and their identified supports to develop goals and an individualized plan of action that could lead to a child's reunification with family.
- Safety, Permanency, and Well-Being (SPAW) meetings were designed for children and youth who were considered unlikely to reunify. By bringing together key decision makers from the various youth-serving systems that impact that youth, barrier busting, and other systemic strategies and solutions could be designed to help achieve permanency for that youth.

The Title IV-E waiver demonstration ended in September 2019. Based on final evaluation of the waiver services, Hawaii made a collaborative decision to maintain these services: CRT, IHBS and Family Wrap. SPAW meetings ended and has been replaced with Case Staffing meetings designed/ implemented as one of the Hawaii's CFSR PIP3 strategies.

Hawaii continued CRT, IHBS and Family Wrap with support of state general funds and claimed reimbursements subject to Title IV-E penetration rate.

In December 2020, Hawaii submitted its first draft of Family First Hawaii (FFH) Prevention Plan, with feedback received from ACF in February 2021, and resubmitted its FFH prevention plan to ACF in May 2021. Included in the FFH prevention plan is the continuum of CRT and IHBS IV-E waiver services. Hawaii plans to use FFPSA Transition grants and Funding Certainty Grants to support Hawaii's FFH services/programs, which include expanding CRT to Maui and Kauai Counties, IHBS, and Home Visiting parenting services.

## 5. FFPSA Family First Hawaii

CWSB's Title IV-E Prevention Plan, *Family First Hawaii: Keeping Families Together*, submitted to ACF in December 2020, lays the foundation for achieving the FFH vision:

*Hawaii families and children are thriving with access to a range of effective child welfare prevention services that strengthen families, support parents, and keep children safe at home.*

The FFH vision builds on the CWSB mission:

*To ensure, in partnership with families and communities, the safety, permanency, and wellbeing of those children and families where child abuse or neglect has occurred or who are at high risk for child abuse and neglect.*

The plan provides CWSB with a roadmap to achieving the overarching goal of safely reducing the number of children entering foster care. The Hawaii name, FFH, and the tagline, Keeping Families Together, reflect CWSB commitment to preserving families and preventing children from entering foster care. The name and philosophy are consistent with the DHS Ohana Nui approach to service delivery. Ohana Nui is a Hawaii adaptation of the research-based two-generation approach used nationally. It is particularly applicable for the multigenerational family structure found in Hawaii, where meeting the family's needs as a whole is more effective than separately addressing each individual's needs.

FFH supports the CWSB Family Partnership and Engagement Practice Model (Practice Model) by helping CWSB expand existing efforts to enhance parent and family protective factors, reduce risk factors, support children in their families, prevent placement into foster care, and address inequities in the child welfare system. The Practice Model defines how CWSB, families, and community partners collaboratively engage children and families in developing and delivering services and assistance to meet the unique needs of the children and families jointly served. The Practice Model values are child-centered, family focused, culturally competent, family engagement, trustworthy and accountable, continuous quality improvement, and collaboration.

FFH builds on the successes and lessons of the Hawaii Title IV-E Waiver Demonstration Project (2015-2019) and the CWSB Differential Response System (DRS), and complements existing Hawaii initiatives.

During the planning period, the 12 FFH committees, workgroups, and explorations groups met as needed, according to their specific goals and objectives. The exploration groups analyzed quantitative and qualitative data, completed a statewide services scan, and developed recommendations for services to include in the state plan. Quantitative



data included information on demographics, factors precipitating incidents of abuse, data organized by geographic region, and type of maltreatment. Qualitative data included short narratives from discussions with community providers and persons with lived experience. This data captured strengths and limitations of services, barriers to obtaining and accessing resources, and culture and equity considerations. Persons with lived experience also shared what services were most impactful for them and what their primary concerns were outside of safety factors present. This feedback noted lack of transportation, childcare, housing, and other basic needs.

Each exploration group provided two recommendations for services. The expectant and parenting young people exploration group reviewed the services recommended by the substance use, parenting support, and mental health group and discussed how these services impacted their population; they then provided their recommendation for which services should be included in the plan. These recommendations were reviewed by the Operational Committee, which ultimately chose Healthy Families America with the Child Welfare Protocol, Parents as Teachers, Motivational Interviewing, and HOMEBUILDERS. The Executive Committee gave final approval for these services to be included in the state plan.

Internal workgroups, such as the IT/DATA and Case Pathways workgroups, continued to meet frequently after the exploration groups reached their goal of recommending services. These internal workgroups refined the definition of candidacy and planned for the infrastructure needed to support the state plan. This includes modification to data systems, development of the child specific prevention plan, changes to policy and procedure, fiscal analysis, and communication and training.

Smaller groups were also formed with other state departments to discuss implementation of services. CWSB met with DOH and ADAD to learn from their current systems and inform upcoming CWSB contracts, budgets, and data gathering and tracking. These partnerships will continue throughout the implementation of FFH.

CWSB has a strong steering committee specifically focused on FFH that meets weekly so that decisions can be made quickly to ensure that implementation remains on track. This committee is composed of the SSD Administrator, CWSB Administrators, Program Development Office Administrators, the FFH Project Manager, the FFH Program Development Lead, and two FFPSA consulting agencies.

#### Implementation Timeline:

- *Exploration* - Began in 2019 - mid/late 2020  
Exploration involves an assessment of assets and needs of the focus population, fit of the program or practice with those needs and assets and feasibility of implementation.

- *Installation* - 4th Q 2020 - 4th Q 2021  
Installation involves building the infrastructure necessary to implement the program or practice, which includes building practitioner and organizational capacity.
- *Initial Implementation* - Beginning October 2021  
Initial implementation includes the initial efforts of staff to use the program or practice, with attention to using data for continuous improvement.
- *Full Implementation*  
Full implementation occurs as staff use the program or practice successfully, and population-level outcomes are achieved. Each intervention may reach full implementation at different speeds/times.

Upcoming Key Tasks:

- a. Develop installation phase structure including workgroups, membership, and charters.
- b. Develop/revise policies, procedures, and practice guidelines with FFH implications.
- c. Continue to make necessary CWSB database modifications to support tracking and data collection.
- d. Complete the procurement process for the new statewide Home Visiting Services contracts.

## **6. Child Welfare Staff Recruitment, Retention, and Support**

In early 2020, the United States began experiencing the effects of the COVID-19 pandemic, and CWSB rose to the occasion. CWSB doors remained open to respond to reports of Child Abuse and Neglect (CA/N), while continuing to safely serve families. This was done while complying with CDC guidance and Hawaii's Governor's Statewide Proclamations and Stay at Home Orders. New, touchless, ways of doing business were implemented, utilizing personal protective equipment and electronic means of communicating/working when in-person contact was not safe. The effects of the pandemic on Hawaii's economy created new budgetary realities, among which was a hiring freeze of state employees.

Because of the critical nature of CWSB's work, CWSB was exempt from the hiring freeze. This allowed the Branch to continue to interview and recommend applicants for employment and fill vacancies. As the pandemic forced CWSB to think about and reorder its priorities, some staff decided to leave and others to retire. CWSB had one change in management staff: the East Hawaii Section Administrator retired after 34 years of service and a new Section Administrator is

currently in place. Statewide, there have been changes in staff within the Sections, and CWSB has been able to onboard new staff in all geographic locations regardless of interisland travel restrictions.

Currently, CWSB has 398 positions with approximately 360 positions filled or in the process of receiving start dates. Through a collaboration with the University of Hawaii School of Social Work, CWSB has been able to fill its workforce with Master's Level Social Workers. CWSB is also a pilot site for a DHRD Pilot called *Wiki Wiki hire*, which allows for an expedited onboarding of qualified applicants.

Since CWSB embraces the values of Trauma Healing and Informed Care (THIC) for the families it serves as well as for CWSB staff, it has sought ways to encourage staff self-care and foster resilience during the pandemic. Self-care/resiliency building activities have been offered, which includes:

- providing a separate space to re-center and relax by creating a dedicated meditation room,
- providing staff with videos and links on topics to help manage/eliminate stress, and
- the Social Services Division Administrator (SSDA) leading quarterly virtual brown bag “fun” sessions so that staff can stay connected in this virtual world, get to know colleagues better, have some enjoyment, and laugh together.

These efforts help to build the CWSB team and remind staff that everyone is in the same boat rowing in one direction, and each employee is important in this endeavor.

#### **D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION**

Maui Continuous Quality Improvement (CQI) Project continues to be contracted by CWSB to conduct internal reviews of the Federal Payment Programs Eligibility Unit (FPPEU). The Title IV-E review team examines child and parent's case records, licensing and FPPEU records. The review report identifies errors, potential errors, non-errors, and ineligible payments found during the review. Potential errors, non-errors, and ineligible payments are then categorized as an area of concern so that reviewers can highlight areas needing improvement.

The quarterly reviews provide timely and specific feedback to the State that can directly affect the proper and efficient administration and implementation of the Title IV-E foster care maintenance payments programs.

In November 2020, case records for West and East Hawaii Sections were reviewed with a sample size of 15 children. Five cases were randomly selected for West Hawaii and 10 cases for East Hawaii. The period under review was January 1, 2020 to June 30, 2020. There was allotted one error for compliance.

## **Findings**

There were 10 errors found among eight cases in this review for SFY 2021. All samples were in compliance and achieved the following:

- Valid removals were done through a court order,
- Efforts were made to finalize a permanency plan for the title IV-E eligible child,
- AFDC requirements were accurately assessed and documented, and
- DHS was fully responsible for the placement and care of the title IV-E eligible child, for the period the child was in foster care.

The following additional errors were found:

- FBI fingerprinting was completed for adult household members in most cases. In two samples, adults who turned age 18 prior to licensure renewals did not complete FBI fingerprinting.
- In almost half of the samples (eight), there were title IV-E eligible children living in resource family homes for which documentation could not be located to verify that clearance checks (Hawaii State Criminal History or CJIS, Child Abuse & Neglect (CA/N), & National and Hawaii Sex Offender) were completed according to the Hawaii Administrative Rules (HAR) Licensing of Resource Family Homes for Children and Child Welfare Services (CWS) Procedures for licensing.

## **Plan for Improvement**

The FPPEU supervisor is working with staff to provide individualized instruction and further guidance on, and correction of, the errors found in this review. Maui CQI will continue to conduct internal quarterly reviews of FPPEU's eligibility files, licensing files, and parent's case files. Cases will be randomly selected to ensure proper eligibility determinations, documentation, and title IV-E coding.

### **1. Annual State Single Audit**

An annual State Single Audit was conducted by a private accounting firm during November 2020. The audit of 60 randomly selected guardianship cases resulted in finding that in 38 case files there were questionable costs as follows:

- 24 case files where the executed Agreement was not updated to reflect the revised monthly assistance amount,
- Four case files where Difficulty of Care (DOC) documentation was missing or did not support the amount paid,
- 10 case files where the eligibility supporting documents such as birth certificate, court order, consent form and 6 months of foster care payment were missing in the case files, and
- 14 case files where the state, FBI, and/or child abuse and neglect clearances were missing in the case files.

### **Plan for Improvement**

- a) Training of all Social Service Assistant staff about what needs to be filed in the case file, using the Permanency Assistance Checklist and the following:
  - i. CWSB staff shall double check that the amount of the guardianship payment and the amount of the DOC payment, if applicable, match the amount on the Agreement and DOC worksheet, and in the Child Protective Services System (CPSS).
  - ii. Ensure eligibility supporting documents (including the child's birth certificate, court order, consent form, and 6 months of foster board IV-E eligibility) are present in the case record.
  - iii. Supervisors shall review the forms and confirm that the amounts match, then authorize payments in CPSS.
  - iv. CWSB shall monitor and conduct monthly, random reviews of a minimum of 20 IV-E guardianship assistance payment cases per Section.
    - 1) Staff from the SWAT Team will be utilized monthly to review cases from statewide sections to ensure documents are present in case records.
    - 2) If there are discrepancies in the amounts, staff will correct the amounts and enter the corrected amounts into CPSS.
    - 3) If the Agreements do not contain the correct amount, staff will contact the guardian and explain what the correct amount should be and obtain the signature of the guardian(s) on the amended Agreement.

Random review findings will be shared with the assigned Section Administrator and CWSBA for inclusion in individual staff/supervisor meetings for individualized training and support.

- b) Training of Licensing staff to ensure all state, FBI, and/or child abuse and neglect clearances are included in the licensing files with the following:
  - i. Certify all clearances are valid. If there is no valid clearance on record, staff shall conduct clearances immediately of those that are missing or have expired.

Note: CWSB is in the process of modernizing the resource home licensing database. This will allow documents in licensing files to be uploaded to a website for easier access and monitoring/tracking of document completion and record placement.

- ii. Regular reminders and follow-up discussions shall occur with all staff responsible for case file content, through individual monthly supervision and retraining as necessary, emphasizing diligence in ensuring that all forms are properly signed and present in case files.

The expected completion date of this corrective action plan is June 30, 2022.

## **SECTION VIII. CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRESS REPORT ON STATE PLAN**

CAPTA funding has been and will continue to be used in the upcoming fiscal year to implement Hawaii's CAPTA State Plan by supporting Family Strengthening Services (FSS), which is part of Hawaii's Differential Response System (described above in Section III. Programs Supporting Safety, C. Child Maltreatment Reports and Disposition Statewide) and consistent with the goals and objectives of the CFSP. In addition, CAPTA funds have been used for additional family strengthening services including Neighborhood Place Services, Kauai Drop-In Center, and for Voluntary Case Management (VCM). CAPTA funds have also supported Hawaii's collaboration with ACTION 4 Child Protection, which is assisting in revising current risk and safety tools. Hawaii has not used CAPTA funds to improve legal preparation and representation including provisions for the appointment of an individual appointed to represent a child in judicial proceedings.

CAPTA was amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019). The law amends section 106(b)(2)(B)(vii) of CAPTA, which previously provided immunity only from prosecution, to include immunity from civil and criminal liability for people who: 1) make good-faith reports of child abuse or neglect or other information; or 2) pursuant to a good-faith report of child abuse or neglect, assist with a report including medical evaluations or consultations, investigation, or legal intervention. The State of Hawaii was unable to submit the required assurance. As a result, Hawaii developed a PIP, which was approved on November 5, 2019 that lays out the specific steps the state would take to come into compliance with the provision by no later than June 30, 2020. In a letter dated May 7, 2020, the State submitted a request for a one-year extension to June 30, 2021 to implement this provision due to the suspension of the State's legislative session in response to the declared national and state emergencies related to the Coronavirus Disease 2019 (COVID-19) pandemic. The suspension of the State's legislative session would have an impact of the state's ability to successfully accomplish the PIP within the original timeframe. On June 17, 2020, the Children's Bureau (CB) approved the state's request. The State of Hawaii has now successfully completed its PIP and is now in compliance with this CAPTA requirement. On May 28, 2021, Governor David Y. Ige signed the bill HB975 HD1 SD1 into law, which now includes the required language. A notice of the Bill coming to law, signed by the Governor of the state of Hawaii, was forwarded to ACF/CB on June 3, 2021. The state will submit any required CAPTA assurances to ACF.

The State CAPTA Liaison Officer is Daisy Hartsfield. Her contact information is below:

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Department of Human Services

Hawaii APSR FFY 2022  
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## **A. STATEWIDE CITIZEN REVIEW PANEL**

Hawaii's Citizen's Review Panel (CRP) or Na Kupa Alo Ana O Hawaii, is comprised of citizen volunteers, as mandated by the Federal Child Abuse Prevention and Treatment Act (CAPTA). The mission of CRP is to examine the policies, procedures, and practices of Hawaii's child welfare services system to evaluate agency practice and to enhance the agency's capacity to help Hawaii's children and families engaged in child welfare services achieve positive outcomes.

Na Kupa Alo Ana O Hawaii members represent their organizations and have knowledge about children from their respective islands. Representatives are committed to meeting the needs of children. Na Kupa Alo Ana O Hawaii members have met monthly through telephone conference. Together, they make recommendations to the child welfare system on making improvements to ensure the safety and wellbeing of the children and families in the community.

The Child Welfare Services' Citizen Review Panel Liaison meets with the Na Kupa Alo Ana O Hawaii members monthly to share information regarding Hawaii's child welfare system and responds to issues and discusses recommendations. This ongoing collaboration with the CRP liaison assists in continuing to build on the Na Kupa Alo Ana O Hawaii relationship with the Department.

CWSB supports the Na Kupa Alo Ana O Hawaii by providing its annual operating budget. Due to the pandemic, most of the 2020 budget was not utilized. The annual national CRP conference and annual CRP retreat were put on hold. Na Kupa Alo Ana O Hawaii does continue to work on its focused projects.

During this reporting period, the Na Kupa Alo Ana O Hawaii experienced challenges. Changes in the Na Kupa Alo Ana O Hawaii panel members and the COVID-19 pandemic caused issues for the timely submission of their annual CRP report and CWSB's subsequent response. Despite these challenges, the Na Kupa Alo Ana O Hawaii focused on recruitment of members, a staff wellness and meditation room, and showing appreciation for CWSB social workers.

Na Kupa Alo Ana O Hawaii identifies and selects projects based on the current needs of the child welfare system. This year, one of the active projects identified is staff wellness, including CWSB staff. The first step was a staff wellness survey that allowed staff to provide Na Kupa Alo Ana O Hawaii members with valuable feedback needed to create a staff wellness area/meditation room in CWSB units. The staff wellness area/meditation room will be created and utilized to promote staff health and well-being.



The Na Kupa Alo Ana O Hawaii's recommendations are:

- staff wellness; and
- recruitment of Na Kupa Alo Ana O Hawaii members.

The first recommendation is to explore ways to improve staff wellness. One action step in the works is to establish "meditation" or "wellness" room for CWSB staff to utilize when they need a break or to decompress and to engage in self-care. Staff wellness is an area of focus of the PIP3, including effective trainings to caseworkers, supervisors, and section administrators.

CWSB supports the above recommendation. A staff wellness survey was sent out to all CWSB staff in July 2021. The results of the staff wellness survey were positive responses (60%) regarding the implementation of a "meditation room." The Na Kupa Alo Ana O Hawaii is proceeding with its staff wellness initiative, starting with the Maui Section. The hope is the implementation of a meditation room in all sections. Simultaneously, Na Kupa Alo Ana O Hawaii is working on putting together wellness baskets for all CWSB Sections. The baskets will include self-care and wellness items that staff identified as needed to help with wellness in the workplace. Na Kupa Alo Ana O Hawaii will be in contact with the section administrators directly to set up an initial meeting to discuss the staff wellness plan of action. This is a work in progress and Na Kupa Alo Ana O Hawaii will adapt to the needs of staff in this initiative as they arise and move forward.

As part of supporting CWSB staff, Na Kupa Alo Ana O Hawaii also worked on showing appreciation for caseworkers through the support of a Governor proclamation. In March of 2020, the Governor signed a Proclamation for Social Worker Appreciation Month, acknowledging the difficult work caseworkers do to help Hawaii's families. Part of the wellness baskets will include a copy of the signed proclamation for each unit.

The second recommendation is the recruitment of new members. During the past fiscal year, Na Kupa Alo Ana O Hawaii lost two of its members. Na Kupa Alo Ana O Hawaii has begun creating a brochure explaining their important work to be used as a recruitment tool.

CWSB supports this recommendation. The Na Kupa Alo Ana O Hawaii brochure was completed and shared with CWSB. CWSB and Na Kupa Alo Ana O Hawaii will be sharing this brochure with others in the community to assist with the recruitment of new members.

The Na Kupa Alo Ana O Hawaii appreciate the renewed focus on prevention and the continuum of CWSB activities and services contained in the CFSR PIP3 and the CFSP. CSWB will continue to engage the Na Kupa Alo Ana O Hawaii in activities and items supporting the PIP3 and CFSP. Na Kupa Alo Ana O Hawaii will continue to evaluate and analyze strategies to support CWSB programs through its focus on identifying and implementing projects that will assist CWSB's implementation of PIP3.

## **B. CHILD FATALITIES**

### **1. Fatalities in CWSB Cases**

#### **a. Annual Update**

CWSB reports data to NCANDS on child deaths in cases that were active during the reporting period. To prepare for NCANDS reporting, CWSB works closely with DHS IT team to review and verify its data before NCANDS submission.

#### **b. Data**

In SFY 2020, there was only one (1) child fatality determined to be due to maltreatment. This child fatality became known to CWSB after the child had died and a report of suspected maltreatment was made due to the nature of the child's injuries. In SFY 2020, there were no child fatalities in active CWSB cases. See the Data Booklet, Figure 86: Child Fatalities in Active CWSB Cases SFYs 2016-2020 [Table].

*\*Data in SFY 2019 reflects the number of children that died due to maltreatment. Clarification to Figure 86: Child Fatalities is being made in order to more accurately reflect the data.*

Hawaii tracks all child deaths that are reported to CWSB, including those deemed accidental, and those confirmed and not confirmed for abuse, neglect, or threat of abuse or neglect. The CWSB intake unit forwards a copy of the child death intake report to the CWSB Program Development Office (PD) for review, documentation, and compilation. This information is maintained by the CWSB PD office for review to determine whether new policies and procedures are needed, as well as for responding to media inquiries.

Coordination of information sharing, reviewing and confirmation of child maltreatment death have continued with the Child Death Review (CDR) team, law enforcement agencies, primary care physicians, medical examiners, multi-disciplinary team, and CWSB administrators.

In late SFY 2020, revisions to this process were proposed to include Hawaii's Continuous Quality Improvement Project in the support and improvement of data collection and assist with review and quality assurance of reports on child fatality. A copy of the intake will be forwarded to both PD office and CQI. CQI staff will enter the data from the intake into a Microsoft Access database that was created in SFY 2019, gather more data from CPSS as the case progresses, and then compile,

analyze, and submit a report. Future plans are to consider having the database integrate with SHAKA.

**c. Qualitative Review**

Hawaii recognizes the importance of continuous quality improvement and regular reviews of child maltreatment death cases can offer learning opportunities that can help improve practice and the child welfare system. CWSB is working on organizing a system to ensure quality review of child maltreatment deaths to understand context and response and system involvement.

The results of these reviews can be shared with administration and staff during venues such as CWSB Branch meetings, the state’s weekly PIP meetings, and during MLT where time can be set aside to discuss practice, child abuse/neglect prevention efforts, and community partnerships to determine if there is a need for clarification in policy and procedures and/or system changes.

**d. MultiDisciplinary Team**

CWSB utilizes the MultiDisciplinary Team (MDT), a case conferencing tool with diagnostic services for families and children and consultative services for the DHS regarding medical, mental health, psychological, and legal issues relating to intervention, planning and service provision for families to assist staff on serious cases of child abuse and neglect, inclusive of child death cases. An MDT is convened for every child death, or serious injury to a child, in an active CWSB case. The team is comprised of a clinical psychologist, medical doctor/pediatrician, registered nurse, and clinical social worker. For child death cases, a staff member with the Program Development Office attends the MDT to determine if any rules or CWSB policies or procedures require modification as a result of the deaths.

**e. Impact of COVID-19**

Multidisciplinary teams have typically been held in-person; however, COVID-19 required the MDT to move to a virtual platform. Early in the pandemic, the MDT began using GoTo for its meetings. Team members, CWSB staff, community partners, and parents/caregivers have been able to connect using this virtual platform and meetings have continued.

In SFY2022, Program Development will continue to collaborate with the state’s contracted provider to review the MDT process on child fatality cases to ensure time is being used efficiently to assist staff in:

- 1) assessing the treatment needs and goals of the surviving siblings; and

- 2) making recommendations on complex situations and serious cases of child abuse and neglect.

Program Development is currently reviewing its procedures regarding the use of the MDT as a case conference tool in child death cases and has identified areas where clarification and considerations can be added to support use of these case conferences. These areas include, but are not limited to, identifying appropriate cases for the MDT, and clarifying purpose. These suggestions are being shared with CWSB and CQI to discuss and obtain feedback and will be shared with staff to obtain their comments before procedures are finalized.

## **2. Child Fatalities Statewide**

In Hawaii, the legislature has tasked the Department of Health (DOH), Family Health Services Division, Maternal and Child Health Branch, with implementing comprehensive multidisciplinary reviews of child deaths. The purpose of these reviews is to understand risk factors and prevent future child and maternal deaths in Hawaii. The reviews include representatives from relevant public and private agency partners, including those in public health, law enforcement, and the courts. Emergency personnel (EMS, Fire, and police), Early Intervention Services, Department of Education, Department of Health, and a staff member of the CWSB Program Development Office make up the MDT and participate in the reviews.

An annual report is submitted to the legislature that includes data on the number of child fatalities, interagency collaboration efforts on understanding why children die, and the development of interventions to protect other children and prevent future deaths. The Annual Report on Child Death Review and Maternal Mortality Review Activities that is prepared by the Department of Health, Family Services Division Maternal and Child Health Branch serves as Hawaii's comprehensive plan to prevent child maltreatment fatalities. This report can be found on the State of Hawaii, Department of Health Office of Planning Policy and Program Development which includes all reports submitted by DOH to the 2021 State Legislature:

<https://health.hawaii.gov/opppd/departments-of-health-reports-to-2021-legislature/>

These reviews are usually held in-person, but the COVID-19 pandemic greatly altered statewide, in-person fatality reviews and training and informational opportunities for staff and families. In-person meetings have since transitioned to videoconferencing and reviews will continue using a virtual platform until in-person meetings can resume safely. The DOH Child Death Review (CDR) team compiles statewide data on child deaths obtained from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and the Medical Examiner's Office. DOH Child Death Review reports

include child deaths as defined by the National Center for the Review and Prevention of Child Deaths and categorized as follows: 1) Child Abuse and Neglect; 2) Homicide; 3) Natural; 4) Suicide; 5) Undetermined; and 6) Unintentional Injury.

In Hawaii, child deaths are reviewed one year after the death occurs. The review team process, in partnership with public and private members of the community, includes an examination of the circumstances surrounding a child's death to collect and review critical data to make recommendations that can prevent future injury or deaths. Interagency collaboration assists members of the review teams to understand the causes that may lead to child deaths as well as identify and implement prevention strategies, including prevention of child maltreatment death.

Hawaii recognizes that follow-up on recommendations is crucial for ensuring that preventable deaths do not occur. MCHB contracted with community agencies (public and private) to assist in providing preventative strategies to reduce child deaths. The contracts' focuses included, but was not limited to, assisting in implementing Child Death Review prevention recommendations, developing and maintaining a resource directory for families in Hawaii, and producing and developing Public Service Announcements.

CWSB front-line workers continue to attend specific child death reviews to provide additional pertinent case information and enhance practice related to assessment and case planning. Feedback from staff has been positive and they have indicated they want to attend meetings where their cases are being reviewed. Due to the impact of COVID-19 and staffing changes, there was limited attendance by caseworkers at child death reviews in SFY2020.

CWSB recognizes the critical role caseworkers play in creating system changes. As front-line workers who interface with families, caseworkers can provide valuable feedback on how recommendations made in the CDR can be implemented in practice. Like CDRs across the nation, Hawaii's CDR has struggled with implementing recommendations. Hawaii believes incorporating caseworkers into CDRs will provide a renewed focus on implementing recommendations.

CWSB is currently developing a process to review trends identified in CDRs regarding child maltreatment deaths and forming a work group to discuss these trends and implement changes into policies and procedures.

### **3. CAPTA Fatality and Near Fatality Disclosure Policy**

Currently, when CWSB receives a request for public release of information about a child fatality or near fatality, which has been confirmed to have occurred because of abuse or neglect, Hawaii at a minimum will disclose:

- a. Age of the child,
- b. Gender of the child,
- c. The cause and circumstances regarding the child fatality or near fatality surrounding the incident,
- d. Relevant information about previous reports of child abuse or neglect pertinent to the child fatality or near fatality,
- e. Relevant information about previous investigations pertinent 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.

No public request for information was made to the department for information on the one child fatality in SFY2020.

## **C. CHILD WELFARE SERVICES WORKFORCE**

To provide an accurate portrait of its workforce, CWSB conducted a survey of all its staff members in May 2021. This section presents the results of this survey, along with caseload data from CPSS. The CWSB workforce data tables and charts can be found in the Data Booklet, *Figures 87 – 94*.

### **1. Staff**

As of May 2021, CWSB had 394 funded positions, 338 employees, and 56 vacant positions. Based on these figures, CWSB is currently functioning with 86% of its authorized staff. This is CWSB's lowest vacancy rate (14%) in many years and is due to the collaboration of CWSB, DHS Personnel Office, and the Hawaii State Department of Human Resources. This collaboration created a new, expedited hiring process named *Wiki Wiki hire*, which allowed vacant positions to be filled more quickly. Refer to the Data Booklet, Figure 87: CWSB Staff Positions and Vacancies – 2016-2021, for point-in-time details on data for the past seven years, as well as Figure 89 and 90: CWSB Staff Position Breakdown Filled & Vacant– May 2021.

### **2. Caseload**

Based on the December 2020 active case assignments in CPSS, the statewide average caseload per caseworker was approximately 24 cases. There is, however, a wide range in the number of cases assigned to each worker. The lowest regional average caseload was on Kauai with an average of 15 cases per worker. The highest regional average caseload was in East Hawaii with an average of 48 cases per worker. Hawaii

hypothesizes that the success in keeping caseloads low on Kauai is due to many case staffing meetings that were held for challenging cases early in the PIP, which allowed those cases to move toward permanency and closure more quickly. The case staffings also modeled superior case practice for Kauai staff, and the leadership on Kauai has worked to sustain these practices. Regarding the high caseloads in East Hawaii, CWSB is exploring this concerning situation to rectify it; it appears that many cases in this region are not moving through the CWSB system as quickly as they ideally would. Hawaii is examining why this seems to be the case and is actively working to safely move the children in these cases to permanency and to close more cases, which will help the caseload to be more manageable.

There is no policy regarding a maximum or minimum number of cases that a worker may carry. Section Administrators and Unit Supervisors are responsible for ensuring manageable caseloads and parity in caseload across workers. Please refer to the Data Booklet, Figure 88: CWSB Hawaii Average Caseload for details and a comparison of December 2018 through December 2020.

### **3. Gender**

Throughout the nation, there are far more women employed in the field of social services than men. Hawaii's CWSB workforce follows this trend as well. The May 2021 CWSB-internal survey showed that CWSB employees were 1% non-binary or gender fluid, 77% female, and 19% male, with 3% preferring not to state their gender. The gender discrepancy for CWSB is not surprising, as caring for children has been women's responsibility, both culturally and historically, and within most current societies.

DHS consistently includes men on interview and evaluation committees for hiring new employees 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.

Although the number of staff who identify as non-binary or genderfluid is small, this population is growing world-wide. In October 2019, Hawaii CWSB ratified its *Anti-Harassment and Non-Discrimination Policy and Procedures Regarding People who are Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ)*. This policy reinforces CWSB's commitment to respect the dignity of gender non-conforming people.

### **4. Age**

Please refer to the Data Booklet, Figure 91 Age Distribution of CWSB Staff - May 2021. This information reflects the employees' cumulative response to the question: "*What age range do you fall into?*"

As of May 2021, all CWSB employees fell into the 20-79 age range. The largest percentage of CWSB staff (28%) fell into the 50-59 age range, followed by the 40-49 age range (25%).

In May 2021, approximately 43% of CWSB staff were between 50 and 79 years old. Although in the past, Hawaii was concerned about its aging staff and numerous imminent retirements that could potentially cause mass exodus of a vast amount of institutional knowledge, given the current data regarding plans to retire or leave CWSB, CWSB is optimistic about its future ability to retain both staff and institutional knowledge.

## 5. Education

All staff positions within CWSB require a minimum of a high school diploma or a GED. Caseworker positions (intake, assessment, case management, and permanency) require a minimum of a bachelor's degree and some experience in human services. Higher level caseworker positions require increased years of relevant professional experience and a degree related to social work. A Master's Degree in social work or a related field is not required but is preferred for higher level caseworker positions and supervisors. In May 2021, 74% of all CWSB supervisors and administrators had a master's degree. CWSB supervisors must have a minimum of four years of professional experience in child abuse and neglect in addition to the formal education requirements for caseworkers.

The training requirements for CWSB staff are discussed in *Section III. Program Overview, Part 4. Systemic Factors, Section D. Staff and Provider Training.*

Please refer to the Data Booklet, *Figure 92: Highest Level of Education – ALL CWSB Staff - May 2021*, for details.

## 6. Ethnicity

Refer to the Data Booklet, *Figure 93: CWSB Staff Ethnicities - Self-Reported, May 2021* for the diverse ethnic breakdown of Hawaii's CWSB 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.)"*

Regarding ethnicity, one of CWSB's concerns is having its staff reflect the cultures and ethnic backgrounds of the people it serves. CWSB staff has a large proportion of Native



Hawaiian and Part Native Hawaiian staff which mirrors the proportion of children who are in CWSB's care.

CWSB is proud of its diverse staff and knows that this cultural diversity enriches the work and the varied insights and perspectives that are given full voice in determining policy and practice have allowed CWSB 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.

## **7. Length of Employment with CWSB**

See the Data Booklet, *Figure 94: Length of Employment with CWS, Self-Reported – May 2021*, for a snapshot of the current staff longevity with CWSB. Although staff retention is a perpetual focus of CWSB, the Branch also celebrates that 62% of the employees have been a part of the team for four years or more, and a 30% of the staff have been working at CWSB for 16 years or more.

## **8. Retention**

As part of the May 2021 CWSB Workforce Survey, CWSB staff were asked *“Do you have plans to retire or leave your job at CWSB within the next five years?”* An impressive 68% of current staff do not have any such plans. This indicates that staff are largely satisfied working at CWSB and that the workforce is relatively stable.

## **D. JUVENILE JUSTICE TRANSFERS**

In SFY 2020, CWSB developed a policy regarding Juvenile Justice Transfer cases in collaboration with the Office of Youth Services; Hawaii Youth Correctional Facility (HYCF); Hawaii State Judiciary; Hoomalu Detention Home (DH); and HI H.O.P.E.S Initiative, which focuses on ensuring youth voice. The policy was informed by the Crossover Youth Practice Model.

The purpose of the policy is to facilitate collaboration and communication among the various State departments and agencies that provide care and services to detained or incarcerated youth in foster care. The policy provides guidance on:

- frequency of contact and visitations,
- agencies' roles and responsibilities in the youth's case,
- agency placement responsibility, and
- documents and information required in order to move the case forward. The policy also supports and upholds:
- continuity of care with client-centered transition planning for re-entry into the

- community,
- normalcy,
- family connections, and
- the youth’s rights pursuant to HRS §587A-3.1.

This policy was finalized and issued in March 2021.

See Hawaii Data Booklet, Figures 95 - 97. In SFY 2020, 22 youth in foster care were held at DH, and three youth in foster care were incarcerated at HYCF. One youth spent time in both locations during SFY 2020, resulting in a total of 24 unduplicated total youth in foster care held in a detention or correctional facility during the year. Although the goal is to have no foster youth involved in juvenile justice, SFY 2020 numbers are generally positive. As you can see in Figures 95: Foster Youth in Detention Centers SFY 2016-2020 [Table] and Figure 96: Foster Youth in Detention Centers SFY 2016-2020 [Chart], the SFY 2020 numbers are very similar to SFY 2019 numbers, and the SFY 2020 unduplicated count is Hawaii’s lowest over the past five years. The percentages of foster youth in DH or HYCF for the two years differ by less than one hundredth of one percent.

Also encouraging is the data in Figure 97: Frequency of Length of Stay in Detention Centers SFY2020, which shows the lengths of stay in detention centers for foster youth during SFY 2020. The table shows that two thirds of the youth who were in DH and/or HYCF during SFY 2020 were there less than one month. Every youth in foster care that was in HYCF or DH was there for four months or less, except one. The remaining youth was in detention for the entire SFY 2020. This data shows that even when youth in foster care were in detention centers, generally their stay was brief.

The relatively low numbers of youth in foster care residing in detention facilities, along with their short durations in detention can be largely attributed to the efforts of the Office of Youth Services (OYS) and their successful community outreach.

## **E. DOMESTIC VIOLENCE**

### **Domestic Violence Shelter and Support**

DHS contracts with seven domestic violence (DV) shelters statewide to operate and provide 24-hour domestic violence hotline services that respond to crisis calls; and provide information and referral assistance, emergency shelter services, outreach, assistance in developing safety plans, individual and group counseling, transportation, advocacy, community education, and other supportive services for survivors and their children in the shelters. Shelter services also include transition planning, limited transitional housing, and follow-up services for DV survivors exiting the shelter. Transitional housing services continue to address the challenges many survivors face in securing permanent housing due to the prohibitive cost of housing in Hawaii, the

financial limitations of single parent households, and poor rental history that may result from their frequent moves.

Five of the domestic violence shelters located on Oahu, Maui, and the Island of Hawaii are in urban areas, while Kauai and Molokai shelters are in rural areas. In SFY 2020, 1,227 clients were served in shelters for a total of 34,697 shelter nights.

Other services for victims provided in the shelters include crisis intervention, victim advocacy, individual or group counseling/support groups, criminal/civil legal advocacy, medical accompaniment, and transportation services.

During SFY 2020, domestic violence shelters provided crisis intervention, advocacy, counseling and support groups, and other supportive services to 574 children and 2,819 adult victims of domestic violence. See Data Booklet Figure 98: Domestic Violence Services SFY 2020 for detail on provided services.

The shelters also provide supportive non-shelter services to clients. In SFY 2020, 375 clients were served by non-shelter services.

The shelters provided 279 community education presentations statewide for the public, with 5,588 participants in attendance. Presenters had to modify their way of providing presentations due to the COVID-19 pandemic. Virtual presentations were utilized as an alternative to in-person community education presentations.

DHS contracts with the Domestic Violence Action Center (DVAC) for TEEN DV services. The Teen Alert Program (TAP808) provides supportive services that afford youth victims and perpetrators the opportunity to break the cycle of violence in their lives. The target population for TAP808 is between the ages of 12 to 21 years.

The shelter programs also have access to resources for immigrant populations, including legal services contracted by DHS, a Bilingual Access Line on Oahu funded by the Office of the Prosecutor's Victim-Witness Program, and bilingual services made available at low cost through the National Coalition Against Domestic Violence.

DHS collaborated with three other state agencies--DOH, Judiciary and the Department of the Attorney General's Office, Crime Prevention and Justice Assistance Division--and provided a statewide training on DV 101: *Fundamentals of Domestic Violence* webinar series in 2020. It was held weekly during Domestic Violence Awareness Month (October 2020), using FFY2021 funds. Local experts presented on the Dynamics of Domestic Violence, Interventions with Perpetrators of Domestic Violence, and Domestic Violence and Childhood Development. Approximately 3,000 people registered for the webinar series and an average of 80% were overall satisfied with the virtual training series.

DHS is also part of the VOCA working group lead by the Department of the Attorney General, Crime Prevention and Justice Assistance Division. The statewide Hawaii State Victim Assistance Academy (HSVAA) is providing a virtual statewide training that will be held in May, July and September 2021. Crime victim advocates will learn core competencies for working with crime victims, such as trauma informed care, confidentiality, and other subjects necessary to provide competent and caring services to crime victims. The multi-day training is free to dedicated and qualified crime victim advocates.

DHS received FY 2020 FVPSA CARES Act funds in the amount of \$149,206.00. This supplemental fund provides one-time funding from March 27, 2020 through September 30, 2021, for the purpose of supporting FVPSA services. Supplemental funding can be expended to 1) Prevent, 2) Prepare, and 3) Respond to (COVID-19) public health emergency.

Although the FVPSA CARES Act implementation allows Hawaii DHS to use up to 5% of the funds for administrative costs, DHS decided to distribute the full amount directly to Domestic Violence (DV) shelter services providers, and to teen dating violence prevention and intervention services (see table below).

DHS distributed the FVPSA CARES Act funds to its DV shelter providers statewide for victims of domestic violence and their dependents to conduct human services activities (services and supports) related to COVID-19.

The COVID-19 pandemic is changing the way we move about our lives. For many domestic violence victims, the situation has grown worse. Income decreases, unemployment, permanent housing issues, food costs, and other COVID-19 related stressors may increase the risk of harm from their abusive partners as these unpredictable issues impact relationships. Utilization of these funds will be to ensure the provisions of direct support services, immediate shelter and temporary housing, consistent with statutory purposes for victims of family, domestic and dating violence and their dependents in relation to COVID-19.

COVID-19 created significant challenges for the shelters. The fast-changing nature of the pandemic required shelters to quickly develop plans for how to continue providing essential services, while adhering to the evolving safety protocols recommended by CDC and DOH. All shelter staff and victims will be trained in the new protocols and procedures and reminded of the importance of compliance. The shelter victims will also be provided ongoing updates on the COVID crisis, especially those who do not have access through their own data sources. All shelter residents will be provided with written and verbal information. This information includes CDC handouts, information from the Hawaii State Coalition Against Domestic Violence (HSCADV), specific information on COVID-19 regarding symptoms, risk factors, and prevention methods such as social distancing and hygiene. Victims will be provided ongoing education, training and resources, to inform them on how to remain safe through this pandemic. Public Service Announcements and community outreach will be utilized to ensure that underserved

populations are informed of the services being provided by the shelters and how to access these services.

Victims and their children will be protected from exposure to community living by means of providing Personal Protective Equipment (PPE) and sanitation supplies, readily available to victims and staff. PPE gear to include, masks, disposable gloves, disinfectant wipes, bleach, floor cleaner, bathroom cleaner, hand sanitizer, and other needed supplies that address the COVID-19 virus. The funds will also be used to keep the shelter environment clean and disinfected. Daily cleaning and disinfecting chores will be completed by staff and victims, and deep cleaning and disinfection and sanitization will also be done during the COVID budget period.

DV Prevention strategies will include the plan of action to assist survivors statewide in locating and securing safe and affordable permanent housing, advocacy, rental subsidies, assistance with back rent and/or security deposit via direct deposit to landlords on behalf of the survivors, as well as temporary refuge and lodging for individuals in need of isolation and/or full-blown quarantine due to COVID-19. Prevention services include shelter COVID plans for dissemination of information on preventative measures, as well as steps for domestic violence victims, should someone become ill or test positive for COVID. This includes creating a Quarantine procedure and listing safety information to be reviewed with the victims. Shelters will also establish guidelines for assisting survivors that are subject to isolation or quarantine. DOH has offered DHS the utilization of the Temporary Quarantine and Isolation Centers (TQIC) to meet the need of the victims on Oahu who do not have a safe space to adequately isolate and quarantine in the face of active symptomology and/or while awaiting test results after being tested for the virus at a medical facility.

DHS and shelter leadership maintains frequent contact and work in collaboration with agencies on-island and statewide, to provide updates on shelter services, ensure service provision, and discuss best practices being implemented during this pandemic.

As shelters continue their work to address the needs of the family and domestic violence survivors, as it relates to exposure and risk of COVID-19, shelters are abiding by all safety and social distancing protocols. Victims continue to be informed about current CDC and DOH information about the reducing the spread of COVID and preventing COVID exposure. Further protective steps have also been taken at some shelters when meeting victims in areas where six feet distance can be maintained, installation of plexiglass guards, temperature checks upon entry into the shelter and sanitation areas set up in different location of the shelters. Victims are also informed to abide by all DOH requirements to prevent the spread of COVID, if the victim becomes ill with COVID symptoms or is confirmed with COVID.

Due to social distancing guidelines, accommodations like telehealth and telephone conferencing have been implemented in the shelters, providing 24/7 support to victims.

Intakes, assessments, case management support, and safety planning are also conducted via approved tele-service technology, whenever possible. Utilization of shelter phone and computer is also provided, if victims did not have their own. For TEEN DV, other accommodations made to meet victims' ongoing and emerging needs were virtual support groups, increased contact through text and phone calls with the provisions of electronic devices. For continued service delivery and communication access, additional laptops, cameras and video conferencing capabilities will be purchased for improved capability to provide support services to clients remotely. Domestic Violence Action Center (DVAC) also developed a 24-hour text and chat support for survivors who require support while in shelter with their abuser and are not able to speak freely.

Shelters are prepared to receive increased numbers of victims and their children while they enter the DV shelters. The need for shelter stay is likely to also be longer due to the pandemic. With the anticipated surge of victims in the shelters, cost of food and provisions will rise. In addition, food has already seen an increase in price in Hawaii's local stores. The shelter programs have budgeted a portion of their funds to support these costs and prepare the shelters to meet the needs of the victims.

Shelters will require additional staff for the continuation of services to DV victims and families during this pandemic. Shelter worker staff will focus on program advocacy, providing the support, case management, information and referrals and follow up to place participants and their families in safe and affordable permanent housing.

The shelters and TEEN DV continue to be responsive to this population's needs. Response plans have been developed that include strategies to ensure appropriate PPE and sanitizing equipment, supplies are maintained, ongoing education on preventing COVID, outreach using multiple media platforms, telehealth support and telehealth groups for victims, financial assistance paid directly to a third party for housing, financial assistance for transportation, childcare and other basic needs.

As the restrictions from county and state officials ease, shelters' COVID plans are revised. Revisions allow for more service provision, but with continued safety measures in place. Future changes in COVID related guidelines, whether they are becoming more relaxed or stricter due to surge in cases, will result in the COVID plan being updated to meet the new situation and victim needs. Shelter leadership will continue to actively seek guidance and updates from CDC and DOH, in collaboration with DHS.

## **F. SUBSTANCE EXPOSED INFANTS AND CHILDREN**

Hawaii continues to provide a plan of care for substance-exposed infants, including Fetal Alcohol Syndrome Disorder (FASD) infants, and for all children in foster care. Hawaii uses the Safe Family Home Report to document the safe plan for all children in foster care, which also serves as a report to Family Court. Along with the Service Plan for the parents and child, the

Safe Family Home report also serves as the case plan for the family.

For substance exposed infants, the Plan of Safe Care is contained within the Safe Family Home Report at #1, describing the harm. #2, present safety factors; #3, in-home safety assessment and the attachment of the in-home Safety Plan that describe the conditions for return; # 4.6, Safety of the Child's placement form with completion date; #5, narrative of the child and child's current situation that includes description of child's physical health, mental health needs, medications, attachments of any health records and recommendations by physicians, hospital records, hospital recommendations, family relationships, culture, community connections; and #8, assessment of the family and recommendations of the CWSB social worker that includes the best interest of the child. The latest version of the Safe Family Home Report was revised in June 2020. These areas described above are the areas of the report that pertain particularly to the substance exposed infant while in foster care and the rest of the report will give the complete description of the parents' functioning and plans for achieving reunification or another permanency goal.

Services for the substance exposed infant may involve referrals to appropriate providers, as needed. Providers will develop an Individualized Program Plan (IPP) detailing the service that will be provided, who will be responsible, how the goal will be measured, and a completion date for the service. All parties, including the CWSB social worker, review and sign the IPP. The CWSB social worker may contact the provider at any time to discuss the progress of the clients or any concerns. There have been no changes to policy or practice for the plans of safe care specifically for infants other than the safety discussions as stated in Section III of the APSR. Lessons learned from the implementation of plans of safe care also are discussed in Section III, showing that there are many areas of concern for improvement ranging from more staffing to more drug prevention programs that are needed in the community.

The provider's final report is submitted to the CWSB social worker, who then shares it with the court, Guardian Ad Litem (GAL), and other parties in the case. The CWSB social worker may discuss the report and outcomes of the service with other parties to obtain broader input and suggestions for case direction before making recommendations to the court.

Circumstances of children who may have been substance exposed are identified in CPSS as a precipitating factor of drug abuse or alcohol abuse by parents when an intake report is entered into CPSS. In SFY2020, of the 1,393 children confirmed as victims of harm, a precipitating factor of drug abuse was indicated for 627 (45%), while 118 (8.5%) had a precipitating factor of alcohol abuse by their parents. This is an increase since last year for both drug abuse and alcohol abuse precipitating factors. CPSS has limited ability to track those children who may be substance exposed. The planned database, Comprehensive Child Welfare Information System (CCWIS), will have enhanced ability to capture data and assist with identification and tracking to help ensure the provision of appropriate services for substance-exposed children.

Hawaii's current data system presents a challenge to implementing the collection of data to inform the progress of these substance exposed infants because it is not user-friendly and real time data is not available. It is planned that CCWIS will be very effective in tracking, analyzing, and reporting on service improvements and outcomes to these families and children.

The Hawaii Fetal Alcohol Spectrum Disorders Action Group (HIFASDAG), a group of volunteer educators, clinicians, researchers, and FASD family members continue to meet to pursue the goals of the HIFASDAG, which include enhancing community awareness of FASD and commitment to addressing FASD, and training families and other individuals and professionals to recognize, assess and effectively intervene with FASD-informed strategies. HFASDAG is currently the only organization that provides advocacy for FASD-informed services and education and training on FASD in Hawaii. Funding for HIFASDAG remains a challenge for all the work that is to be accomplished by this group. Since this is a volunteer group, funding is needed to continue the work and accomplish the goal of ensuring that children who need tailored services receive those services.

Hawaii has not participated in a CB site visit relating to the development of plans of safe care for infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure or FASD.

## **G. HUMAN TRAFFICKING**

See Data booklet, Figure 99 through Figure 114 for some information on human trafficking reports and victims for the period February 18, 2019 to March 31, 2021. Highlights of these figures include:

1. The majority of the human trafficking cases are located on Oahu.
2. 85 cases had CWSB involvement.
3. The average age for these human trafficking victims is 16.
4. 93% of the victims are female.
5. The common risk indicators for these trafficked youths include substance abuse and runaways.

Based on information from reports received, the statistically average victim is a 16-year-old Hawaiian female with a confirmed report of commercial sex trafficking with risk factors of drug involvement and runaway referred by a service provider on Oahu.

CWSB developed an effective response to human trafficking, and the CWSB PD continues to focus on updating information on program areas that include trafficking and domestic violence and outreach to the community to offer support and education. CWSB continues to collaborate with communities to develop and implement effective Human Trafficking strategies. CWSB staff is working with community partners to provide information and training to enhance



awareness of the signs of human trafficking, and how to report, and appropriately access available community resources.

## **1. CWSB Human Trafficking Protocol and Procedures**

CWSB Human Trafficking protocol includes provisions and procedures to identify, assess, and provide comprehensive services to children who are sex trafficking victims. Efforts to coordinate activities include services with state law enforcement, juvenile justice, and social service agencies, such as runaway and homeless youth shelters. Reports to CWSB are assessed for appropriateness of services, either through a diversion program or with CWSB, and sent to the human trafficking service provider for assessment and services.

The CWSB Human Trafficking Protocol is implemented by CWSB and Voluntary Case management (VCM) staff. The Family Strengthening Services (FSS) program staff also use the protocol as a guideline and contact CWSB if assistance is needed in identifying or determining appropriate responses for children not under CWSB placement, care, or supervision.

CWSB works with a designated statewide human trafficking service provider to provide 24/7 victim centered, trauma-informed comprehensive case management to minor victims/survivors of all forms of human trafficking statewide.

**Screening:** If human trafficking is reported, known or suspected, staff complete the Rapid Screening Tool for Child Trafficking (RST) based on available information. If adequate information is not available, staff may also ask the child/youth to complete the CSEC Identification Survey.

**Response:** If human trafficking is known, suspected, or indicated by the RST and in consultation with the supervisor, within 24 hours staff:

- a. Make a report to CWSB intake who will create a human trafficking case,
- b. Intake to cross-report to police as a possible human trafficking case (or call 911 if there is a need for immediate response),
- c. Intake to make a referral to the 24/7 human trafficking service provider for consultation about services,
- d. Review the Hawaii Coalition Against Human Trafficking (HCAHT) Consent to Share Information form with the parents/legal guardian, and request signed consent, unless CWSB has permanent custody, and
- e. Send a copy of the RST and signed HCAHT Consent, if signed, to CWSB PD for tracking.

**Tracking:** CWSB PD submits the HCAHT Suspected Victim Data Report with coded identifier information to HCAHT, if appropriate. CWSB PD also maintains an internal log

for CWSB tracking purposes that will be used until the data system has the capacity to track the cases.

CWSB Human Trafficking statistics are tracked internally by the Human Trafficking Liaison and CWSB PD. Current data is compiled and inputted manually and is CWSB data only, based on the intakes received and information from the service provider. This information is shared with the CSEC Steering Committee and service providers.

## **2. CWSB Staff Human Trafficking Training**

Despite the COVID 19 pandemic, training on Human Trafficking is ongoing. Trainings were done virtually. CWSB staff development provides training on mandated reporting of human trafficking of minors and CWSB's human trafficking protocol during its new hire CORE training. Training for the new hire staff includes the use of the RST, and the Commercial Sexual Exploitation of Children (CSEC) identification survey to use when a minor is identified or suspected of being a victim of human trafficking and how to report human trafficking to the CWSB hotline. CWSB staff also participated in ongoing human trafficking trainings provided by other agencies throughout the year.

The current contracted service provider for human trafficking offers trainings for resource caregivers at the quarterly and annual resource caregiver training, and for the community in various virtual settings.

CWSB continues to provide trainings on human trafficking for mandated reporters, statewide, on reporting, the human trafficking hotline and human trafficking checklist for the community virtually. The human trafficking guide and checklist are available on the DHS website.

## **3. Collaboration**

The Hawaii Coalition against Human Trafficking (HCAHT), Family Court of the First Circuit, and other State agencies' ongoing efforts provide CWSB with opportunities to collaborate with many agencies to ensure that the CWSB protocol fits within the overall framework and that agency efforts are coordinated and complementary. The Memorandum of Agreement with the Family Court of the First Circuit continues to be in effect to ensure that the protocol is implemented as designed. The DHS is working in collaboration with the other counties to assist in a collaborative response and providing services for these human trafficking victims.

CWSB and community partners continue to provide various statewide trainings on mandated reporting of human trafficking and CWSB Human Trafficking and Missing Children Protocols.

CWSB continues to collaborate with the National Center for Missing and Exploited Children (NCMEC), the Department of the Attorney General’s Missing Child Center of Hawaii (MCCH), and the Juvenile Justice Information System (JJIS) on the electronic feed of data from the state’s JJIS database to NCMEC. The Department of the Attorney General’s Office provided a training for the dispatch of the county police departments on the use of the new electronic feed in JJIS. The CWSB continues to collaborate with the county police departments throughout the state to ensure that needed data are being properly reported and tracked electronically. MCCH also works with the CWSB and the different county police departments in assisting to locate and recover missing foster youth.

The Attorney General and the Hawaii Department of Human Services collaborated on a joint task force in October 2020. The agencies worked with the Federal Bureau of Investigations, U.S. Marshalls, U.S. Secret Service, Homeland Security Investigations, Honolulu Police Department, Susannah Wesley Community Center, Hale Kipa, the National Center for Missing and Exploited Children, and the National Child Protection Task Force on the recovery of endangered and runaway foster youth. The recovery operation resulted in the recovery of five children between the ages of 16-17.

#### **4. Current Actions**

During the 2020 Hawaii legislative session, HB 1942 (Relating to Child Abuse) was introduced to add the following categories of persons who are required to report child abuse and neglect to DHS or to the police: members of the clergy, commercial computer technicians, commercial film and photographic print or image processors, and persons employed by organizations that have direct contact with or supervision of children. This bill passed and became Act 035, effective September 15, 2020. As a result of Act 035, DHS updated the mandated reporter guide and checklist, and the training regarding mandated reporting for CWSB staff and community was also updated.

HCAHT and the Family Court of the First Circuit continue efforts to coordinate and collaborate with various agencies to address human trafficking. HCAHT addresses sex and labor trafficking of adults and children statewide, and Family Court addresses the commercial sexual exploitation of children on Oahu. Both efforts provide CWSB additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits within the overall framework.

#### **5. Collect and report, to the maximum extent practicable, the number of children who are victims of sex trafficking as part of the National Child Abuse and Neglect Data System (NCANDS)**

DHS tracks foster youth who are victims of sex trafficking and reports out in the yearly NCANDS report. CWSB is currently collaborating with the Family Court, Prosecutors

Office, Attorney General's Office, HPD, FBI, Homeland Security, and the Children's Justice Center's staff to plan, coordinate, and communicate effectively and regularly for the benefit of youth. DHS is updating the CPSS and SHAKA systems to capture this data in order to further analyze needs for services.

To comply with the provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102); (section 106(b)(2)(xxiv) of CAPTA), CWSB amended and implemented its policy and procedures to identify, assess, and provide services to victims of sex trafficking. Reports of human trafficking made to CWSB are assessed for risk, and referrals are made to appropriate services, either through a diversion program or with CWSB with a referral to the human trafficking provider for assessment and services.

To comply with the provisions and procedures for training CWSB workers about identifying, assessing, and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters (section 106(b)(2)(xxv), CWSB is doing the following:

- a. Integrating human trafficking services into case practice, prudent parenting, and normalcy policies and procedures.
- b. Continues to provide trainings to the community regarding human trafficking mandated reporter training, which includes how to utilize the human trafficking mandated reported checklist and to provide a written report format to support mandated reporting of suspected human trafficking under HRS §350-1.1, which requires an oral report followed as soon as possible by a report in writing. The guide and forms are available on the DHS website.

## **6. Trends**

Based on the information from the community and service providers, several root causes of human trafficking of minor victims are:

1. Substance abuse is the highest risk indicator among minor victims.
2. Increase in the number of gang-controlled trafficking.
3. Increase in online HT on social media or dating arrangement apps like Seeking arrangements, Plenty of Fish, and Onlyfans.
4. Increase in human trafficking in homeless encampments.

## **7. Five-Year Plan**

DHS will continue to develop and enhance existing partnerships and collaborations with international, federal, state, and local counterparts, the private sector, and nongovernmental organizations and advocates to increase efforts to understand and develop a coordinated, effective system response to human trafficking.

DHS will continue to:

- a. Work with its current task force to align efforts among all agencies involved to promote a coordinated response,
- b. Develop and enhance culturally appropriate and trauma and healing-informed services for victims of human trafficking,
- c. Provide and promote outreach, training, and technical assistance on identifying and reporting minor victims of human trafficking,
- d. Enhance and expand the availability of services, and
- e. Focus on recruiting and developing appropriate homes for minor victims of human trafficking.

## **H. CONTINUOUS GROWTH**

### **1. CAPTA PIP**

Please see Section VIII. CAPTA for more information on the CAPTA PIP.

### **2. CWSB Primary Prevention Efforts**

Primary prevention, also called universal prevention, is a strategy to prevent child maltreatment through activities directed at the general population. These primary prevention strategies were of critical importance as CWSB navigated through the COVID-19 pandemic, utilizing neighbors and basic community resources as extra eyes and ears to help keep children safe. As the pandemic wore on, CWSB staff had to become knowledgeable of current and ever-changing local resources. This pandemic changed how the world conducted business, and many people were not able to return to work. CWSB staff made a concerted effort to verify that necessities such as food, clothing, and shelter were available, and directed those in need to appropriate community resources. A description of these activities can be found throughout this APSR.

In Hawaii, nonprofit providers and collaborative community initiatives implement most primary child abuse and neglect (CAN) prevention activities. Government contracts and

private grants fund these activities. Most prevention activities occur at the local level. The network of nonprofit organizations providing primary prevention activities is too extensive to list. Statewide coordination is loosely provided by the statewide organizations listed below.

Coordinators of collaborative community activities include the following:

- a. Hawaii Children’s Action Network (statewide),
- b. Hawaii Children’s Trust Fund (statewide),
- c. Hawaii Early Childhood Action Strategy (statewide),
- d. Hawaii Maternal Infant Health Collaborative (statewide),
- e. Hooikaika Partnership (Maui County),
- f. Islands of Hope-Maui (Maui County),
- g. Keiki to Career (Kauai),
- h. Neighborhood Place of Puna (Hawaii Island), and
- i. Other Federal and State agencies noted in Section VI.F-- Coordination with Federal Programs and as described below

Hawaii is in the final stage of completing its efforts toward a statewide CAN Prevention Plan connecting and coordinating existing prevention resources. The Hawaii Children’s Trust Fund and Hawaii Children’s Action Network have facilitated the development of the statewide CAN Prevention Plan, which will provide an overarching vision and approach to CAN Prevention. The statewide planning process builds on existing assessments, plans, and maps to identify gaps and needs and propose new approaches and solutions.

One existing statewide plan that will inform the CAN Prevention Plan is Hawaii’s Early Childhood State Plan, 2020-2024, which coordinates efforts to improve the lives of families with children through age eight years. This plan includes primary prevention strategies such as universal home visitation, as well as secondary prevention strategies.

Universal prevention activities in Hawaii include the following:

- a. Anti-bullying education;
- b. Child injury prevention education;
- c. Education provided in schools and through youth activities about healthy relationships, preventing violence in relationships, and preventing sexual violence;
- d. Family strengthening services;
- e. Hawaii’s fatality reviews (Child, Maternal, Domestic Violence);
- f. Initiatives to support prevention providers through professional development opportunities, strengthening networks, and increasing communication and collaboration among providers and state agencies;

- g. Linking parents with concrete supports such as housing, food, household items, medical and mental health care, transportation, childcare (sometimes these activities are considered secondary prevention because the families have the risk factor of poverty);
- h. One-stop-shops and resource centers where families can get information and access needed services;
- i. Parent education and parent support groups;
- j. Parent Leadership Training Institute;
- k. Public awareness events, activities, and information campaigns; and
- l. Parent Line, a free, confidential telephone line for questions regarding child development and behavior, family concerns, and links to community resources.

Home visiting services are considered primary prevention activities when they are available to all families whose children fall into the program's age requirements. In Hawaii, Home Visiting is a secondary prevention service because only families with identified risk factors are eligible to participate in the Maternal Infant Childhood Home Visiting Network. Other home visiting services, such as those provided through Early Head Start and Parents as Teachers, also require a family to have identified risk factors.

CWSB mainly provides or funds secondary and tertiary prevention services. One goal of the 2020-2024 Child and Family Service Plan is to enhance the prevention-based child welfare continuum of intervention. As Hawaii develops its FFH, CWSB's evolving CAN prevention role is becoming clearer. Some primary prevention activities CWSB provides are professional development opportunities for community providers, contracted providers, resource families, youth in foster care, the legal community, and agency employees.

Funding sources for primary prevention activities in Hawaii include:

- a. Community, Nonprofit and Philanthropic efforts,
- b. Community-Based Child Abuse Prevention (CBCAP) program of Child Abuse Prevention and Treatment Act (CAPTA),
- c. Family Violence Prevention and Services Act (FVPSA) Grant,
- d. Private Foundations,
- e. Social Services Block Grant (SSBG),
- f. State and County funds,
- g. State Level Prevention Efforts,
- h. Temporary Assistance for Needy Families (TANF),
- i. Title IV-B, and
- j. Title V Maternal and Child Health Services Block Grant.

## **Maui County:**

- a. Hooikaika Partnership is a coalition of more than 60 Maui County agencies and individuals committed to preventing child abuse and neglect. The focus is on primary prevention by increasing knowledge and use of protective factors, raising awareness in the community about risk and protective factors, connecting agencies and individuals working to prevent child abuse and neglect, educating parents and providers about resources available for families and children.
- b. Islands of Hope-Maui is a collaborative effort of Maui Child Welfare Services, Casey Family Programs, and Hooikaika Partnership to strengthen Maui's social services network. The focus is on secondary and tertiary prevention, keeping families with identified risk factors from entering or re-entering the child welfare system. The work has included strengthening and building capacity within the system through collaboration and partnerships, supporting providers of parenting education services through training and creating a network of family engagement coaches; creating a resource center kiosk at Queen Kaahumanu Center; hiring a system navigator to support organizations and help individuals access needed services. Private foundation and federal funding support Islands of Hope.

## **Hawaii Island:** Neighborhood Place of Puna

**Kauai:** Keiki to Career is a public-private collective impact initiative to unite Kauai to insure young people are healthy and thriving, academically successful, connected and contributing, and ready for college and career.

**Oahu:** Hawaii Early Childhood Action Strategy (ECAS) is a statewide public-private collaborative designed to improve the system of care for Hawaii's youngest children and their families. ECAS brings organizations together to align priorities for children prenatal to age eight, streamline services, maximize resources, and improve programs. The focus areas include "healthy and welcome births," maternal/infant health and well-being, "safe and nurturing families" (focused on primary prevention of CAN), "on-track health and development," and "equitable access to programs and services."

The Hawaii Maternal Infant Health Collaborative is a public-private partnership committed to improving birth outcomes and reducing infant mortality. The group has several initiatives to improve women's reproductive health, healthy pregnancies and births, breastfeeding, safe sleep, and infants prenatally exposed to drugs and alcohol.

## **Collaborative Plans**

- a. Hawaii's Early Childhood State Plan, 2019-2024, focuses on children from their prenatal care through their eighth year. "The Plan is an overarching framework that



will help coordinate efforts of the State, counties, and community by setting shared priorities and driving the need to collaborate and leverage resources to improve the lives of our keiki and their families. It is the community's plan."

The goal is to strengthen Hawaii's early childhood system, improve alignment between programs and services, and address transition points where children are at risk of "falling through the cracks." The first building block of the plan is "Child and Family Health, Safety, and Wellbeing," which includes a focus on primary prevention strategies such as universal home visitation. The second building block, "Family Partnerships and Support," includes a focus on secondary prevention with a goal of reducing the rate of child abuse and neglect.

- b. Statewide CAN Prevention Plan (2020): The Hawaii Children's Trust Fund and Hawaii Children's Action Network are working together to develop a statewide plan that will weave together, connect, and amplify existing plans, maps, and assessments, as well as fill any gaps that are identified. The goal is a shared CAN prevention vision and approach, with stronger collaboration and coordination to achieve that vision. The plan will be informed by all the Hawaii organizations engaged in CAN prevention activities.

### **State Department of Human Services**

DHS provides a continuum of services for children and families to prevent CAN and to prevent a recurrence of CAN after an incident occurs. CWSB services are secondary and tertiary prevention—they are designed for families at high risk of CAN and family violence and families where incidents have already occurred.

Voluntary Case Management (VCM) for families assessed with moderate risk issues and Family Strengthening Services (FSS) for families assessed with low-risk issues. Families are offered services and supports to meet their needs through a variety of community and government agencies. Effective support and intervention with these target populations help mitigate risk issues and prevent maltreatment. CWSB can help connect and advocate for services and resources with local agencies and organizations to assist families to obtain services earlier and within their communities.

CWSB Child and Family Service Plan 2020-2024 Goal 2. Prevention:

Partner in enhancing a prevention-based child welfare continuum of intervention to engage and support children and families early and in their communities.

Prevention Objective 1: Work with a network of partners to enhance prevention efforts related to Families First Prevention and Services Act (FFPSA)

- a. Training for community providers, contracted providers, resource families, youth in foster care, the legal community, agency employees;
- b. Supporting the workforce;
- c. Waiver interventions - Crisis Response Team and Intensive Home-Based Services
- d. Home visiting services for families involved w/ CWSB;
- e. Zero to Three Court – tertiary prevention; and
- f. Citizen Review Panel.

In addition to any services already mentioned, through purchase of service contracts with private providers, DHS funds a system of prevention efforts that includes services and shelters for victims of domestic violence and human trafficking, family support and strengthening services, substance use disorder treatment, teen dating violence prevention.

Office of Youth Services provides prevention programs and supportive services statewide for youth who are at risk for truancy, teen pregnancy, delinquency, substance use, dating violence, and gang membership.

### **State Department of Health**

The Maternal and Child Health Branch administers a statewide system of services to reduce health disparities for women, children, and families of Hawaii. MCHB programs provide core public health services that establish and maintain public and private partnerships to share information, support program planning, and collaborate on/promote policies to improve outcomes for women, children, and families. Services include training and public awareness to high-risk women, adolescents and other disparate populations on family planning, perinatal, and inter-conception care; child and youth wellness; prevention of child abuse and neglect; sexual assault prevention; domestic violence prevention; home visiting services and family supports. Some of the programs include: The Parent Line, Child Death Review, Maternal Mortality Review, the Domestic Violence Fatality Review and over 35 community provider contracts for women’s health and family planning services.

### **DOH Maternal Child Health priority #4:**

Reduce the rate of child abuse and neglect with special attention on ages 0-5 years

“Hawaii’s DOH Family Support and Violence Prevention Section (FSVPS) is composed of the three violence prevention programs -- sexual violence, domestic violence, and child abuse and neglect (which partners closely with the Home Visiting program).”

Violence prevention coalitions across the state actively focus on reducing domestic violence, CAN, and sexual violence. One strategy across all these groups is trainings for providers, parents, caregivers.

DOH funds for child abuse prevention primarily come from the Title V Maternal and Child Health Services Block Grant and the Community-Based Child Abuse Prevention (CBCAP) program of Child Abuse Prevention and Treatment Act (CAPTA). Hawaii DOH programs funded through these sources include:

- a. Maternal Infant Childhood Home Visiting Network,
- b. Parent Leadership Training Institute,
- c. The Parent Line,
- d. Child Abuse prevention and public awareness activities,
- e. The Neighborhood Places,
- f. Parent Support Programs,
- g. Domestic Violence and Sexual Violence Prevention,
- h. Domestic Violence Fatality Review, Child Death Review, Maternal Mortality Review, and
- i. Pregnancy Risk Assessment Monitoring System.

**Parenting Support Programs:** A statewide system of community-based parenting education and family support services through purchase of services contracts and through leadership in statewide early childhood initiatives and consortia. Funded programs recognize and build on parents' strengths and address their need for information about child development, communication and guidance skills, other life-cycle issues, awareness of community resources, and community and cultural support. Services include a telephone warm-line for parents, caregivers, and service providers; short term in-home parenting support; and parent-child interactive parenting education groups for homeless families.

The purpose of the CBCAP program is to:

- a. Support community-based efforts to develop, operate, expand, enhance, and coordinate initiatives, programs, and activities to prevent child abuse and neglect;
- b. To support the coordination of resources and activities to better strengthen and support families to reduce the likelihood of child abuse and neglect; and
- c. To foster understanding, appreciation, and knowledge of diverse populations in order to effectively prevent and treat child abuse and neglect.

## **SECTION IX. YOUNG ADULTS AND CHAFEE**

After the State of Hawaii exhausts Chafee funding, programs for services to current and eligible young people formerly in care through age 26 are supported by State funds. In January 2017, efforts were initiated to provide a continuous and more comprehensive integrated independent living (IL) system of care for current and former youth in care. CWSB awarded integrated contracts, combining the Independent/Interdependent Living Services Programs, Higher Education Program and Education and Training Vouchers (ETV), and Imua Kakou and Extended Assistance Programs (IHI). This combination of integrated services is referred to as IHI. This collaboration of CWSB and community partners has helped to ensure that young adults who are or were in foster care develop long-term connections to family, community, cultural supports and receive education on local resources.

CWSB is committed to encouraging meaningful and active participation by young people in the development and maintenance of CWSB services and programs for current and former foster youth, as well as with legislation, policies, and procedures. Young People have been key in advocating for relative placement, extended foster care, normalcy and prudent parenting, Bill of Rights, Medical to 26, CAA Pandemic Funding, and in the development, implementation, and continuous quality improvement process of related programs and services. They are active in statewide training for CWSB, Judiciary, providers, community partners and stakeholders, and other young people. They have a well-respected advisory capacity, and the Advisory Council serves as a model for strengthening the voices of birth parents. The IHI collaboration addresses CFSP goals in the areas of Collaboration, Workforce, Prevention, and CQI. The IHI collaboration will continue to focus on improving access to services and ensuring service delivery is culturally sensitive and using a trauma-informed approach. With this IL-integrated approach, CWSB is confident that positive outcomes will be achieved by young people with the continued support of the IL Collaborator and ongoing CQI efforts.

### **A. INDEPENDENT LIVING COLLABORATION CONTRACTS**

#### **1. Youth in Foster Care (ages 12-15)**

Youth in foster care in the 12–15-year-old group receive services to support healthy development and to improve self-awareness and self-esteem, including making good decisions, coping with peer pressure, and engaging in case planning. Resource caregivers for this age group receive education to support the youth in these areas. Services for this age group focus on self-identity; emotional, psychological, and spiritual well-being; cultural identity and diversity issues; communication; relationships, social capital, and connections; setting goals; problem solving and decision-making; self-advocacy; resources; and understanding CWSB and Family Court. Statewide, 102 youth participated in this program component in SFY 2020.

See the Data Booklet, Figure 118: Youth & Young Adults Receiving Independent Living Services in SFY 2020 for details.

## **2. Youth in Foster Care (ages 16-18)**

Services for foster youth, ages 16-18 years, include the topics listed for younger youth and also address safety, permanency, and well-being. Youth in this age group receive services to encourage their engagement in developing a case plan through Youth Circles and Independent Living Services, which helps youth set goals for permanency, housing, education, employment, independence/independent living, social/cultural connections, health, and engagement. The case plan also serves as the 90-day transition plan for youth who are likely to emancipate from foster care at 18 years old or older.

Statewide, 159 youth participated in this program component in SFY 2020. See the Data Booklet, Figure 118: Youth & Young Adults Receiving Independent Living Services in SFY 2020 for details.

See the Data Booklet, Figure 119: NYTD 2020AB – Services Provided, for a recap of information reported to NYTD.

## **3. Imua Kakou for Young Adults**

Notwithstanding the extension provided by Public Law (P.L.) 116-260, Division X of the *Consolidated Appropriations Act, 2021* to permit young adults who turned 21 years of age during January 27, 2020 through September 30, 2021 to remain in or reenter care, young adults in Imua Kakou may receive services until their 21<sup>st</sup> birthday. Independent Living Services providers are in the process of contacting applicable young adults, to restart services. Imua Kakou services include monthly financial support for the youth and their children living in their care, at the current foster board rate; ongoing case planning and management to reach case plan goals and objectives, including monthly visits; and transition planning. Imua Kakou provides greater access to housing, education, and health care services; employment and independent living skills training, including sexual health, parenting, and financial education; and connections with family and the community. Imua Kakou case plans address social capital, including family/ life-long adult and cultural connections; health, including medical, dental, and mental health and any young adult's child's overall well-being; independent living skills; housing; education; employment; permanency goals; and youth engagement. Statewide, 203 youth participated in this program component in SFY 2020. See the Data Booklet, Figure 118: Youth & Young Adults Receiving Independent Living Services in SFY 2020 for details.

## **4. Higher Education Stipend Program for Former Foster Youth**

The DHS Higher Education Stipend program is governed by Hawaii Administrative Rule

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§346-17.4, Higher education stipends for students. The statewide program is 100% state funded. Benefits under the program consist of a monthly stipend, equivalent to the prevailing foster board rate for older youth in care, and support services, including monthly case monitoring. Higher education stipends are provided to eligible former foster youth for a maximum of 60 benefit months, up until their 27<sup>th</sup> birthday.

Initial eligibility factors include:

- Age: at least age 18 years but less than age 27 years;
- Placement: in care under DHS placement responsibility pursuant to HRS 587A or HRS 587; and
- Discharge from foster care: by emancipation at age 18 or older, adoption at any age, or placement into legal guardianship facilitated by DHS at any age; and
- Institution of higher education: attending or accepted to attend an accredited institution of higher education, in an academic or vocational program.

Former foster youth may not concurrently participate in the Higher Education Stipend Program, Imua Kakou, or Extended Permanency/Adoption Assistance Programs.

With 248 youth receiving benefits in the 2020-2021 school year, from the program's inception through SFY2021, the unduplicated count of youth receiving benefits under this program is 2,164.

See the Data Booklet, Figures 124 & 125 Higher Education Stipends School Years 2016-2017 through 2020-2021 [Table] & [Chart], for additional details and a graphic presentation regarding participation in the last five school years.

##### **5. Former Foster Youth Who Aged Out of Foster Care (ages 18-27)**

Former foster youth who emancipated from foster care at age 18 or older may receive services up to age 27 years. Priority is given to former youth in this category who are **not** currently receiving Imua Kakou or Higher Education Program services. Service providers support former youth by providing information and referrals; education; and outreach, including crisis intervention and independent living case management similar to, but not as comprehensive as, that provided for Imua Kakou participants. Service providers also plan group activities for former foster youth in this category, which may include Imua Kakou and Higher Education participants.

Support for Hawaii's former foster youth living outside of the State of Hawaii, or who were adopted or placed in legal guardianship by the DHS, may only receive information

and referral services from Independent Living Services providers.

Statewide, 170 young people participated in this program component in SFY 2020. See the Data Booklet, Figure 118: Youth & Young Adults Receiving Independent Living Services in SFY 2020 for details.

## **B. INDEPENDENT LIVING COLLABORATOR**

Since October 2015, CWSB has contracted for the services of an Independent Living Collaborator (ILC) to work with CWSB, service providers, young people, community stakeholders, and other partners to support an enhanced and seamless system of care. The ILC also assists CWSB with collaboration; enhancing communications; workgroup development and facilitation; development of guidelines with best practice standards; providing and/or collaborating on trainings and conferences; evaluation and monitoring; and youth/young adult engagement. The ILC was a strong recommendation in a Casey Family Programs report based on statewide input from young people, CWSB, providers, and other stakeholders on suggestions to improve services for the young people in or formerly in care.

A critical function of the ILC is to help CWSB manage the Independent Living, Higher Education, Imua Kakou (IHI) contracts by supporting collaboration between provider agencies and with community organizations, and by sharing information with and between providers during trainings and meetings. These trainings and meetings generally include CWSB program development administration and/or staff; CWSB social workers, assistants, and/or supervisors; DHS Federal Payment Programs Eligibility Unit staff; University of Hawaii, Maui College, SHAKA support team; University of Hawaii School of Law research staff; contracted service providers; and young people. The ILC assists IHI providers with improving case transitions and referrals, services and service delivery, data collection and tracking. The ILC is also a member of several event planning committees, such as for the Oahu Teen Days, Senior Graduation Celebration, the Ohana is Forever Conference, and the Pono Process Committee.

In SFY 2020, the ILC hosted trainings on supervision and followed-up with executive coaching for IHI provider supervisors. The focus on supervisory support aimed to increase the retention of IHI case managers to improve the client experience for youth and keep youth engaged in services. An ILC Supervisor Work Group was created to collaborate on improving the IHI work in the areas of communication and outreach, standards and guidelines, data and evaluation, and training.

In SFY 2021, the ILC is hosting a series of trainings to increase knowledge and improve practice on topics identified by IHI providers. The ILC is also gathering a work group of IHI staff, CWSB program development staff, UH Law School, and Pono Process staff with lived experience in foster care to focus on how independent living services are being provided to minors/youth in care. The work group will help the IHI providers to explore new ways of providing services and identify new ideas for partnering with and engaging young people.

The ILC works closely with the HI H.O.P.E.S. Initiative to encourage youth/young adult involvement, striving to build strong relationships with other youth-focused entities. For example, the ILC assists CWSB, UH Law School, SHAKA, and HI H.O.P.E.S. Initiative in many areas, including collaboration, connection and teaming; policy and practice development with training to enhance consistency of services and data collection; and partnering with CWSB on developing and implementing best practice recommendations and/or requirements from Federal and State laws.

The ILC addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. The ILC will continue to assist DHS to strengthen communication, support, and clarification with IHI Providers, and enhance the services and outcomes for the young people. The ILC will monitor case management effectiveness by following up on CQI contract reviews and action plans and continuing the RBA work with Imua Kakou teams, trauma-informed care training, and ongoing case and collaboration reviews.

### **C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS**

The state-funded Higher Education Program has been a tremendous success and benefit to youth in foster care under DHS placement responsibility, who exit foster care at age 18, or who were adopted or placed in legal guardianship through the DHS at any age. With this additional support, many young adults have completed two-year and four-year degree programs, and a few have even obtained advanced degrees. By the 2020-2021 school year, 2,164 students had participated in the program. During the years 2016 - 2021, the participants roughly averaged 25-31% new students and 75-69% returning students.

The higher education stipend program remains a successful component of an array of services designed to help youth and young adults successfully transition from foster care. By entering Imua Kakou at age 18 and then entering state-funded Hawaii Higher Education Stipend Program after exiting Imua Kakou, eligible youth have access to supportive and financial benefits from age 18 through age 27 years while attending an institute of higher education. Refer to the Data Booklet, Figures 124 and 125: Higher Education Stipends School Years 2016-2017 through 2020-2021 (Table) and (Chart), for detail and graphic representation. Hawaii is proud to be able to support former foster youth students in achieving their educational goals. Hawaii's systems of financial assistance accommodate the fact that former foster youth often start on their higher education paths later than their peers, and they often take longer to reach their goals. By participating in Imua Kakou from ages 18 to 21, and then the Higher Education Stipend program from ages 21 to 27, the young adult can receive nine years of financial support.

CWSB remains committed to supporting youth fully utilize Education and Training Vouchers (ETV) and higher education benefits. Beginning in fall 2018, consistent with federal legislation, Hawaii extended ETV benefits to eligible former youth to age 26. Hawaii continues to address underutilization of ETV awards. There was a notable increase in the number of students



receiving ETV awards from 25 in school year 2016-2017 to 48 in school year 2019-2020, and 44 in the 2020-2021 school year, with a corresponding increase in the percentage of funds used. Refer to the Data Booklet, Figures 126 & 127: Education and Training Vouchers School Years 2016-17 through 2020-21 (Table) & (Chart) for detail and graphic representation of data on the ETV program.

CFSP goals of Collaboration, Workforce, Prevention, and CQI are addressed through the efforts of CWSB staff, who will continue to coordinate financial benefits and support for former foster youth and young adults in the Imua Kakou and Hawaii Higher Education Programs and for those receiving ETV.

## **D. EXTENDED FOSTER CARE (AKA IMUA KAKOU) AND EXTENDED ASSISTANCE PROGRAMS**

The Imua Kakou and Extended Assistance Programs completed year six on June 30, 2020. Work in this area addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. Collaborative efforts will continue with CWSB, EPIC Ohana, UH Law School, the Judiciary, SHAKA, the Title IV-E claiming unit, IHI Providers, the youth, and others. Continuing efforts include improving communication, program services, and service delivery, e.g., ICPC services; and meeting federal, state, and CWSB requirements.

### **1. Extended Assistance Programs**

No changes were made to the Extended Assistance Programs, a “for payment only” program for former foster youth who were placed into legal guardianship or adoption, subject to an agreement between DHS and caretakers at age 16 or older. The numbers remain small, with SFY 2020 monthly averages of one (1) youth with Adoption Assistance, and five (5) youth with extended LG/GAP) as it is a permanency option for an older population. Please refer to the Data Booklet, Figure 128: Young Adults Receiving Imua Kakou Or Extended Assistance Monthly Averages for SFY 2016- 2020, and Figure 129: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2016 - 2020.

### **2. SHAKA Database and Imua Kakou Data Tracking**

Imua Kakou cases continue to be documented, managed, and tracked in the SHAKA database, which is managed by the University of Hawaii Maui College. The basic processes remain the same with some revisions to data input, management, and reporting to allow for quicker access to data, identification of young adults potentially eligible for ETV and higher education stipend benefits, ICPC and other out-of-state resources, and situations in which a young adult may be having trouble maintaining Imua Kakou eligibility.

### **3. Imua Kakou Applications**

During SFY 2020, SHAKA logged 114 applications in various stages of completion. Of these applications, 65 (57%) were determined eligible for Imua Kakou, seven (6%) were determined to be ineligible, 14 (12%) were referred to other resources, and 28 (25%) were new/incomplete or recently submitted or were incomplete or withdrawn.

Applications were most often determined ineligible and referred because the young adult applicants were adopted or placed under legal guardianship before age 16. Please see Figure 130: Imua Kakou Applications SFYs 2016 – 2020.

### **4. Participant Demographics and Other Tracker Data**

In February 2021, there were 182 Imua Kakou cases open in the SHAKA database. Based on the data, a “typical” Imua Kakou participant is a Hawaiian (59%) female (56%) who emancipated from foster care while under CWSB’ placement responsibility (87%). She resides with relatives (40%) while maintaining eligibility by working and understands and was involved in developing her case plan.

Trend information from surveys of 52 young adults exiting Imua Kakou during SFY 2020 indicates that the young adult is exiting at age 21 in 77% of cases, has a relationship with at least one adult that is trusting, supportive, and unconditional and who will always be there (98%), has a Social Security Card (98%), birth certificate (100%), and medical coverage (100%). Although there is some overlapping/ duplication of coverage, Med-QUEST is the major health insurance provider (98%).

Termination/Closing Tracker information indicates that most young people are working (56%), in an employment preparation activity (14%), or are in post-secondary education (21%).

### **5. Case Management, Case Plans, and 90-Day Transition Plans**

All young adults who participated in Imua Kakou services for at least 60 days after signing a Voluntary Care Agreement (VCA) and had an initial hearing, also participated in the development of their case plan.

In some regions, case managers and young adults begin developing the case plan before the VCA is signed. In other areas, the case manager and young adult begin the case plan after the VCA is signed and after the court finds that extending voluntary foster care is in the young adult’s best interest.

The Imua Kakou case plans for all young adults include the federal requirements of 90-Day Transition Plans and are updated within the 90 days before the young adult exits

care at age 21. The court monitors the case planning process by requiring the submission of case plans for six-month combined judicial reviews and permanency hearings and for closing/termination hearings. Monitoring compliance with case plans and other requirements is supported by the UH Law School staff review of cases from each CWSB section and by quarterly teleconferences with CWSB and the statewide Imua Kakou teams.

## **E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS**

### **1. Chafee Funded Housing Support**

There are no changes in this area. As in prior years, IHI providers have not used Chafee funds specifically for housing support. Chafee funds are limited and are used solely to provide funding for IHI contract programs for overall IL support which includes housing support.

### **2. Coordination and Linkage with Other Federal and State Programs**

DHS participates in multiple collaborations with stakeholders, providers, and public agencies. DHS will continue to partner with and leverage the strength of the collaborations to meet the CFSP goals for Collaboration, Workforce, Prevention, and CQI.

The Hawaii Youth Services Network (HYSN) is the local Transitional Living Program grantee. CWSB, as a member of the HYSN, receives updates and information from HYSN and provides the same to staff and other agencies. All IHI Providers (Hale Kipa, Hale Opio Kauai, Maui Youth and Family Services, The Salvation Army-Family Intervention Services) and EPIC Ohana are also members of the HYSN. The participation of these entities ensures that the youth voice is present and that information is shared with other youth.

The IHI Providers, Youth Circles, and HI H.O.P.E.S. Boards partner with CWSB to work with youth and ensure referrals to community resources and public agencies regarding areas of health, education, housing, and employment, including BESSD, Division of Vocational Rehabilitation, Med-QUEST, and City and County programs. See also the next section on Youth Homelessness re: Housing Vouchers with C&C, Public Housing Authorities and HUD.

### **CONSOLIDATED APPROPRIATIONS ACT -CAA- 2021 (P.L. 116-260): (SUPPORTING FOSTER YOUTH AND FAMILIES DURING THE PANDEMIC ACT) - HAWAII'S PLAN:**

Hawaii has established strong partnerships and collaborations with the young people, service providers, court/CIP, fiscal staff, CWSB administrators, and other

key partners in planning the most appropriate use and distribution of the CAA pandemic funds for youth in foster care and extended foster care. Hawaii's plans for CAA funds include expedited direct payments via contracted service providers who work with the young people and the hiring of interns who are former foster youth, who will engage, respond, support the young people by providing information about the availability of funds and assessing their needs for other support resources. The young people will identify their needs such as housing support, living expenses including food, childcare, and transportation. Some of the CAA Chafee funds will be used by contracted providers to provide this support for the additional young people, such as by revisiting past and current eligible young people; Town Hall participation, direct outreach/contact with young people, social media, collaboration with other networks working with young people, and using additional communication tools for a public awareness campaign.

### **3. Youth Homelessness**

An important strength of IHI is its relationship with the City and County of Honolulu Public Housing Authority to make Family Unification Program (FUP) vouchers available to former foster youth. In 2016, Housing and Urban Development (HUD) increased the benefit period from 18 months to three years, which generated increased former foster youth interest in obtaining vouchers. The short window of opportunity to apply for the Section 8 services continues to be a challenge to voucher utilization. The list may remain closed for years or may open for a few days a few times each year, leaving youth with few opportunities to obtain and then use the vouchers. In some cases, the city took vouchers back from former foster youth. This was extremely disappointing to youth and makes it a challenge to utilize available vouchers. Hale Kipa and a CWSB representative now assist the city with improving youth access to vouchers and other resources by way of a Coordinated Entry System for Youth 18-24, which identifies homeless youth who spent time in the Child Welfare System.

In December 2019, Child Welfare Services and the Hawaii Public Housing Authority (HPHA) executed a memorandum of agreement that provides for young people transitioning from foster care to apply for a Foster Youth Independence voucher from HUD through HPHA, in collaboration with DHS-SSD-CWSB and Hale Kipa. The first voucher for Honolulu County was issued in January 2020. Currently, there are three active vouchers, with two more applications. These vouchers utilize the same criteria as the FUP vouchers and are approved by HUD directly, but do not rely on the Section 8 waitlist. However, a challenge is that it only accommodates single individuals and single or married parents with children and does not allow for unmarried couples. A maximum of 25 vouchers are available each year, which may be renewed annually for up to three years. An added benefit is that the State Housing Authority has agreed to absorb these vouchers into its traditional housing voucher program, at the end of the initial three-

year voucher period, if the participating youth are not yet able to maintain full market rate housing and continue to be in need of the subsidy.

In November 2020, DHS-SSD-CWSB and the Hawaii County Office of Housing and Community Development (OHCD) executed a memorandum of understanding, in collaboration with Salvation Army, that provides for young people transitioning from foster care to apply for a Foster Youth Independence (FYI) voucher from HUD through OHCD. CWSB-East Hawaii has made 14 referrals; CWSB-West Hawaii has just recently started, with one referral. Three young people have completed their initial process and are moving to the next phase of securing placement and/or transferring current leases to vouchers. HUD recently expanded eligibility to Housing Authorities to provide both FUP and FYI and is open to exploring a roll-out statewide.

CWSB supports the Governor's Hawaii Interagency Council on Homelessness and participates in efforts to increase awareness that former foster youth fall into homelessness at a much higher rate than non-foster youth, and to reduce and prevent homelessness among former foster youth.

CWSB continues to assist Partners in Care, the Oahu Continuum of Care for homelessness, in its efforts to support Oahu's homeless population. HUD awarded \$3.8 million in the Youth Homelessness Demonstration Project (YHDP) to Partners in Care. These funds were then awarded to other non-profit collaborations to support a range of outreach efforts, Guide on the Side support services, and alternative housing to address homelessness of minors and young adults through the age of 24. There is special emphasis to locate young people, move them into safe housing, help them sustain that housing and prevent further re-occurrences of homelessness.

#### **4. Human Trafficking**

For information on human trafficking, please see Section VIII. CAPTA, H. Human Trafficking.

#### **5. Medical Coverage**

CWSB collaborates with the Med-QUEST Division (MQD), EPIC Ohana, Inc., CWSB Federal Payment Programs Eligibility unit, and the Kauhale On-Line Eligibility Assistance (KOLEA) team to ensure that former foster youth continue to have medical coverage after age 18 through age 26. To streamline sharing information regarding the youth's eligibility for continued medical coverage, the CWS/MQD Communication Form (Foster Care), DHS 1106, was revised and made available online in the KOLEA system. Training was provided to CWSB support staff explaining the goals and aims of its development with instructions on completing the form currently online in KOLEA. All parties involved have worked diligently to streamline the process and address any problems that have

emerged since the revision of the form. MQD continues to work with the federal Centers for Medicare and Medicaid Services and state counterparts to resolve former foster youth eligibility and maintenance of coverage issues. The group will continue to meet, as needed, to ensure that continued medical coverage is provided former foster youth ages 18 through 26.

At the end of 2019, MQD informed CWSB and the community partners who have been working in collaboration to address barriers around Medicaid coverage for young people in the Former Foster Youth category, that more young people would be eligible for inclusion in this category. Young people who were involved in foster care in Hawaii and continue to receive adoption assistance payments and Kin guardianship assistance payments (KinGAP) up until age 18 are now eligible to be included in the Former Foster Youth category and eligible to receive Medicaid coverage until age 26 in Hawaii. Staff were informed of these changes to ensure that forms were properly updated and processes and procedures reflected this change. In 2021, CWSB staff, youth leaders and community partners will continue to collaborate to support young people who are part of the Former Foster Youth category to maintain their medical coverage and inform community members about the new policy changes.

## **6. E Makua Ana (Becoming an Adult) Youth Circles**

The Youth Circle (YC) is a facilitated family group decision-making process that is available for youth currently and formerly in care, aged 14 to 26. The purpose of a YC is to empower the youth or young adult and to bring together their supporters, which may include family, friends, community members, teachers, and service providers, who can assist the youth or young adult to develop and enact a transition plan. The circles are solution-focused and youth-driven. This service is provided under a CWSB contract with a local non-profit agency. Youth Circles can help to:

- a. Increase the youth's self-advocacy skills;
- b. Connect youth with their circle of support, which may include the families from whom they were removed, and strengthen their social capital;
- c. Give youth the opportunity to gain more information about resources for further education, training, financial assistance, housing options, and other social services;
- d. Support their well-being and healthy development;
- e. Reduce homelessness among emancipated youth; and
- f. Encourage youth to dream big while giving them the tools and supports to

achieve their dreams.

YCs are a major support for engaging youth in developing required case plans for youth in care aged 14 years and older, including the federally required 90-day transition plan for youth who are likely to exit care on or after their 18<sup>th</sup> birthday.

The YC is also one of the methods used to help youth understand the importance of a good credit score. Youth are asked if a credit check or report has been obtained, and YC facilitators will discuss the impact of an individual's credit history.

Participants in Imua Kakou receive one Imua Kakou Circle when entering the program and subsequent Youth Circles, as requested/necessary. The purpose of the Imua Kakou Circle is to assist the young person in understanding the program requirements, developing a plan with their supporters, and successfully entering Imua Kakou. If a youth had a recent YC before entering IK, that YC will be utilized to guide the creation of the IK case plan.

Refer to the Data Booklet, Figure 123: Number of Youth Participants & Youth/Imua Kakou Circles SFY 2016 - 2020. In SFY2020, 293 combined YCs and IKCs were provided for 245 youth. This is a decrease from SFY2019 when there were 324 combined Circles for 277 youth.

The lower number of Youth Circles held in SFY 2020 can be attributed to the global COVID-19 pandemic. With the initial stay-at-home orders in March 2020, a number of Youth Circles were canceled, and youth were choosing to delay having a Youth Circle at a time when there was uncertainty about how long the pandemic would affect normal day-to-day interactions. During that time, the Youth Circle staff shared COVID-response resources with youth, and Youth Circles were transitioned from gatherings in-person to Zoom or phone. As many of the youth and community became more accustomed to virtual meetings and events, the number of Youth Circles began to steadily increase to pre-pandemic levels at the end of SFY 2020. Youth Circles will continue to adjust to meet the needs of young people and will transition back to a mix of in-person and virtual gatherings when it is safe to do so.

Efforts in this area address CFSP Goals for Collaboration, Workforce, Prevention, and CQI. CWSB continues to work towards improving referral and participation numbers. The youth share that Youth Circles are helpful to find their voice and direction in life.

## **7. CWSB Youth Advisory Board**

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board is active on Oahu, Maui, Kauai, and East and West Hawaii. HI H.O.P.E.S. membership consists of current and former foster youth representing the foster youth voice in areas of advocacy, policy,

systems improvement, services, and legislative education. They are often present at annual conferences attended by CWSB, Judiciary, community partners and other stakeholders. HI H.O.P.E.S. members help to increase public awareness about the foster youth population through its outreach to other sectors in the community, including education, employment, and housing. Under the supervision of the HI H.O.P.E.S. Initiative Statewide Manager, and in collaboration with DHS Med-QUEST Division and CWSB administration and staff, the board helped improve current and former foster youth access to health care and helped them maintain coverage through age 26 by identifying barriers and suggesting improvements to the system. HI H.O.P.E.S. also advocates for youth engagement in case planning.

CWSB is committed to encouraging youth participation in the development and maintenance of CWSB services and programs for current and former foster youth. Since 2016, the HI H.O.P.E.S. board has focused on raising awareness of the rights of young people in foster care by presenting at Teen Days, Ohana is Forever Conferences, the Annual Child Welfare Law Update, Family Court Symposiums, and other court and CWSB sponsored events, meetings, and trainings. In 2018, HI H.O.P.E.S. successfully advocated for the Rights of Children in Foster Care bill to be included in the Governor's 2018 legislative package. The rights were developed by gathering feedback from over 100 youth and working closely with CWSB, Family Court, the Attorney General's office, UH Law School, and other stakeholders. By the end of the 2018 legislative session, the Rights of Children in Foster Care had been signed into law, amending the Guiding Principles, HRS 587A Child Protective Act.

HI H.O.P.E.S. also works on board-specific efforts, such as Youth Leadership Institutes, Teen Days, and other events to encourage foster youth to develop self-advocacy skills and participate in their cases and court hearings.

In 2019, CWSB, HI H.O.P.E.S., and community stakeholders worked on designing a grievance process for youth rights. Partner agency, EPIC Ohana, has been contracted to facilitate those design and implementation efforts. This process has been named the "Pono Process". *Pono* is a Hawaiian word usually defined as "righteousness." In 2020, youth and lead navigators were hired, in part due to their lived experience in the foster care system in Hawaii. With the youth and lead navigators in place, continued monthly community input to design and roll out the process was received from partners such as the Attorney General's office, Family Court, CWSB, guardians ad litem, service providers and young people. The Pono Process was officially launched in July 2020 at an annual conference attended by over 300 adult professionals and young people. Grievances and other related inquiries continue to be handled by EPIC 'Ohana and the Pono Process youth navigator and lead.



In 2020, a self-advocacy curriculum and a related video were created to assist young people understand their rights while in care and develop skills for self-advocacy. In 2021, statewide self-advocacy trainings will be held virtually for young people in foster care ages 12-18 years. The Pono Process youth navigator and lead will facilitate the trainings. They will work with CWSB and other partners to recruit eligible young people. The first trainings began in March 2021.

The CWSB partnership with youth boards have been critical for hearing youth perspectives and obtaining youth input. This work addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI.

## **8. National Youth in Transition Database**

Through CWSB's continuing data collection efforts, the NYTD survey has been incorporated into ShakaTown, the youth portal for SHAKA. The Independent Living Collaborator (ILC) and the Youth Circle programs continue to work with CWSB and SHAKA to locate and engage each cohort for survey completion. Survey participants are offered incentives of between \$20-\$50 to complete the survey. Increased communication about the importance of this program and sharing of information with youth groups, such as HI H.O.P.E.S., CWSB staff, and oriented services providers, has resulted in increased community support.

In FFY2020, 32 (48%) of the 67 youth in the 17-year-old baseline group, completed surveys as part of Cohort-4. Reasons why the other 35 youth (52%) did not complete the surveys included two (2) declined to participate; one (1) was incapacitated; six (6) were runaways; and 26 were unable to be located. The youth who completed the 17-year-old Baseline Survey form the cohort for the Follow-Up Surveys at age 19, which will be conducted in FFY2022.

Finding young people, who are not already connected to existing support programs such as independent living programs, higher education, or Imua Kakou, continues to be a challenge. ILC, SHAKA staff, and CWSB continue to meet to explore ways in which more data can be captured for youth exiting foster care at age 18 to help with NYTD surveys and other initiatives. Enhanced search efforts include increasing access through Social Media and partnering with Med-QUEST and other youth serving agencies to reach out to young people. Contracted IL service providers also partner with DHS in NYTD compliance by participating in collecting and sharing data on NYTD elements and by directly inputting data on individual services provided to the youth into SHAKA.

CWSB's partnership with the SHAKA technical and design team has been vital to CWSB's ability to comply with NYTD requirements. Information received from NYTD surveys, and other related data, is used to inform CWSB and other partners about foster youth

and young adult circumstances in many areas, especially homelessness, parenthood and parenting, education, and ethnic disparities.

NYTD data is shared and discussed in varied settings with several partners, including ILC, Youth Circle staff, HI H.O.P.E.S. board, and HI H.O.P.E.S. Community Partnership Hui, and by sharing summary information on DHS and SHAKA/ShakaTown websites.

The NYTD data is also reviewed and compared to data collected from other sources, such as the Jim Casey Youth Opportunities Initiative Opportunities Passport survey and Imua Kakou. This exploration is done in collaboration with the ILC provider and HI H.O.P.E.S.

HI H.O.P.E.S. Board and the Community Partner Hui has used NYTD data to lead efforts on housing in the local communities. NYTD and related data also promoted statewide programs with Hawaii Children's Trust Fund, on pregnancy prevention and young parenting.

This expansion supports CWSB's continuing efforts to increase transparency and collaboration through the sharing of information and engaging in related discussions. CWSB hopes that through this process, the programs designed to serve youth and young adults will continue to be revised and improved to support improved outcomes for Hawaii's youth and young adults.

In anticipation of a NYTD review, CWSB informed community partners and stakeholders, including HI H.O.P.E.S. board, ILC, Youth Circles, and SHAKA, of the upcoming review. However, subsequent information from ACF/CB that all scheduled IV-E Reviews and review preparation activities were being postponed for the foreseeable future, has also been shared with partners and stakeholders.

## **9. Youth-In-Court Facilitation Program**

The Youth-In-Court Facilitator position, one of only two such positions in the nation, was created to help youth self-advocate during the court process. The former foster youth working in this position assists current and former foster youth with navigating the Oahu Family Court process by providing orientations, sharing information about available resources such as Enhancement Funds, connecting youth to resources, when possible, and by informing youth about their rights while in foster care. During the 2020 calendar year, the facilitator met with 138 children and provided orientations to 59 older youth. The number of orientations declined in this period as a direct result of the judiciary's restriction on minors entering the First Circuit Family Court during the pandemic. Since youth were completely restricted from entering the courthouse from March 16, 2020 through September 2020, the youth were not surveyed about their experiences meeting with the facilitator. The Youth-In-Court Facilitator also supports

youth who attend Imua Kakou hearings, including entering data from court experience surveys from circuits statewide into a database maintained by the National Council of Juvenile and Family Court Judges, and will provide additional assistance, such as in the area of ensuring youth receive their vital documents when they reach age 18, as issues arise.

## **10. Planned Activities for FFY 2022**

CWSB has no plans to develop or implement new programs during SFY 2022. CWSB will continue to build and improve in the following areas:

### **a. Youth Engagement and Empowerment**

The collaboration and partnership between CWSB staff, the HI H.O.P.E.S. Initiative, the HI H.O.P.E.S. youth board, and CWSB contracted providers allows for a powerful youth/young adult voice that guides policies, procedures, and program design and encourages youth/young adult leadership.

In SFY 2021, CWSB aims to see the successful implementation of initiatives designed to educate current foster youth about their rights while in foster care with the outcomes of youth understanding their rights and knowledgeably signing the Bill of Rights for Children in Foster Care form; engage foster youth in case planning; ensure that current and former foster youth have medical coverage until the age of 26; ensure the successful implementation and usage of the grievance, or Pono Process, and engage young people ages 12-18 in self-advocacy trainings which will be held virtually statewide throughout the year.

HI H.O.P.E.S. youth board members will also play an important role in partnering with CWSB and stakeholders on outreach efforts and training about the bill of rights, case planning, medical coverage, self-advocacy, and the Pono Process.

### **b. Independent Living Collaborator Contract**

The Independent Living Collaborator (ILC) enhances collaboration, communication, connection, and coordination among CWSB, CWSB contracted providers, young people currently and formerly in foster care, resource caregivers, birth families and relatives, the judiciary, and other public and private entities and communities. During SFY 2022, the ILC contract services will continue to be a key source of connecting, convening, and collaborating.

The ILC will support all CWSB efforts to improve the experience for youth in care and aging out of care and will continue to collaborate with the HI HOPES Youth Boards and other collaborators to host trainings and work groups to support IHI program service delivery. Trainings are offered to young people, providers, CWSB

staff, Judiciary, and other community partners. The continued focus is on Positive Youth Development (PYD) framework and principles: 1) Strengths and positive outcomes; 2) Young People voice and engagement; 3) Strategies that involve all youth; 4) Community involvement and collaboration.

Past trainings included Engagement of Young People, Supervision, Coaching, Supporting Young People through the Pandemic, and other needs as necessary. Moving forward, the trainings will include Continuing to Support the Young People through the pandemic and other training topics identified by the Young People, the IHI providers, CWSB, and other collaborators. Ongoing quality assurance support will be provided by the UH Law School and CWSB caseworkers working on Imua Kakou initiatives.

ILC has been critical for ongoing enhancements of IHI services and ensuring support for the young people and for the providers who support them. ILC and HI HOPES young person with lived experience are Tri-leads with CWSB on implementing the Federal requirements of the Consolidated Appropriations Act (CAA), effective December 27, 2020. The Tri-leads oversee a workgroup of key stakeholders and CWSB to ensure support and care for young people during this pandemic period (4/1/20-9/30/21).

**c. Independent Living and Imua Kakou Services Combined**

Combining these services creates a seamless system of care and provision of services that benefits eligible young people currently and formerly in foster care. It also improves and enhances services and benefits for the Independent Living and Imua Kakou Programs. However, as the number of young adults participating in Imua Kakou continues to exceed contract goals and Imua Kakou case management requires more intensive support and time with the young adults, it presents challenges to enhance services for minors/youth in care, especially with ages 12-15. During SFY 2022, efforts will be directed at continuing to improve services, especially Independent Living Services for minors in care. CWSB will continue to support the IHI providers in collaborating to provide both group and individual services. For example, the IHI providers are exploring and trying ideas such as utilizing intra-agency programs for additional resources; partnering with HI HOPES in each section; partnering with other agencies such as Liliuokalani Trust, with rich, healing cultural resources; partnering statewide with IHI providers (e.g., taking turns hosting Zoom sessions for support and trainings statewide, working with young people they serve, as well as with HI HOPES).

#### **d. Information Technology**

CWSB will focus on strengthening the SHAKA data tracking system, outcomes, and online applications and will explore how SHAKA can be utilized to better integrate referrals and services for youth and young adults; as well as to support Transition Planning for young people as they exit care. CWSB seeks to improve information sharing between CWSB, contracted providers, current and former foster youth, the ILC, and UH Law School. Currently, CWSB is exploring how to include providers into the new Hawaii information system database.

During SFY 2022, the ILC App (Foster Hope smartphone app), and the IL section on the DHS website will continue to be maintained and enhanced.

#### **e. Collaborations and Building Ongoing Relationships**

Building relationships and improving collaboration is key to improving services and care for Hawaii's current and former foster youth, families, and the community. At the heart of those relationships are the resilient and extraordinary young people, especially HI HOPES Youth Advisory Board, CWSB leadership staff and front-line workers, partners, other government agencies, and community providers. CWSB is also fortunate to have national partners, such as the Annie E. Casey Foundation, Jim Casey Youth Opportunities Initiative, and Casey Family Programs to support its projects and local collaborative partners.

EPIC Ohana, with the assistance of national partners, Liliuokalani Trust, Kamehameha Schools, and independent practitioners, also enhances cultural learning to better care for CWSB's young people and families. This effort forms the Na Kama a Haloa effort with its working goal of "By the year 2023, each Hawaiian child and youth (0 – 26) affected by the foster care system is connected to and can sustain a lasting network of healthy, supportive, and enriching relationships." Na Kama continues work to: 1) integrate Hawaiian values and culture into the child welfare system to create an environment that supports Hawaiian families; 2) develop ways to engage and support parent voice for systems improvement; 3) ensure that siblings are placed together, and if they cannot be, that siblings can maintain and develop relationships; and 4) improve the training and support for resource caregivers, so that they can support and nurture the children in their care and support healthy connection of the children with their biological parents, siblings and extended families.

## **SECTION X. RECENT HAWAII LEGISLATION**

### **A. CAPTA**

CAPTA was most recently amended by the Victims of Child Abuse Act Reauthorization Act of 2018 (P.L. 115-424, 1/7/2019). The law amends section 106(b)(2)(B)(vii) of CAPTA to provide immunity from both civil and criminal liability for people who make good-faith child abuse or neglect reports or provide other information or assistance with a report that includes medical evaluations or consultations, in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect.

Because Hawaii's child abuse and neglect mandated reporting law (Chapter 350, HRS) was not consistent with this requirement, requested revisions to section 350-3(b), HRS, were submitted to the State Legislature for review and adoption during the 2019-2020 legislative session.

Prior to finalization of this law, the legislative session was altered due to the COVID-19 pandemic. On May 7, 2020, Hawaii submitted a letter to ACF requesting an extension to meet this CAPTA requirement. This request was approved by ACF and granted Hawaii an extension through June 30, 2021.

The Hawaii 2021 legislative session opened on January 20, 2021. Hawaii provided testimony to both the House and Senate in explanation and support of the modifications to the State Legislature for review and adoption during the legislative session. On May 28, 2021, the CAPTA Immunity Bill HB975 HD1 SD1 was approved and signed into law by Hawaii's Governor David Y. Ige, as Act 026 (Session Laws of Hawaii (SLH) 2021). See Attachment J of this APSR.

### **B. MANDATED REPORTERS**

On September 15, 2020, the Governor signed Act 035, (SLH 2020)/HB 1942 HD2 SD2) Relating to Child Abuse Reporting into law. The purpose of Act 035 (SLH 2020) is to update Hawaii's child abuse and neglect mandated reporting law adding additional categories of persons required to report, as listed below:

1. Commercial film and photographic print or image processors.
2. Commercial computer technicians, and
3. Members of the clergy or custodians of records therefor, provided that a member of the clergy shall not be required to report information gained solely during a penitential communication.

When a clergy member receives reportable information from any other source, the clergy member shall comply with the reporting requirements of this section, regardless of whether the clergy member received the same information during a penitential

communication. For purposes of this paragraph, "penitential communication" means a communication, including a sacramental confession, that is intended to be kept confidential and is made to a member of the clergy who, in the course of the discipline or practice of the applicable religious organization, is authorized or accustomed to hearing those communications, and under the discipline, tenets, customs, or practices of the applicable religious organization has a duty to keep those communications secret.

Also added to Act 035 (SLH 2020) was language noting that upon demand of Child Welfare Services Intake Worker/Investigator or any police department, the mandated reporter shall provide all information related to the alleged incident of child abuse or neglect, including but not limited to medical records and medical reports, and any image, film, video, or other electronic medium.

DHS revised its Guide to Child Welfare Services to add these three new mandated reporter categories, including the requirement to report child abuse and neglect and what information is needed to be provided by the mandated reporter. DHS also updated The Mandated Reporter Checklist for Suspected Child Abuse and Neglect to include the statutory obligation under Chapter 350-1.1-2 per Hawaii Revised Statutes.

### **C. EMERGENCY SHELTER SERVICES**

Act 023 (SLH 2021)/HB 282 HD1 SD1 CD1 was signed into law by Governor David Y. Ige on May 28, 2021. Act 023 (SLH 2021) expands the circumstances where a shelter provider that is coordinating with child welfare services, may provide no-cost emergency shelter and related services to consenting minors.

DHS recognizes that there is a population of unaccompanied youth who avoid shelter services for fear of being placed into the foster care system or into a placement they do not want to be in. Allowing greater access to shelter by amending the definition of "provider" will allow unaccompanied youth access to social services that will stabilize their living situation and enhance their future.

The current Hawaii Revised Statutes (HRS) definition of "provider" in section HRS §346-17.6(h), does not include organizations that are not licensed as Child Caring Institutions or Child Placing Organization and restricts youth serving providers from providing temporary shelter to unaccompanied minors.

In addition, Hawaii Administrative Rules (HAR) 17-1627 "Licensing of Child Caring Institutions" definition of "provider" does not include organizations that are not licensed as Child Caring Institutions or Child Placing Organization and restricts youth serving providers from providing temporary shelter to unaccompanied minors.

DHS has participated in meetings with community partners since this bill was introduced to determine how the issue can be addressed. In March 2021, DHS met with the Governor's Coordinator on Homelessness and unlicensed shelter providers to discuss the impact of the proposed legislation and the definition of "provider." The outcome of this meeting was an agreement was made to develop a "demonstration project" which will allow a structure to be created and implemented to support shelters to accept unaccompanied minors. This demonstration project will allow stakeholders to co-develop the minimum licensing requirements for shelters to provide services to unaccompanied minors. The project will be led by DHS and based on outcomes, DHS will also submit amendments to revise (HAR) 17-1627, if needed, to the 2023 legislative session.

As the project progresses, DHS child welfare services will continue the dialogue with youth service providers on how to best serve the population of unaccompanied youth and develop the structure of licensing requirements to allow minors to consent and have access shelters, while also assuring DHS referrals are made in situations where there are safety concerns.

To support the demonstration project, the Governor's Coordinator on Homelessness proposed amendments to HRS §346.17-6(h) by expanding the definition of "provider" which passed and is in effect until June 30, 2023 (sunset provision). At sunset, HRS §346-17.6(h), shall be reenacted in the form in which it read on the day prior to the effective date. The sunset provision will give DHS, the Governor's Coordinator on Homelessness, and the provider community time to monitor the impact of the expanded definition of "provider" and the effectiveness of the demonstration project to determine if the amendments have been effective in expanding access to shelter, while addressing health and safety concerns of unaccompanied minors.

CWSB is currently in the process of revising HAR 17-1627 and believes this will be the long-term change needed to support houseless youth in securing temporary shelter and related services and supports through organizations that are not licensed CCI's. Expanding the definition of "provider" will allow youth service providers the ability to service unaccompanied minors.



## **SECTION XI. PAYMENT LIMITATIONS – TITLE IV-B**

### **A. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART I**

1. In the past, the State of Hawaii has not used Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments, and has no plans in the future to use those funds.
2. For FFY 2005, the State expended \$0.00 Title IV-B, Subpart I funds for child care, foster care and adoption assistance, and expended no State match for these funds for these services.
3. As of June 30, 2021, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2020.
4. The State of Hawaii has not in the past used and has no plans in the future to use non-Federal funds expended for foster care maintenance as part of the State match for Title IV-B Subpart 1 funds. However, should this become an option, the Department will consult with its federal partners on any appropriate changes.
5. As of June 30, 2021, the State had not used non-Federal funds expended for foster care maintenance as part of the State match for Title IV-B Subpart 1 funds in FFY 2021.
6. Please refer to the Data Booklet, Figure 132: Title IV-B, Subpart I Child Care, Foster Care and Adoption Assistance Comparison FFY 2005 and FFYs 2018 – 2022, for the comparison between the Title IV-B, Subpart I funding and expenditures for FFY 2005, FFY 2018, FFY 2019, FFY 2020, FFY 2021 and the planned expenditures for FFY 2022 for child care, foster care and adoption assistance.
7. In the past, the State of Hawaii has not used more than ten percent of the title IV-B, subpart I federal funds for administrative costs, and has no plans in the future to use more than that percentage. Reference current and prior forms, CFC-101, Parts I and II.

### **B. PAYMENT LIMITATIONS — TITLE IV-B, SUBPART II**

#### **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 2022**

As a result of the revised statutory definitions of family support and family reunification, Hawaii does not plan to make changes in its use of Title IV-B, Subpart 2 funds, nor does Hawaii plan to change its service array. The percentage of funds for each services category approximates at least 20% of the total grant. The funds allocated to each

service category include only funds for service delivery. No funds are being requested or allocated for planning or services coordination. See the Data Booklet, Figure 133: Title IV-B-2 Service Categories and FFY 2021 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY2021.

### **3. FFY 2017**

The FFY 2017 State and local share expenditure amount for the purposes of Title IV-B, Subpart 2 was \$1,069,356. As the State struggles with the recovery from the economic recession, and current pandemic fiscal impacts, funds continue to be limited for social services programs. CWSB response has been to prioritize critical service programs that are essential to the health and safety of families and children.

### **4. FFY 2016 and 2019**

Refer to the Data Booklet, Figure 133: Title IVB-2 Service Categories and FFY 2021 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2021. Hawaii's plans for Title IV-B, Subpart 2 expenditures for FFY 2022 will follow the same pattern as the FFY 2016 funding. These funding amounts, percentages, and areas of focus are based on Hawaii's continuous assessment of the communities' unmet needs. These funds support essential services in the designated geographic areas.

## **C. EDUCATION AND TRAINING VOUCHERS (ETV)**

For the number of ETVs awarded for the 2020-2021 School Years, see Attachment D: Annual Reporting of Education and Training Vouchers Awarded

## **D. CFS-101**

See Attachment B for CFS-101 Part I, CFS-101 Part II, and CFS-101 Part III in Microsoft Excel and PDF format.

## **E. FFPSA TRANSITION FUNDS**

The State of Hawaii was awarded \$1,955,441 in Family First Prevention Services Act (FFPSA) Transition Grant funding. During FY 2020, no expenditures were charged to the FFPSA grant funding, leaving the full Grant amount available for use. Hawaii has plans to tap into these funds for implementing the FFPSA, including contracting for prevention, differential responses, VCM and PSS services, and staffing to support FFPSA programs. A portion of the Grant will be used for the evaluation contract with the University of Hawaii for ongoing evaluation of FFPSA activities in Hawaii.

DHS is also considering using FFPSA Transition Grant funds to help build/support the capacities of service providers, by providing start-up funds, or implementation bonuses, to service providers who may need to expand their capacity and training of staff to meet the enhanced scope of new service contracts with FFPSA requirements. For example, the scope of services for the VCM and PSS contracts are being expanded to include FFPSA requirements. Hawaii also anticipates that many FFPSA client/candidates receiving prevention services will need ongoing monitoring for 12 months to 24 months. Home visiting contracts, which are currently being procured. If new service providers are chosen, transition plans will be required to help families receiving services with the current provider transition to another provider.

CWSB is also highly motivated to expand Intensive Home-Based Services (IHBS) to Maui County and Kauai due to positive outcomes observed in the Waiver Demonstration Project. Transition funds may be used in expediting this process and is outlined as one of the goals in the Title IV-E Prevention Plan that was submitted in December 2020.

## **F. CARES ACT**

In FFY 2020, Hawaii received \$176,363 CARES Act funds for Stephanie Tubbs Jones Child Welfare Services, and as of August 10, 2021, Hawaii has used \$117,536 of those funds. The money was spent on Personal Protective Equipment (PPE) for CWSB staff and for CWSB children, families and resource caregivers, as well as safety fortifications for the CWSB offices, such as air filters, plexiglass, and hand sanitizer. Prepaid cell phones and data cards for CWSB parents and youth to assist with virtual visits and contacts were also paid for with CARES Act funds. To comply with Hawaii's Safe Travels Program, some funds were used to pay for COVID-19 testing for essential travel for resource caregivers, children in foster care, and CWSB staff.

Additionally, in FFY 2020, Hawaii received \$149,206 CARES Act funds for Family Violence Prevention and has spent \$61,691, as of August 10, 2021. These funds are being distributed to the domestic violence shelters statewide and to the statewide Teen Dating Violence Prevention and Education program. The funds are being used to provide written information to clients about how to stay safe during the pandemic, to provide PPE to clients, and primarily to regularly sanitize and deep clean the shelter spaces. More information may be found in *Section VIII. Child Abuse Prevention and Treatment Act Progress Report on State Plan, E. Domestic Violence* of this report.

## **G. TITLE IV-B, SUBPART 1, STEPHANIE TUBBS JONES CHILD WELFARE SERVICES DISASTER RELIEF FUNDS**

In 2020, Hawaii applied for and received Disaster Relief Funds to help offset the major impact of the 2018 volcanic eruption and lava flow on the east side of Hawaii Island. Hawaii received \$89,912 in Disaster Relief funds. These funds were spent on two new all-wheel drive vehicles for the Child Welfare Services's East Hawaii section. Many CWSB vehicles' filters and engines were severely damaged by volcanic ash. Prior to the purchase of the new vehicles, none of the

cars in East Hawaii were properly equipped to drive in the rough terrain.

# ATTACHMENTS

## A. DATA BOOKLET

## B. CFS-101 PART I, II, AND III

## C. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER

## D. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED

## E. UPDATED STATE OF HAWAII CONTINUITY OF OPERATIONS PLAN

The existing Continuity of Operations Plan (COOP) had been of limited use during the COVID-19 pandemic for several reasons. These barriers were identified, as described below, and have since been addressed.

1. The COOP lacked the proper language to sufficiently address the specific crisis of a global pandemic.
  - The COOP was revised to include the necessary language.
2. The COOP was too technical and formal to be of immediate use to staff.
  - Although the language and format of the COOP remains formal, during the revision process, the COOP was thoroughly reviewed with CWSB leadership to promote understanding and to incorporate CWSB leadership's feedback into the COOP.
3. The COOP had not been reviewed recently with current CWSB leadership to ensure their awareness and understanding of the relevant protocols and procedures.
  - As mentioned in the bullet under #2 above, the entire COOP was reviewed with CWSB leadership during the pandemic.

Although the COOP was not adequate to guide CWSB during the pandemic, the State of Hawaii Emergency Management Agency has partnered with the Department of Human Services to successfully ensure the continuity of CWSB's crucial services through the COVID-19 crisis.

## **F. ANNUAL REPORT ON CHILD DEATH REVIEW AND MATERNAL MORALITY REVIEW ACTIVITIES**

### **G. CHILD WELFARE SERVICES UPDATED TRAINING PLAN**

### **H. STAFF DEVELOPMENT OFFICE WORK TRAINING PLAN**

### **I. HEALTH CARE OVERSIGHT AND COORDINATION PLAN**

There have been no changes to the Health Care Oversight and Coordination Plan during the last fiscal year. Hawaii continued to follow the Centers For Disease Control health protocols for COVID-19 along with the State of Hawaii's protocols for the virus for all residents of Hawaii. Services for families and children through CWSB continued to be provided while adhering to the health and safety protocols during this pandemic.

Children and youth continued to receive their pre-placement physical upon entry into foster care and within 45 days of placement, they received their comprehensive physical and mental health assessment from their primary care physician. Depending on the physical or mental health needs of the child during the pandemic, some physicians would allow telehealth medicine, but most children were seen by their physician in person with the doctor's offices or clinics taking the necessary precautions of social distancing, sanitizing the rooms, and requiring face masks.

For the use and monitoring of psychotropic medications among children and youth in foster care, see Section V. A.2.

### **J. HAWAII HOUSE BILL NUMBER 975**