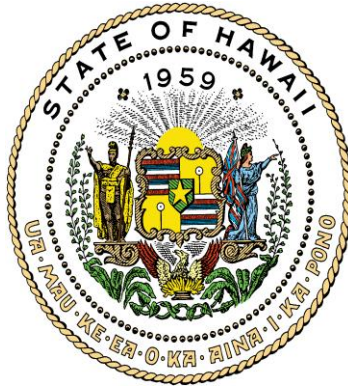State of Hawaii

Department of Human Services

Social Services Division

Child Welfare Services Branch

Federal Fiscal Year 2016
ANNUAL PROGRESS AND SERVICES REPORT
(APSR)

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

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

Table of Contents

TABLE OF FIGURES

ACRONYMS & ABBREVIATIONS

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

FCTC	Foster Care Training Committee
FFY	Federal Fiscal Year
FJ	Family Journal
FPH	Family Programs Hawai`i (Social Service Agency)
FPPEU	Federal Payment Programs Eligibility Unit
FSS	Family Strengthening Services, part of Hawai`i's DRS
FY	Fiscal Year
GAL	Guardian Ad Litem
GE	Geographic Exemption (for a child to attend public school outside of his/her area)
HANAI	Hawai`i Assures Nurturing and Involvement (Resource Caregiver Training)
HAR	Hawai`i Administrative Rule
HCWCQI	Hawai`i Child Welfare Continuous Quality Improvement Project
HCWEC	Hawai`i Child Welfare Education Collaboration
HPHA	Hawai`i Public Housing Authority
HFYC	Hawai`i Foster Youth Coalition
HI HOPES	Hawai`i Helping Our People Envision Success (Foster Youth and Former Foster Youth Organization)
HRS	Hawai`i Revised Statute
HSP	Human Service Professional
HYCF	Hawai`i Youth Correctional Facility
HYOI	Hawai`i Youth Opportunities Initiative
HYSN	Hawai`i Youth Services Network
ICF	Internal Communication Form
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IL	Independent Living
ILP	Independent Living Program
IT	Information Technology
ITAO	It Takes an 'Ohana (Resource Caregiver Organization)
LAS	Leadership Academy for Supervisors
LGBTQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning
MCWSS	Maui Child Welfare Services Section
MDT	Multi-Disciplinary Team
MICU	Management Information and Compliance Unit
MLT	Management Leadership Team
MLTM	Management Leadership Team Meeting
MEDQUEST	State of Hawai`i Health Insurance
MQD	MedQUEST Division
MSO	Management Services Office
MSW	Masters in Social Work (graduate degree)
NCANDS	National Child Abuse and Neglect Data System
NRC	National Resource Center
NYTD	National Youth in Transition Database
OA	Office Assistant
OHA	Office of Hawaiian Affairs
OIT	Office of Information Technology
OPPLA	Other Planned Permanent Living Arrangement
OYS	Office of Youth Services

PAS	Performance Appraisal System
PC	Permanent Custody
PD	Program Development *or* Position Description
PDO	Program Development Office
PFC	Project First Care
PIDF	Partners in Development Foundation (Social Service Agency)
PIP	Program Improvement Plan
POS	Purchase of Service & Grants Management Unit
PRT	Permanency Roundtable
PUR	Period under Review
QA	Quality Assurance
QAR	Quarterly Activity Report
QLCC	Queen Liliuokalani Children's Center
RFI	Request for Information
RFP	Request for Proposals
RIF	Reduction in Force (Workforce Layoffs)
SAMHSA	Substance Abuse and Mental Health Services Administration (Federal)
SANE	Sexual Assault Nurse Examiner
SART	Sexual Assault Response Team
SDS	Staff Development Services (Training)
SFHR	Safe Family Home Report
SFY	State Fiscal Year
SHAKA	State of Hawai`i Automated Keiki Assistance (Computer Database System)
SIP	Section Improvement Plan
SNAP	Supplemental Nutrition Assistance Program (Federal)
SOU	Systems Operating Unit
SPAW	Safety, Permanency and Well-being Roundtables
SPC	Strategic Planning Committee
SRF	Statewide Resource Families
SSA	Social Services Assistant
SSD	Social Services Division
SSO	Support Services Office
STI	Sexually Transmitted Infection
TANF	Temporary Aid to Needy Families (Federal)
TPR	Termination of Parental Rights
TRO	Temporary Restraining Order
T/TA	Training and Technical Assistance
UH	University of Hawai`i
UHMC	University of Hawai`i, Maui College
VCM	Voluntary Case Management (Services – part of Hawai`i's DRS)
VRSBD	Vocational Rehabilitation and Services for the Blind Division
WIA	Workforce Investment Act
WIC	Women, Infants, and Children (Federal Financial Assistance)
ZTT	Zero to Three (Ages 0-3) *or* Zero to Three Court

SECTION I. DESCRIPTION OF STATE AGENCY

A. AGENCY UPDATES/CHANGES

1. **Changes to Agency Priorities**

   There are no changes to the DHS' priorities that were listed in Hawaii's 2015-2019 CFSP. They remain:

   a. Implementation of Title IV-E Waiver 5-year Demonstration Project (2015-2019)
   b. Building of our new SACWIS system (2014-2018)
   c. Restructure of our CQI system and preparation for CFSR Round 3 (2015-2017)
   d. Instituting mandatory Supervisory Training (2015-2016)
   e. Sustain and Enhance our Extended Care to 21 Program and our Independent Living Programs (2015-2019)

2. **Updates/Changes to Agency Organization**

   There have been no changes that significantly affect the organization. A reorganization plan has, however, been drafted but not yet approved by DHS leadership.

3. **Targeted Plans**

   This portion discusses the Targeted Plans within the 2015-2019 CFSP for which the Hawaii must provide information on the changes made in FY2015, or that there are no changes to report.

   - Foster and Adoptive Parent Diligent Recruitment Plan

     Discussion of the progress and accomplishments in implementing the state's 2015-2019 Foster and Adoptive Parent Recruitment Plan are contained in Attachment C. Diligent Recruitment Five Child Welfare Workforce Year Plan.

     For a discussion of any changes or additions needed to the plan see changes to the Foster and Adoptive Parent Diligent Recruitment Plan in Attachment C.

   - Health Care Oversight and Coordination Plan

     Information regarding progress and accomplishments is provided in Section V.A.2. of this document.

     Information regarding changes to the plan is provided in Section V.A.2. of this document

- Disaster Plan

  There were no disasters in Hawaii during FFY 2105 that required activation of the Disaster Plan.

  There were no changes made to the Disaster Plan in FFY2015.

- Training Plan

  See Attachment C.8. for updates on the Training Plan.

4. Child Welfare Workforce

As of May 2015, the CWSB had 409 funded positions, 337 employees (82%) and 72 position vacancies (18%). The total number of funded positions in the CWSB changes from year to year, because of budget allocations, positions being moved out of the Branch to fill other Division needs, hiring freezes, and positions being abolished due to a reduction in force (RIF). The DHS continues to fill open positions, but the 2009-2010 RIF has had lasting negative consequences.

Figure 1: CWSB STAFF POSITIONS AND VACANCIES

CWSB Staff Positions and Vacancies						
	June 2010	**June 2011**	**April 2012**	**May 2013**	**May 2014**	**May 2015**
Total Number of CWSB Staff Positions	Over 500	444	417	428	411	409
Number of Vacant CWSB Positions	unknown	91	103	94	93	72
Percentage of Vacancies	unknown	20%	25%	22%	23%	18%

Data Sources: DHS Directories, Past APSRs, April 2012 CWSB Workforce Survey, May 2014 CWSB Workforce Survey, June 2015 CWSB Workforce Survey, and direct staff inquiries

SECTION II. CWSB STRATEGIC PLANNING

A. OVERVIEW OF HAWAI`I'S CHILD AND FAMILY SERVICE PLAN (CFSP)

1. Hawaii's CFSP and CFSR

Hawaii's 2015 – 2019 CFSP 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 for children and families. The CFSP consolidates plans for these programs to help comprehensively integrate the full array of child welfare services, from prevention and protection through permanency.

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

2. Hawaii's Annual Progress and Services Report (APSR)

The APSR is an annual report on the progress made toward accomplishing the goals and objectives of the CFSP. This APSR focuses specifically on federal fiscal years (FFY) 2015 and 2016.

B. DATA

1. Data Sources

a. **Case Reviews: See Section VI (Systemic Factors)**

b. **Federal Data Sources**

   i. **Adoption, Foster Care Analysis and Review System (AFCARS)**
   AFCARS collects case-level information from state and tribal title IV-E agencies on all children in foster care and those who have been adopted with title IV-E agency involvement. Examples of data reported in AFCARS include demographic

information on the foster child as well as the foster and adoptive parents, the number of removal episodes a child has experienced, the number of placements in the current removal episode, and the current placement setting. Title IV-E agencies are required to submit the AFCARS data twice a year based on two 6-month reporting periods.

ii. **National Child Abuse and Neglect Data System (NCANDS)**
NCANDS is a voluntary data collection system that gathers information from all 50 states, the District of Columbia, and Puerto Rico about reports of child abuse and neglect. NCANDS was established in response to the Child Abuse Prevention and Treatment Act of 1988. The data are used to examine trends in child abuse and neglect across the country, and key findings are published in our Child Welfare Outcomes Reports to Congress and annual Child Maltreatment reports.

iii. **National Youth and Transition Database (NYTD)**
NYTD collects information on youth in foster care, including sex, race, ethnicity, date of birth, and foster care status. It also collects information about the outcomes of those youth who have aged out of foster care. States began collecting data in 2010, and the first data set was submitted in May 2011.

c. **Statewide Information Systems: See Section VI (Systemic Factors)**

i. **Child Protective Services System (CPSS)**
CWS' electronic database, CPSS, contains information required for the CWSB functions and information necessary for required Federal reports, such as AFCARS and NCANDS.

ii. **State of Hawaii Automated Keiki Assistance (SHAKA)**
SHAKA is an on-line internet based database. Originally envisioned as the replacement for CPSS, it is now used as a more user friendly interface with CPSS for some functions. SHAKA is the primarily y database NYTD, ETV and higher education benefits and Imua Kakou.

d. **DHS, Management Services Office (MSO)**

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

e. **DHS January 2014 Databook: www.humanservices.hawaii.gov**

The Databook is an annual publication that contains information for SFY and previous years for various Divisions of the Department of Human Service, including Social Services Division (CWSB and APCSB). This report is available of the DHS website.

2. **Time Period Reported**

   For all the CFSR items reported in this document, the figures will include SFY 2015 data. For non-CFSR item, the figures will include FFY 2014 and interim FFY 2015 data, if available.

3. **Data Figures**

   Throughout this APSR, the CWSB will present many table and graphs. The goal is to provide an overview of the work and case flow, and quantity and quality of data elements that impact the families and children with whom CWSB works.

C. COLLABORATION ON THE CFSP/APSR

Collaboration is integral to the way CWS does business. From the 2003 Child and Family Services Review (CFSR) and the subsequent Program Improvement Plan (PIP) through the 2009 CFSR and the subsequent PIP and continuing to the present, CWS has embraced an ever-expanding process of collaboration with stakeholders. The implementation/ integration of stakeholder input has been essential to the continual improvement of the CWS system and the services provided to families and children. Please note that in this sense 'stakeholders' is defined as all of the entities that come into play with CWS and the CWS families and children: individuals, service agencies, departments and programs – including but not limited to: biological parents; children, youth and young adults; resource caregivers; Justice and Juvenile Justice, Court Improvement Program; services providers; University of Hawaii and other state agencies. See Section III, Part 4, F Collaboration and Community Responsiveness, for a detailed list of our collaboration partners.

In addition to the planning for the CFSRs and the development and implementation of the PIP, stakeholder input is also gathered throughout the year during program specific committee meetings, inter-agency executive committee meetings, and other advisory workgroups at the state and local levels. Staff and external stakeholders frequently serve on the workgroups and committees that are formed to design, develop, implement and oversee the Department's programs, projects and initiatives. These platforms provide the opportunity for continual input into the design of Department policies and programs.

The Department's outcome and goal-related data is shared with staff and stakeholders so they have information about the Department's strengths, areas needing improvement, and progress when providing input to the Department. The Department publishes data and performance reports and plans on the Department's webpage. The Department also presents outcome and goal related data to staff and external stakeholders during

committee, workgroup, and other meetings. In FFY 2016, the Department will increase agency transparency by continuing to post data and documents that are publically available on the agency's internet site.

1. Agencies, Organizations, and individual who are a part of the ongoing CFSP-related consultation and coordination process:

   a. Court Improvement Program

   b. Youth Advisory/Advocacy Group (HI H.O.P.E.S.)

   c. Children's Justice Act grantee

2. Collecting Input from Collaborators.

   Information and feedback is obtained through a variety of existing committee such as the CWSB's Strategic Planning Committee (quarterly meetings) and the Continuous Quality Improvement Council (see Item 25 Quality Assurance System).

3. Integrating Stakeholder Input into CFSP/APSR.

   Input is accepted and incorporated into existing plans and programs on an on-going basis and then consolidated into the CFSP/APSR.

D. CWSB PROGRAM ASSESSMENT

Hawai`i's CFSP is intended to improve its overall child welfare system in generating favorable outcomes for children and families.  Since CWSB integrated the CFSR process and the APSR, Hawai`i's APSR outcomes and goals match those used to determine the quality of performance in the CFSR. The target percentage for all the CFSR goals is a long-range goal, representing a very high standard of practice. The percentages listed under each CFSR Item are the statewide averages for Hawai`i's onsite quality case reviews. The percentages indicate how many cases had this item rated as a strength, out of all the cases reviewed to which the item applied. The onsite case reviews are modeled after the Federal CFSR and serve as measurements for Hawai`i's second federal Program Improvement Plan (PIP2) period. If a CFSR item is also a PIP2 item, this will be indicated and the PIP2 goal will be provided.

During a CFSR, the State's performance is assessed through substantial conformity with the following:

- Seven outcomes in the domains of safety, permanency, and child and family wellbeing

- Seven systemic factors that affect outcomes for children and families

To measure achievement of the outcomes, the review assesses items and data indicators. To measure substantial achievement of the systemic factors, the review assesses items to determine whether the systemic factors are in place and functioning satisfactorily. Hawaii

monitors progress towards each of the outcomes and systemic factors through its continuous quality improvement system, and provides annual updates through the APSR.

The items and/or data indicators associated with the outcomes and systemic factors are listed below (details are provided in the APSR).

E. SAFETY, PERMANENCY AND CHILD WELL-BEING OUTCOMES

1. **Children are first and foremost, protected from abuse and neglect**. (Safety Outcome 1)
   a. Timeliness of Initiating Investigations of Reports of Child Maltreatment (Item 1)
      o Completed Timely & Trending Timely Responses – CWS & VCM, Figure 17
   b. Maltreatment in Foster Care (data indicator)
      o Absence of Maltreatment in Foster Care, Figure 21
   c. Recurrence of Maltreatment (data indicator)
      o Absence of Recurrence of Child Abuse and Neglect, Figure 18

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

   a. Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry into Foster Care (Item 2)
   b. Risk and Safety Assessment and Management (Item 3)

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

   a. Stability of Foster Care Placement (Item 4)
   b. Permanency Goal for Child (Item 5)
   c. Achieving Reunification, Guardianship, Adoption, and Other Planned Permanent Living Arrangement (OPPLA) (Item 6)
   d. Permanency in 12 months for children entering foster care (data indicator)
      o Timely Reunification (within 12 months), Figure 36
   e. Permanency in 12 months for children in foster care 12 to 23 months (data indicator)
      o Timely Adoption (within 24 months), Figure 38
   f. Permanency in 12 months for children in foster care for 24 months or longer (data indicator)
   g. Re-entry to foster care in 12 months (data indicator)
      o Re-entry into Foster Care within 12-months of Exit, Figure 29
   h. Placement stability (data indicator)
      o Placement Stability, Figure 32

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

   a. Placement with Siblings (Item 7)
   b. Visiting With Parents and Siblings in Foster Care (Item 8)

  c. Preserving Connections (Item 9)
  d. Relative Placement (Item 10)
  e. Relationship of Child in Care With Parents (Item 11)

5. **Families have enhanced capacity to provide for their children's needs.** (Child and Family Wellbeing Outcome 1)

  a. Needs/Services of Child, Parents, and Resource Caregivers (Item 12)
  b. Child/Family Involvement in Case Planning (Item 13)
  c. Caseworker Visits with Child (Item 14)
  d. Caseworker Visits with Parents (Item 15)

6. **Children receive appropriate services to meet their educational needs**. (Child and Family Well-Being Outcome 2)
  o Educational Needs of the Child (Item 16)

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

  a. Physical Health of the Child (Item 17)
  b. Mental/Behavioral Health of the Child (Item 18)

F. SYSTEMIC FACTORS

1. **Statewide Information System**

  a. Statewide Information System (Item 19)

2. **Case Review System**

  a. Written Case Plan (Item 20)
  b. Periodic Reviews (Item 21)
  c. Permanency Hearings (Item 22)
  d. Filing for Termination of Parental Rights (Item 23)
  e. Notice of Hearings and Reviews to Caregivers (Item 24)

3. **Quality Assurance System**

  a. Quality Assurance System (Item 25)

4. **Staff and Provider Training**

  a. Initial Staff Training (Item 26)
  b. Ongoing Staff Training (Item 27)
  c. Foster and Adoptive Parent Training (Item 28)

5. **Service Array and Resource Development**

  a. Array of Services (Item 29)
  b. Individualizing Services (Item 30)

6. **Agency Responsiveness to the Community**

   a. State Engagement and Consultation with Stakeholders (Item 31)
   b. Coordination of CFSP Services with other Federal Programs (Item 32)

7. **Foster and Adoptive Parent Licensing and Recruitment**

   a. Standards Applied Equally (Item 33)
   b. Requirements for Criminal Background Checks (Item 34)
   c. Diligent Recruitment of Foster and Adoptive Homes (Item 35)
   d. State Use of Cross-Jurisdictional Resources for Permanent Placements (Item 36)

The CWSB's work is deeply rooted in the DHS' overarching mission noted above, its vision, and its Family Partnership and Engagement Practice Model. Consistent with the purpose of its Title IV-E Waiver Demonstration Project, Hawai`i is committed to reducing the unnecessary entry of children into foster care, providing safety plans and in-home services to strengthen families' ability to care for children at home, and ensuring timely permanency for foster children who have been in foster care nine months or longer.

Hawai`i is using lessons learned from the past to ensure that best and promising practices are institutionalized, and that data is utilized to assess the effectiveness of services, based not only on compliance numbers, and on well-being outcomes for children and families.

G. INTERVENTIONS & STRATEGIES

1. **Interventions**

   The CWSB has developed interventions and strategies that focus on safety, permanency, wellbeing, family engagement, youth transition services, and a wide array of services that promote successful outcomes. These interventions are described in Section III (Programs Promoting Safety), Section IV (Programs Promoting Permanency), Section V (Programs Supporting Family Engagement and Child Wellbeing), Section VI (Systemic Factors), VII (Program Support), and Section VIII (CAPTA), 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:

   ● Based on an assessment of the family's strengths and challenges;
   ● Tailored to the individual needs of each child and family;
   ● Designed using the strengths, problem-solving abilities, and unique capacities of each family and the family's local community;
   ● Culturally sensitive;

- Respectful of family lifestyles, dynamics, and choices;
- Undertaken in a spirit of partnership and collaboration with all parties committed to strengthening the capacity of families to make healthy choices for the safety and well-being of their children; and
- Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

2. Strategies

The strategies that the CWSB uses to achieve its goals focus on:

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

3. Child Welfare Title IV-E Waiver Demonstration Activities

Hawai`i was one of eight states approved by the federal Administration for Children and Families to conduct a Title IV-E waiver demonstration project in FFY 2013. This project granted Hawai`i greater flexibility in the use of federal foster care funds to serve children and families. Hawai`i views the Title IV-E Waiver Demonstration Project as an opportunity to build on and enhance its Child Welfare Services Branch (CWSB) programs and practices that have already been implemented successfully in Hawai`i. The proposed demonstration project has two primary goals: (1) reducing unnecessary entry into foster care and (2) reducing the length of time children are in foster care.

Hawai`i's IV-E Waiver Project officially launched in January 2015. The Initial Design and Implementation Report (IDIR) was approved in December 2014 by the Children's Bureau of the Administration of Children and Families, U.S. Department of Health and Human Services followed by the approval in January 2015 of the Evaluation Plan. The CWSB estimates that a total of 3,441 families, including 4885 children, will be offered Waiver-funded services over the course of the five-year demonstration (2015-2019).

The four major innovations for the Waiver project are:

a. Crisis Response Team (CRT)
The CRT began its operation on O`ahu as of February 2015. The CRT is staffed by CWSB social workers trained in crisis response who respond in-person within two hours

to new intakes referred to the CWS for hospital or police protective custody. The crisis social workers are able to quickly assess the safety and risk factors of the family and then:

- Determine if services are needed;
- Refer the family to differential response of FSS or VCM if no safety factors are present;
- Refer the family for Intensive Home-Based Services (IHBS) if the family meets the eligibility criteria (see below); or
- Refer the family for formal CWS investigation.
  Since its inception, the CRT has already shown success of preventing children from being placed in foster care. As of mid-May 2015, of the 86 CRT responses, children from 51 families were prevented from entering into foster care.

The implementation of the CRT on Hawai`i Island will begin in October 2015.

b. Intensive Home-Based Services (IHBS)

Intensive Home-Based Services (IHBS) began its operation as of February 1, 2015. After responding to a report of child abuse or neglect, the CRT may decide that the family should be referred to IHBS to prevent the child's or children's removal from the family home. Catholic Charities Hawai`i is contracted by the CWSB to provide IHBS using the Homebuilders model of intervention.

Specially trained therapists have up to 24 hours to respond to an accepted referral to help create and implement a safety plan that will stabilize the home in order to prevent removal of the child(ren). Most therapists respond within four to eight hours after an accepted referral. The family is then provided with four weeks of intensive home-based services which can be increased up to an additional two weeks if appropriate. Since February 2015 all of the children in families participating in IHBS were prevented from entering foster care. IHBS services is planned to be implemented on Hawai`i Island this October 2015.

As of mid-May, 2015, 11 families were referred to IHBS via CRT, of which ten families were accepted into this short, intensive service. Eight families completed the services as of May 2015. These families were either referred to a differential response service for further monitoring or their cases are closed. The CRT and IHBS keep track of these families of their long-term outcomes.

c. Family Wrap Hawai`i

Family Wrap Hawai`i (Wrap) will be offered to children/youth who have been in foster care for nine months or longer, continue to have a permanency goal of reunification with family participation in services, and have multiple and complex needs, *e.g.*, academic, mental health, developmental delays, risk of running away. The goal of Wrap is to address the foster youth's length of stay in foster care. This includes identifying and addressing issues delaying reunification or the inability of the child to return to the family home or other permanent placement. The Wrap coordinating committee, the child, his or

her family, and members of their support system collaborate to identify strengths, need and goals, and develop a family-centered individualized plan.

Wrap began its operation as of January 2015. As of May, there are eight families being referred to Wrap to expedite permanency through reunification by addressing barriers to reunification. Of the eight referrals, two families have begun participating in multiple Wrap meetings.

The implementation of Family Wrap Hawai`i on Hawai`i Island will begin in October 2015.

d. Safety Permanency and Well-Being Roundtables (SPAW)

Safety Permanency and Well-Being services are for children who have been in care for nine months or longer, have multiple agency involvement, and for whom reunification is unlikely to be the permanency plan. Professionals from the various agencies involved with the child and family will convene and implement a plan to achieve permanency in a timely manner. The SPAW roundtables are designed as a case consultation to break down systemic barriers to permanency, while ensuring high levels of safety and well-being.

The service provider for SPAW hired a program manager, two facilitators, and a coordinator/recorder. They are working with the CWSB staff for case referrals and meeting scheduling.

The implementation of SPAW on Hawai`i Island will begin in October 2015.

SECTION III. PROGRAMS SUPPORTING SAFETY

A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES

Hawaii 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, home-based services, and family supervision provided through home visits by the CWSB caseworker. The nature and extent of services provided to families depend upon the needs of the families and the availability of services within the community. Services are provided either directly by the CWSB staff or by other social service agencies that are contracted by the DHS to provide services to our CWSB families at no cost to the families.

The following CWSB programs and services support our progress towards achieving safety outcomes for the children and families we serve:

o Risk and Safety Assessments
o Differential Response System (DRS)
o Statewide CWS Intake Hotline
o Child Welfare Services (CWS)
o Voluntary Case Management Services (VCM)
o Family Strengthening Services (FSS)
o Differential Response
o Crisis Response

1. **Risk and Safety Assessments**

   Risk and safety assessment tools support best practice and support consistency in safety-related decisions made by staff; support engaging families and developing timely and accurate assessments of safety and risk; identifies the needs of families and children; and provides an assessment of the children's and families' situation before and after service intervention.

2. **Differential Response System (DRS)**

   The cornerstone of Hawai`i's family preservation and support services is its Differential Response System (DRS). The DRS allows families to obtain family preservation and support services at the most effective, least invasive and least intensive level necessary to ensure the safety of the children.

3. **Statewide CWS Intake Hotline**

   The 24-hour, Statewide CWS Intake Hotline assesses each report of alleged child abuse and neglect (CA/N) and determines the appropriate level of intervention needed, if any.

4. **Child Welfare Services (CWS)**

   The most intense level of intervention is the state-administered Child Welfare Services (CWS), which serves families for whatever length of time is needed.

5. **Voluntary Case Management Services (VCM)**

   The middle level of preservation and support is Voluntary Case Management Services (VCM), provided by contracted social service agencies. Voluntary Case Management services can serve families for up to 12 months.

6. **Family Strengthening Services (FSS)**

   The least intensive level of services is Family Strengthening Services (FSS), provided by contracted social service agencies, FSS can serve families for a maximum of six months.

7. **Intensive Home-Based Services (IHBS)**

   See Section II (CWSB Strategic Planning) for a description of this program.

8. **Crisis Response Team (CRT)**

   See Section II (CWSB Strategic Planning) for a description of this program.

B. PERFORMANCE ASSESSMENT

In this section we'll describe how we assessed our performance in the two CFSR safety outcomes.

1. **Safety Outcome 1**

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

   The assessment of Safety Outcome 1 includes one CFSR item and two statewide data indicators.

   a. Item 1. Timeliness of Initiating Investigations of Reports of Child Maltreatment
   b. Safety Performance Area 1: Maltreatment in Foster Care
   c. Safety Performance Area 2: Recurrence of Maltreatment

2. **Safety Outcome 2**

   Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.
   The assessment of Safety Outcome 2 includes two CFSR items.

   a. Item 2. Services to Family to Protect Children in the Home and Prevent Removal or Re-Entry Into Foster Care
   b. Item 3. Risk and Safety Assessment and Management

C. Child Maltreatment Reports and Disposition of Reports Statewide

Broadly, the data elements presented will cover calls received, assignments for investigations, and timeliness of investigation and disposition [confirmed/not confirmed]. When it is necessary to ensure safety, a child may be placed into foster care. Data regarding the numbers of children placed in care, their age distribution, placement type, continued safety and stability, as well as, length of stay and methods by which they left care, like adoption or reunification with the family will be provided.

This portion of the APSR relates to calls that are received by the CWSB Statewide Intake Hotline. The following will show the flow from total number of calls, of those how many are assigned for further intervention and on to how those calls are finally confirmed or not confirmed. This provides a broad view of the volume and process for these calls.

The following table recaps the calls received by the Statewide Intake Hotline for SFYs 2012, 2013 and FFY 2014 and 2015 third quarter. The "No Intervention Required" calls include requests for information and those that do not meet criteria for CWS intervention. "Assigned for Intervention" calls are those deemed appropriate for some level of intervention and are assigned to CWS or DRS (VCM or FSS) for action. Although, there has been a fluctuation in the total number of calls received, the percentage of calls assigned for further action has remained relatively stable at 20% [+/- 1%].

Figure 2: STATEWIDE INTAKE HOTLINE CALLS

Statewide Intake Hotline Calls								
	SFY 2012		SFY 2013		FFY 2014		FFY 2015 [3/4]*	
	#	%	#	%	#	%	#	%
Total Calls	26,352	100%	25,713	100%	25,965	100%	18,979	100%
No Intervention Required	21,363	81%	20,523	80%	20,415	79%	14,915	79%
Assigned for Intervention	4,989	19%	5,190	20%	5,623	22%	4,064	21%

* FFY 2015 – This only reflects data through June 30, 2015, the third quarter of FFY 2015.

Data Source: DHS, Management Services Office, CWS Intake Stats at a Glance

The following table shows the breakout of calls assessed as appropriate for some level of intervention, either CWS investigation or DRS supportive services.

Figure 3: INTAKES ASSISGNED TO CWS & DRS

Number of Intakes Assigned to CWS and DRS				
Level of Intervention	SFY 2012	SFY 2013	FFY 2014	FFY2015 [3/4]*
CWS	2,277	2,325	2,190	1,596
DRS/VCM	927	1,147	1,658	1,302
DRS/FSS	1,785	1,718	1,702	1,166
TOTAL	4,989	5,190	5,550	4,064

* FFY 2015 – This only reflects data through June 30, 2015, the third quarter of FFY 2015.
Data sources: DHS, Management Services Office; DHS Databook, January 2014; and CWS Intake Stats at a Glance

The numbers in Figure 3 are the basis for the percentages in Figure 4, which show the percentages of cases assigned to the CWS and DRS for action from SFYs 2009-2013 and FFY 2014. Most notable is the continuing decrease in the percentage of cases assigned to the CWS and the corresponding increase in those assigned to the DRS, with a larger portion being assigned to VCM. The number of hotline calls assigned for CWS investigation decreased by 6% from SFY 2013 to FFY 2014. The number of hotline calls assigned to VCM increased 48% from SFY 2013 to FFY 2014. The number of hotline calls assigned to FSS increased 3% from SFY 2013 to FFY 2014.

The FFY 2015 third quarter total comes in at approximately 73% of the FFY 2014 total. Since referrals often increase when school resumes in August and September it too early to presume a decrease in referrals for FFY 2015. Compared to FFY 2014, the referrals to CWS were on par at 73%, while there appears to be a slight increase in the referrals to VCM (79%) and a slight decrease in the referrals to FSS (69%).

In part, the CWSB believes that the continuing decrease in CWS investigations and increase in DRS assignments since SFY 2011 is a result of implementing quality assurance and guidelines for case assignment. This process has also been supported by statewide training on the tools and guidelines for stakeholders, including all CWS, VCM, and FSS Sections, and the Court Improvement Program (CIP) coordinated training for Judges, Guardians Ad Litem (GALs), Court-Appointed Special Advocates (CASAs), and parents' attorneys.

Even though the number of reports has increased since SFY 2011, the proportion of intakes referred to the three differential response paths remained relatively constant for each of the three

paths. This consistency was expected and is a good sign that Hawai`i's process for assessing and determining the appropriate intervention path for a case is well-institutionalized.

Figure 4: INTAKES ASSIGNED TO CWS, VCM & FSS
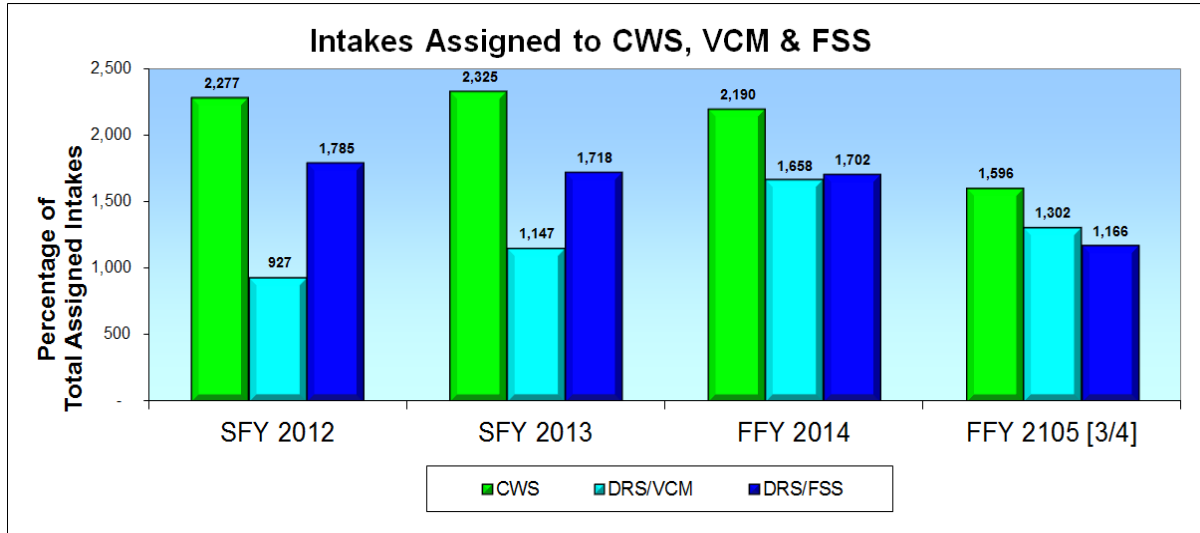
* FFY 2015 – This only reflects data through June 30, 2015, the third quarter of FFY 2015.
Data sources: DHS, Management Services Office; and CWS Intake Stats at a Glance

The recent decline in CWS and FSS and increase in VCM will be further reviewed. The CRT may also result in a decrease of assignments to CWS and an increase to FSS and VCM. The CRT assessment process which includes making additional contacts and gathering additional information allows for a more in depth assessment of the family's safety and risk factors and service needs. This enhanced assessment can result in assignment to the DRS for reports involving hospitals and police bookings that were historically assigned to CWS.

1. **Confirmed Reports**

   The 2,325 reports assigned to the CWS for investigation in FFY 2014 (total assigned directly from intake and those referred back for assignment to CWS from VCM or FSS) included a total of 3,815 children of which 1,369 children (36%) were confirmed as victims of child maltreatment. Of these 1,369 children, Threat of Harm was confirmed for 941 (68.7%) of the children. Threatened harm is confirmed when one or more standardized safety factors that describe risk of substantial harm to the child is present. Figures 6 and 7 show numbers of cases, not children.

Figure 5: DISPOSITION OF CASES ASSIGNED FOR CWS INVESTIGATION - UNDUPLICATED COUNT
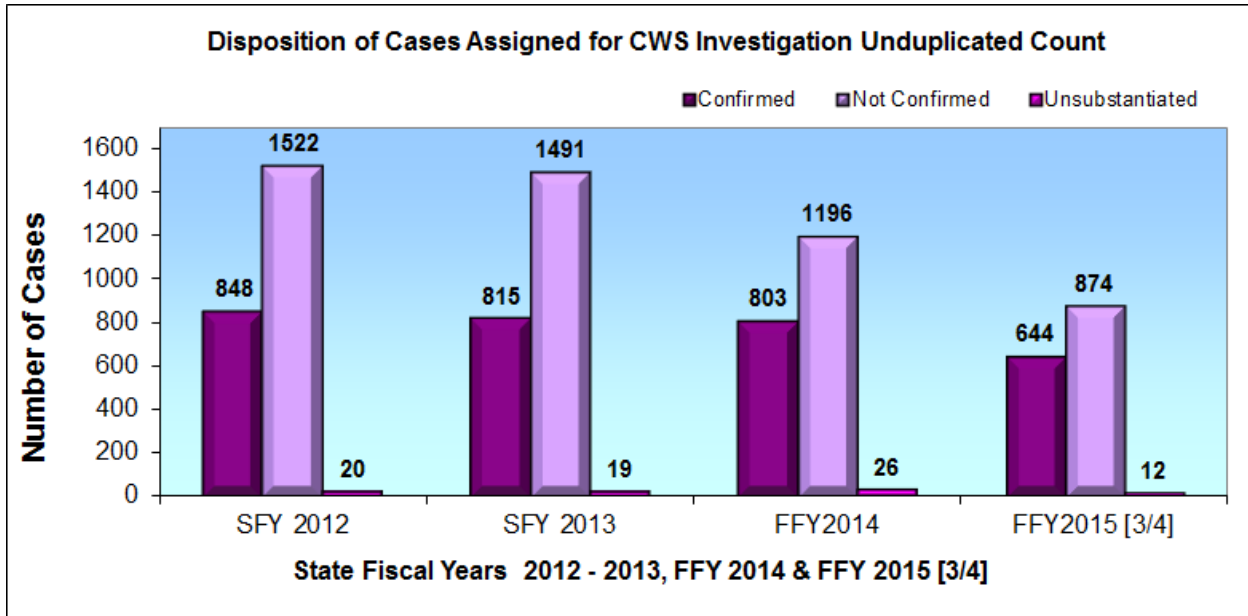
Data source: DHS, Management Services Office

Please note: The numbers in Figure 2 may not match the numbers in Figures 4 and 5. Figure 2 shows cases that were assigned to CWS for investigation directly from the initial CWS hotline intake, while Figures 4 and 5 show cases that were assigned to CWS for investigation at any point (including cases referred from VCM or FSS).

Figure 6: CWS CONFIRMATION RATE
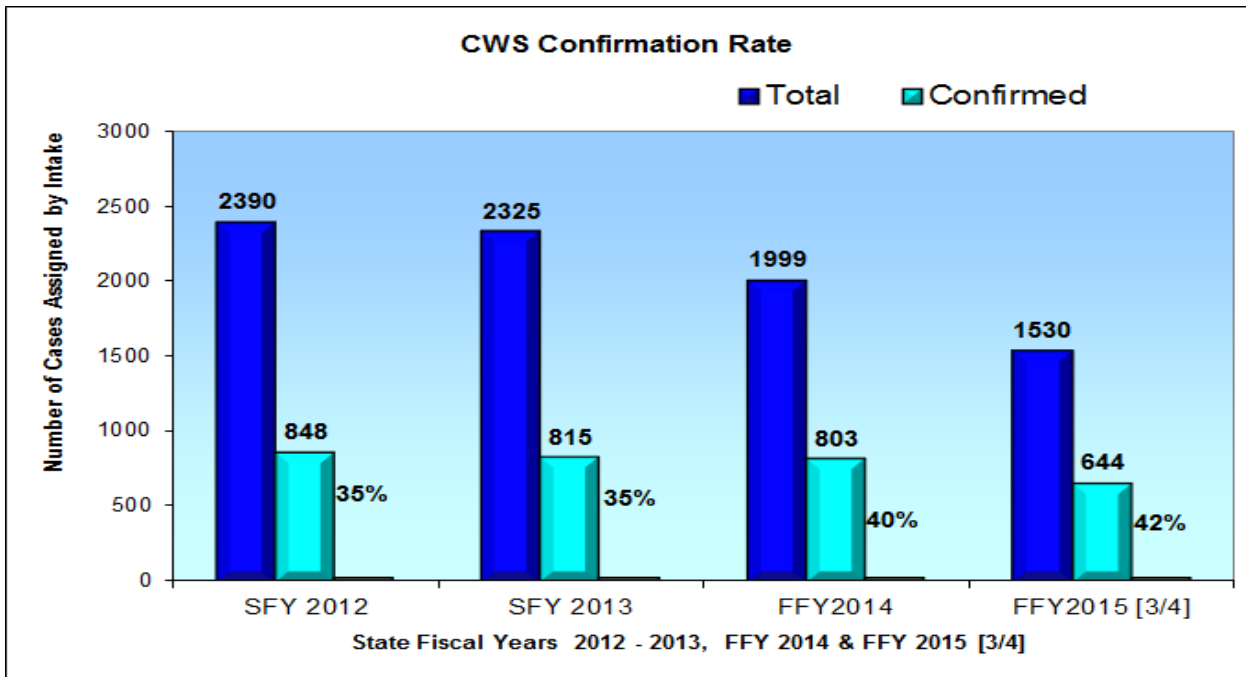
Data source: DHS, Management Services Office; Unduplicated count

Once a CWSB assessment worker is assigned a case, the worker has 60 days to complete a disposition of the CA/N allegations. The definitions of three possible dispositions, explained below, echo the language in Hawai`i Administrative Rules (HAR) Title 17, Subtitle 11, Chapter 1610, Subchapter 2.

- **Confirmed** – There was reasonable cause to believe that harm or threatened harm occurred.

- **Not Confirmed** (aka Unconfirmed) – There was insufficient evidence to confirm that harm or threatened harm occurred.

- **Unsubstantiated** – The statement or information contained in the CA/N report was found to be frivolous or made in bad faith.

Each year the number of unsubstantiated/frivolous cases is very small.

Since the implementation of the DRS in 2005, the CWSB has experienced a decrease in the number and rate of cases confirmed for C/AN as well as a corresponding decrease in the number of children in foster care. It is important to note that the decrease in confirmed cases and the reduction of children in foster care have coincided with a dramatic decrease in the rate of recurrence of abuse from a high of 6% in SFY 2003 to 1.4% in FFY 2014. Hawai`i's continued reduction in recurring abuse underscores the efficacy of our DRS and has placed Hawai`i below the national re-abuse standard of 6.1% for over a decade. Please see Figure 20 Absence of Recurrence of Child Abuse and Neglect. The recurrence rate has remained at 1.4% since SFY 2013.

Figure 7: MALTREATMENT BY FISCAL YEAR & TYPE

Maltreatment by Type and Fiscal Year								
TYPE	**SFY 2012**		**SFY 2013**		**FFY 2014**		**FFY 2015 [3/4]**	
Medical Neglect	10	0.70%	16	1.2%	13	1.0%	13	1.2%
Physical Neglect	197	13.90%	183	13.4%	201	14.7%	132	12.1%
Physical Abuse	197	13.90%	150	11.0%	141	10.3%	110	10.0%
Psychological Abuse	6	0.40%	9	0.7%	7	0.5%	7	0.6%
Sexual Abuse	84	5.90%	72	5.3%	66	4.8%	51	4.7%
Threatened Harm	927	65.20%	931	68.4%	941	68.7%	782	71.4%
Total	**1,421**	**100%**	**1,361**	**100%**	**1,369**	**100%**	**1,095**	**100%**

Data source: DHS, Management Services Office; and DHS January 2014 Databook.
Please Note: The counts above are duplicative, since one child can be confirmed for more than one type of maltreatment, and therefore the totals here do not match the total confirmed reports for that year.

Figures 7 and 8 present the major types of maltreatment that are reported and then confirmed by CWSB. For FFY 2015, third quarter [June 30, 2015], the largest group is threatened harm [71.4%] followed by physical neglect [12.1%] and physical abuse [10.0%]. These rankings have remained consistent for the past several years. The base question for determining physical abuse/neglect is: Did physical abuse/neglect actually occur? While the corresponding question for threatened harm is: Is there reasonably foreseeable substantial risk of harm to a child?

Figure 8: MALTREATMENT TYPE BY FISCAL YEAR

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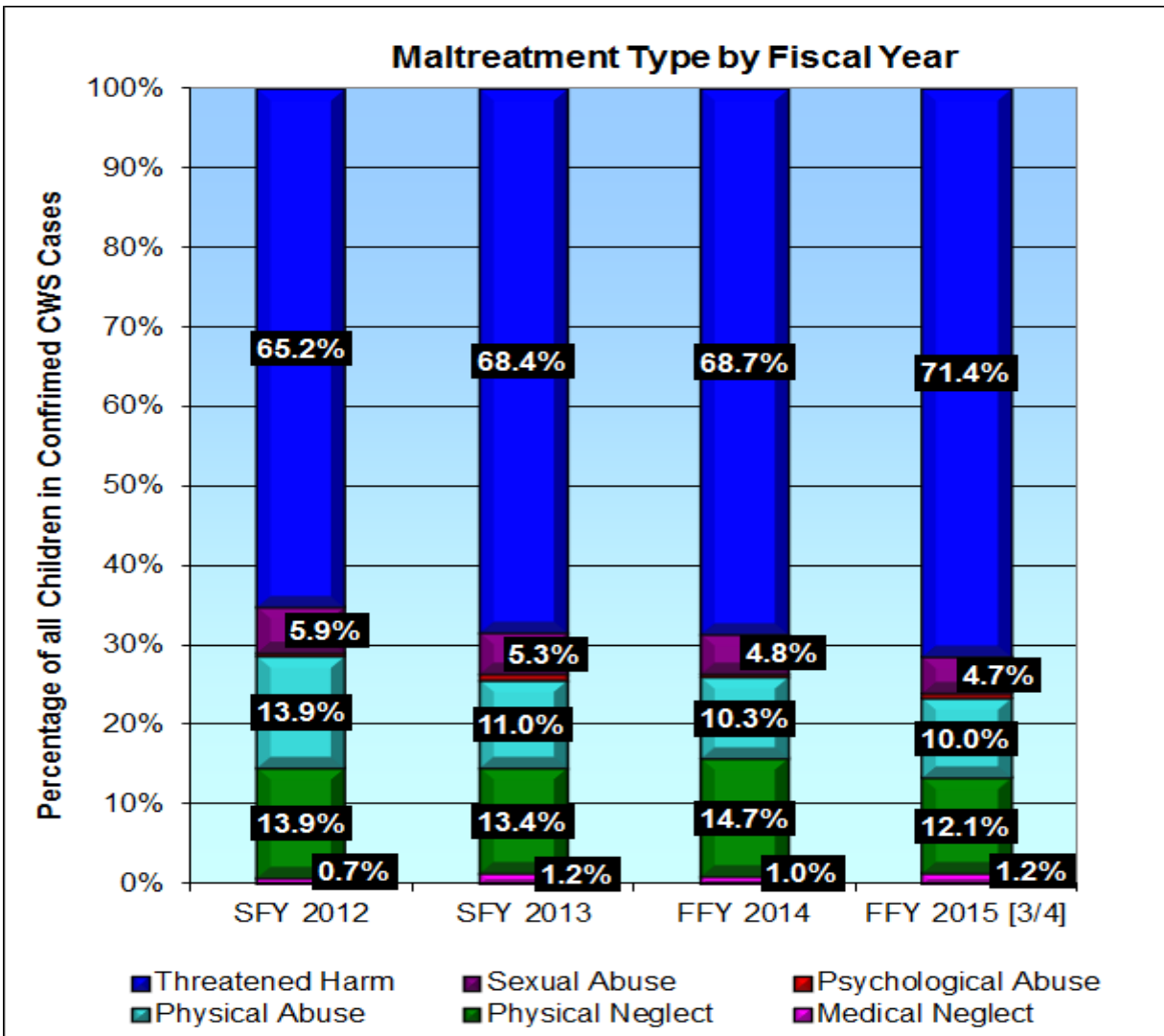
Data source: DHS, Management Services Office; and DHS January 2014 Databook

2. Number of Children in Foster Care

The following figures will provide a snapshot of some of the characteristics of the population of children in foster care. It will show data for the past three plus years regarding the number children in care, including a breakout by age, and length of stay, and reasons why they left care, like reunification with parents and adoption. Safety factors including absence of recurrence of neglect and absence of maltreatment in foster care, and stability data about re-entry and stability of placement will be presented.

Figure 9: CHILDREN IN FOSTER CARE
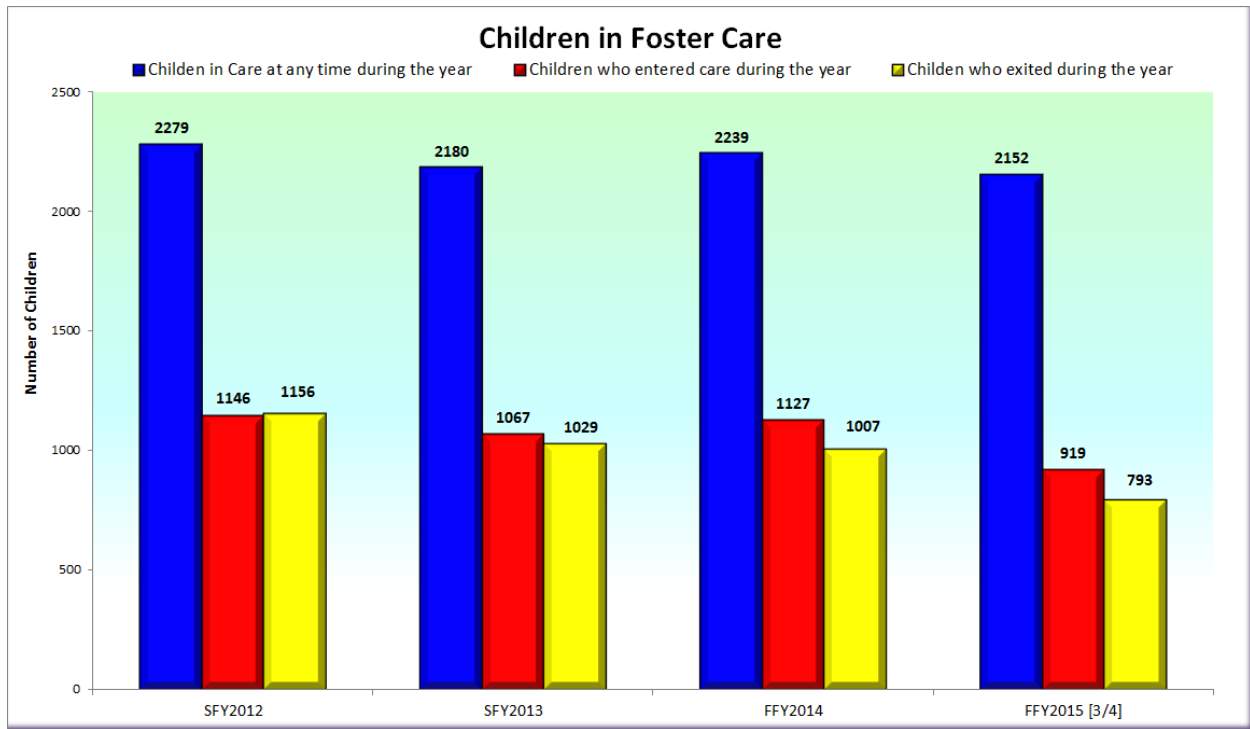
Data source: DHS, Management Services Office;
*Please note: The numbers here are unduplicated; each child is only counted once per year.

This graph shows a slight fluctuation in the number of children in foster care from SFY 2012 to FFY 2015 third quarter. Given the major reduction in the number of children in foster care in Hawai`i over the past decade, the DHS realized that without significant innovation, it would be unlikely that foster care numbers would continue to decline. In collaboration with Casey Family Programs, the CWSB Administrative staff examined its practice and has recently begun implementation of a Title IV-E Demonstration Project. The Demonstration Project is described in *Part 4. Systemic Factors, Section F. Collaboration and Responsiveness to the Community, Item 3. Child Welfare Demonstration Activities.*

Children who are in foster care for 30 days or less are the focus of two of the Title IV-E Waiver Demonstration innovations: Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS). Hawai`i is optimistic that the number of children in foster care in Hawai`i will be further reduced when the CWSB is better able to (1) assess children at the time of potential police booking (CRT), and (2) provide immediate intensive services in the home (IHBS). The belief is that a high percentage of children who are in foster care for one month or less would not need to come into care with the proper upfront services.

Figure 10: CHIDLREN IN FOSTER CARE FOR ONE MONTH OR LESS

Children in Foster Care for One Month or Less				
	SFY 2012	**SFY 2013**	**FFY 2014**	**FFY 2015 [3/4]**
# of Children	386	363	384	345
% of Total in Care	17%	17%	17%	14%

Data Source: DHS, Management Services Office

Figure 11: CHILDREN'S AVERAGE LENGTH OF STAY IN FOSTER CARE

Children's Average Length of Stay in Foster Care (in number of months)				
SFY 2011	SFY 2012	SFY 2013	SFY 2014	SFY 2015
19.65	17.78	16.92	16.1	15.21

Data Source: DHS, Management Services Office

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

Figure 12: NUMBER OF CHILDREN IN FOSTER CARE BY AGE GROUP
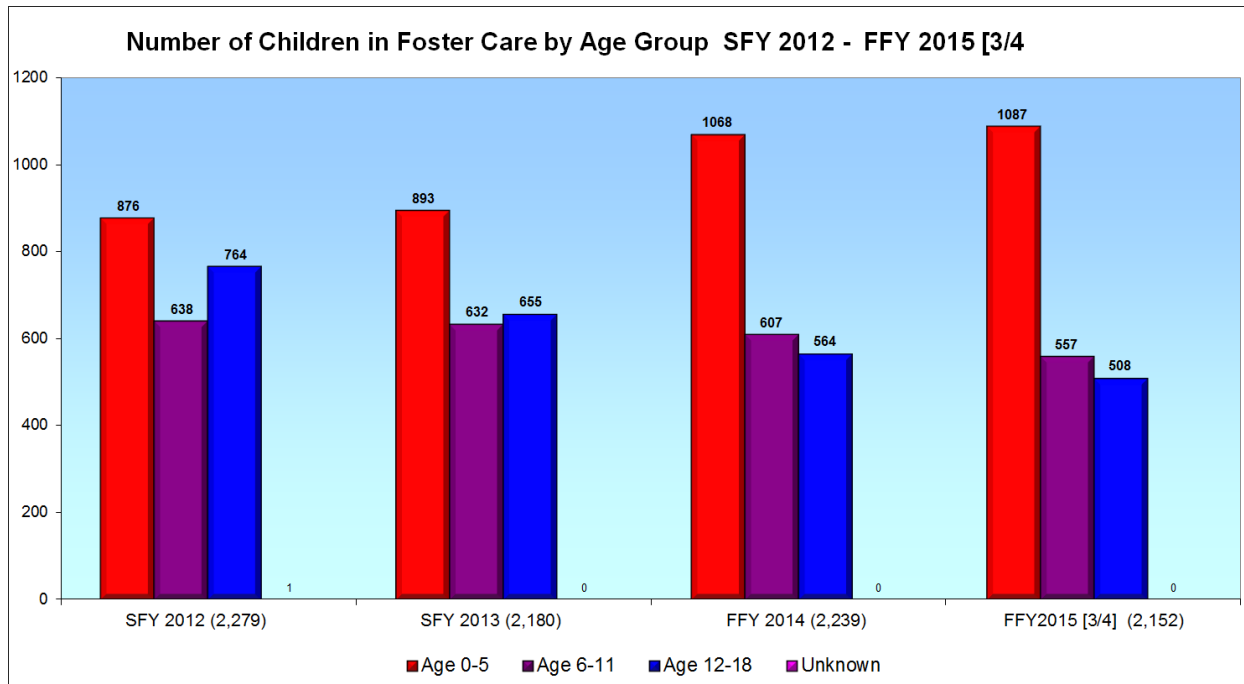
Data source: DHS, Management Services Office

The following Figure 13: Age Distribution of Children in Foster Care During the Year by No. of Children and % of Total Population, presents data for the past years that shows the number of children in foster care during the year by age group 0-5, 6-11, 12-18 and unknown and then the percentage that age group is of the total number of children in foster care during that year.

Figure 13: AGE DISTRIBUTION OF CHILDREN IN FOSTER CARE DURING THE YEAR BY NUMBER AND PERCENT

Age Distribution of Children in Foster Care During the Year by Number and Percent								
	SFY 2012		SFY 2013		**FFY 2014**		FFY 2015 [¾]	
AGE [Years]	#	%	#	%	#	%	#	%
0 - 5	876	38%	893	41%	1,068	48%	1,087	51%
6 - 11	638	28%	632	29%	607	27%	557	26%
12 - 18	764	34%	655	30%	564	25%	508	24%
Unknown	1	0%	-	0%		0%	0	0%
Total for the Year	2,279	100%	2,180		2,239	100%	2,152	100%
Monthly Average	1,078	N/A	1,096	NA	1,102	NA		NA

Data source: DHS, Management Services Office

Children aged five and younger constituted approximately 48% of all children in foster care for FFY 2014. Children aged six years to 11 years were approximately 27%, and children aged 12 to 18 were approximately 25% of the children in foster care. The CWSB's continued focus on early intervention services to protect and care for our youngest children, is aligned with the national statistics that show the largest age group in foster care as children aged 0-5 due to their vulnerability to abuse and neglect. For example, certain functional or behavioral challenges of the parent or caregiver may create an unsafe environment for a dependent infant or toddler, while the same challenges may not create an unsafe environment for an older child who is able to better care more for him/herself and access other resources, if necessary.

The trend in recent years has been a decrease in the percentage for the 6-11 and 12-18 groups, offset by a slight increase in the 0-5 group. The CWSB views this as a healthy trend and an indicator that DRS is having is having the desired outcomes. Vulnerable children who need the safety of foster care are entering the system while older less vulnerable children and youth receive less intensive intervention with DRS (FSS and VCM).

The following Figure 14: Termination Type by Age Group for FFY 2014 shows all exits for the year grouped by age and by reason. The total number of children who exited from foster care in FFY 2014 (1,007) is slightly higher than the SFY 2013 number of 931. There were very slight changes in the percentages by type of discharged (-3% to +3%) Compared to SFY 2013 data, there was a slight increase in the percentage of children who were reunified with their families (+1%), and those who left care to a legal guardianship (+3%), there was a slight decrease in the percentage of children who exited foster care by reason of adoption (-3%), and the percentage of those leaving by reason of emancipation remained the same.

Figure 14: TERMINATION TYPE BY AGE GROUP FOR FFY 2014 AND FFY 2015[3/4]

AGE [Years]	Reunification	Adoption	Emancipation	Guardianship	Other	Total	% by Age
0 - 5	294	82	0	21	11	408	41%
6 - 11	207	31	0	39	10	287	29%
12 - 18	186	13	64	38	11	312	31%
Total	687	126	64	98	32	1,007	100%
%/exit	68%	13%	6%	10%	3%	100%	

Termination Type by Age Group for FFY 2014

Termination Type by Age Group for FFY 2015 [3/4]							
AGE [Years]	Reunification	Adoption	Emancipation	Guardianship	Other	Total	% by Age
0 - 5	233	90	0	21	6	350	44%
6 - 11	135	33	0	24	4	196	25%
12 - 18	149	9	55	26	8	247	31%
Total	517	132	55	71	18	793	100%
%/exit	65%	17%	7%	9%	2%	100%	

Data source: DHS, Management Services Office

Figure 15: Reunification and Emancipation Rates Over Time shows the percentages of youth exiting foster care to reunification and emancipation. The CWSB works diligently to promote reunification whenever safely possible, and to find permanent homes for children in care who cannot be reunified. The increasing rates for reunification and the decreasing rates for emancipation, indicate that Hawai`i has been making progress in moving in the direction of more youth being reunified and fewer youth aging out without a permanent home. The slight change in the percentages for FFY 2015 will be reviewed after the end of the period.

Figure 15: REUNIFICATION & EMANCIPATION RATES OVER TIME

Reunification and Emancipation Rates over Time				
	SFY 2012	SFY 2013	FFY 2014	FY 2015 [3/4]
Reunification	65%	67%	68%	65%
Emancipation	8%	6%	6%	7%

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

Figure 16: CHILDREN 1-5 IN CARE ONE YEAR OR MORE WITH LEGAL STATUS OF FOSTER CUSTODY (FC) OR PERMANENT CUSTODY (PC)

Children 1-5 in Care for One Year or More with Legal Status of FC or PC as of September 2014							
FFY 2014		AGE					
	Years in Care	1 y.o.	2 y.o.	3 y.o.	4 y.o.	5 y.o.	Total
FC	1	45	38	34	22	21	160
	2		31	16	13	4	64
	3			7	4	6	17
	4					3	3
FC Total		45	69	57	39	34	244
PC	1	4	4	1	2		11
	2		12	4	5	3	24
	3			4	2	0	6
	4				1	4	5
PC Total		4	16	9	10	7	46
TOTAL		49	85	66	49	41	290

Children 1-5 in Care for One Year or More with Legal Status of FC or PC as of June 2015							
FFY 2015 [3/4]		AGE					
	Years in Care	1 y.o.	2 y.o.	3 y.o.	4 y.o.	5 y.o.	Total
FC	1	60	31	37	32	23	183
	2		43	17	14	14	88
	3			9	7	2	18
	4				2	3	5
FC TOTAL		60	74	63	55	42	294
PC	1	5	2	0	0	1	8
	2		7	4	4	1	16

3			6	4	3	13
4				2	0	2
PC TOTAL	5	9	10	10	5	39
TOTAL	65	83	73	65	47	333

Data Source: DHS, Management Services Office6

Figure 15 shows the number of children age 1-5 years old, as of September 30, and June 30, 2015, who have been in care with the Department for one year or more and whose legal status is Foster Custody (FC) or Permanent Custody (PC) to DHS. Compared to the immediately preceding years, FFY 2014 data shows a slight increase in the number and percentage of children with FC, with a slight decrease in the number and percentage of children with PC.   Third quarter FFY 2015 shows a decrease in the numbers for FC and an increase in the numbers for PC. Although slight, this upward trend of young children in need of permanent homes is concerning and will be further examined by CWSB.

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

CFSR Item 1: Timeliness of Initial Response of Investigations
SFY 2015: 44 Cases Reviewed
39 Strengths, 5 Areas Needing Improvements (ANI)

Figure 17: TIMELINESS OF INITIATING INVESTIGATIONS OF REPORTS OF CHILD MALTREATMENT

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

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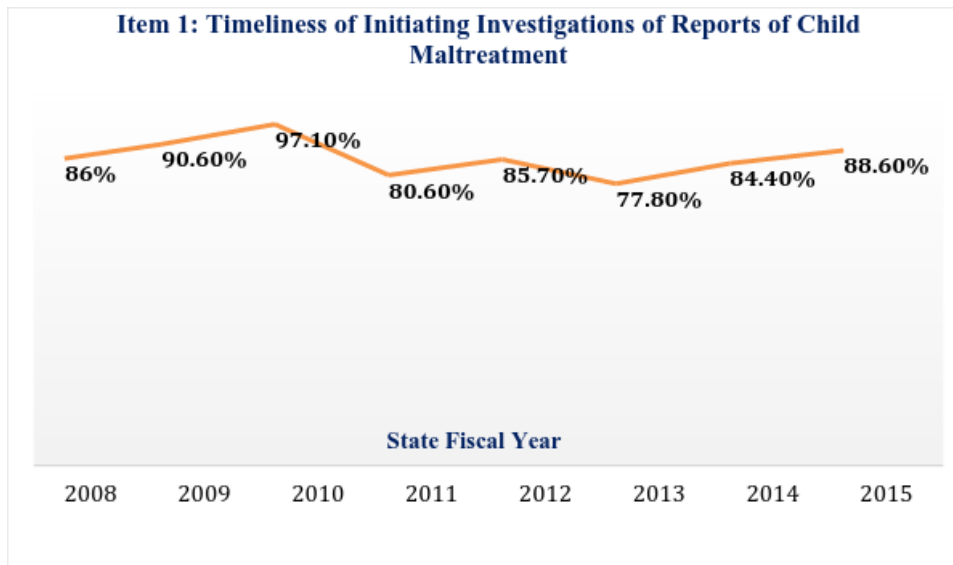
PURPOSE

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 39 of 44 cases (or 88.6% of applicable cases reviewed), response times were met or sufficient efforts were made for contact. In those 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 in which caseworkers documented the dates of contact and efforts varied widely; some were entered in SHAKA, and others in logs and investigative screens.

Five cases (or 11.4%) were rated as needing improvement. In each of these, the report was assigned timely but contact was not initiated timely.

- In 2 cases, part of the sibling group was seen timely, but the other siblings were not seen until 6 and 61 days later; ongoing efforts to contact the siblings (whose whereabouts were known) were needed.
- In one case, although there were early efforts made to contact the family by telephone calls, there was no physical attempt by the caseworker for timely face-to-face contact and the child was not seen within State timeframes (until Day 9).
- In 2 cases, contact was delayed and no reason for the delay could be identified.

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

The data in Figure 18 "Completed Timely Responses CWS & VCM" shows the percentage of intakes that had investigations that were completed within the established time frames: two business days for all newly-assigned CWS intakes, and five business days for newly-assigned VCM intakes. Figure 18 separates each quarter (Q = quarter), so that progress can be clearly seen. "Trending Timely" includes all intakes where face-to-face contact was attempted within the established time frames.

Figure 18: COMPLETED TIMELY RESPONSES & TRENDING TIMELY RESPONSES - CWS & VCM
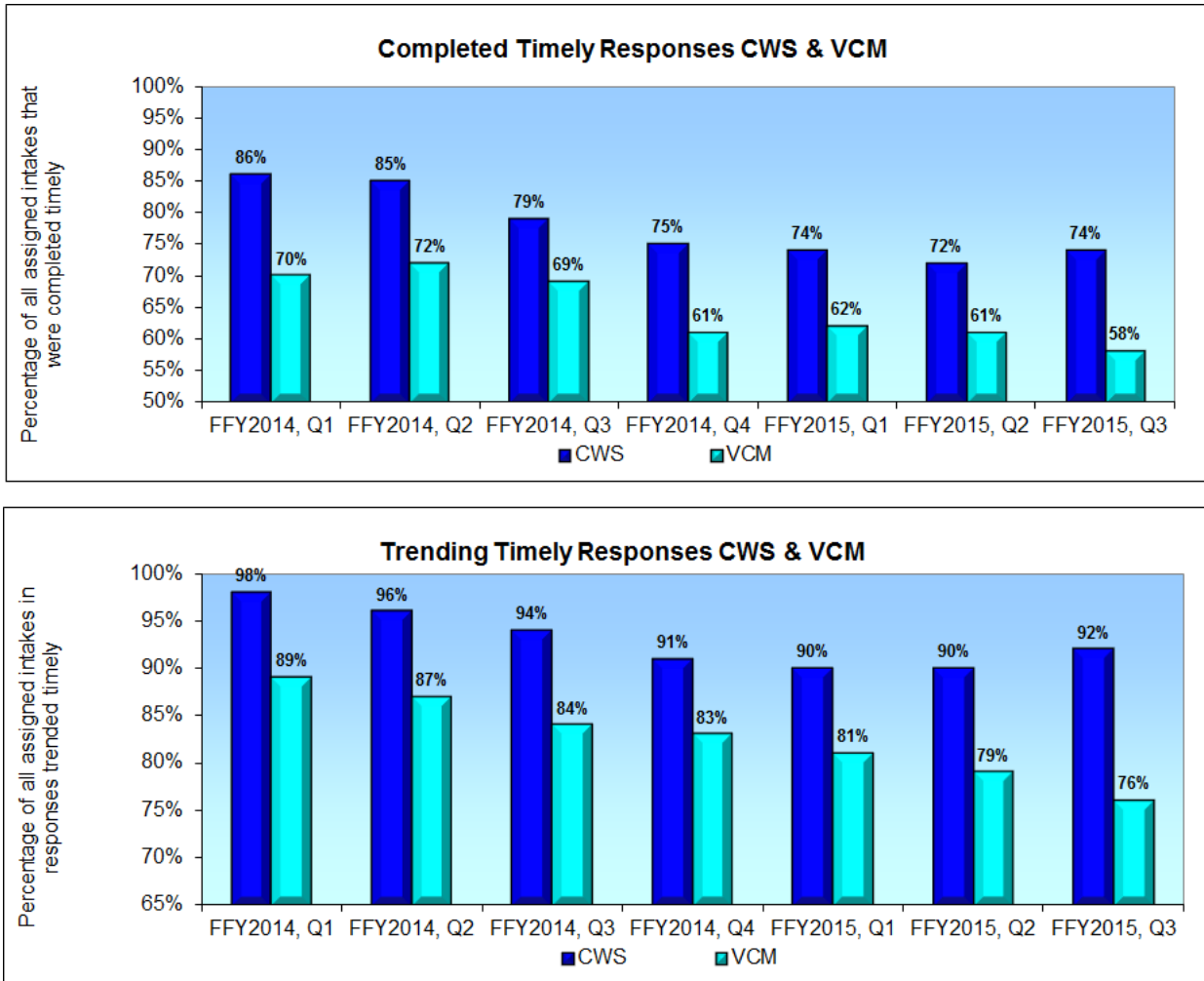
Data Source: SHAKA 48-Hour & 5-Day Tracker

In the UHMC-HCWCQI case reviews, a higher percentage of cases (higher than those in Figure 19) will be marked as strengths for timely response. The Figure 19 percentages do not include cases where regular and conscientious attempts were made to complete the investigation in a timely manner, but due to barriers outside of the agency's control, the investigation was not completed timely. These types of cases will be marked as strengths in the UHMC-HCWCQI case reviews.

Some factors that contribute to the delay in face-to-face contact (within 2 business days for CWS and 5 business days for VCM) include instability in the areas of housing, communication (primarily phones), and economic resources): Challenges and stressors for families include lack of housing or housing instability/transition (between living situations, in the process of moving, in the process of being evicted, staying in various locations), recent

phone service cancellation, unsteady/unreliably employment or risk of losing employment. Stressors in essential life areas may make it difficult for a family to respond and engage in a visit/contact from a CWS/VCM worker. CWS and VCM workers are making extensive efforts to respond wherever families are living or known to frequent, checking with others who know the families or their whereabouts, attempting contracts through phone, mail, active service providers, doctors, clinics and hospitals, schools, and people who know the families, and trying to engage families by offering available concrete resources that may assist the family during a crisis and further engage them in assessment and planning.

National Safety Outcome 1.

Of all children who were victims of a substantiated or indicated maltreatment allegation, what percent were not victims of another substantiated or indicated maltreatment allegation within the 6-months following that maltreatment incident?

Figure 19: ABSENCE OF RECURRENCE OF CHILD ABUSE AND NEGLECT
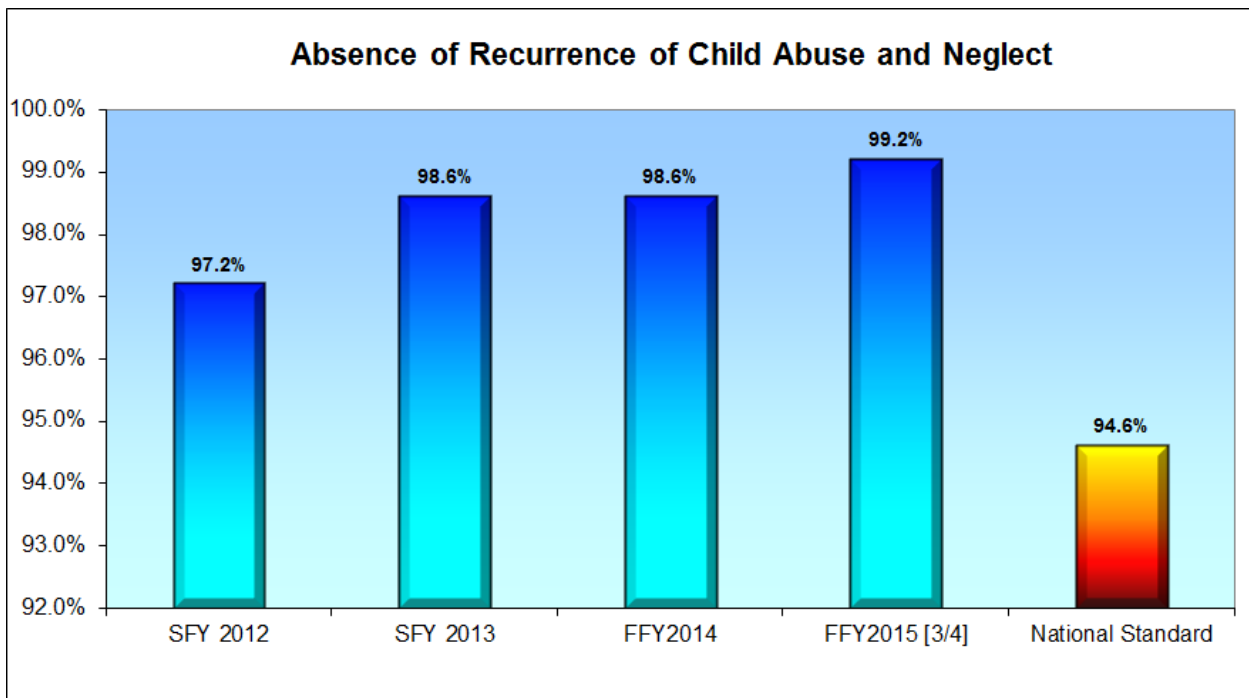
Data Source: DHS, Management Services Office

The FFY 2015 [¾] rate of Absence of Recurrence of Child Abuse and Neglect is 99.2%. It is a slight increase over the 98.6% rate for FFY 2014 and SFY 2013. The national standard is 94.6% or higher. Not only does Hawai`i's aggregate data continue to exceed the national standard, as it has for the past decade, Hawai`i maintained its best rate ever during FFY 2013. These impressive outcomes may be the result of continued improved use of DRS, as

explained above. Other contributing factors are the increased emphasis and training of staff on family engagement. Families that are fully engaged in services and have good rapport with their workers are less likely to re-offend.

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

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

**CFSR Item 2: Services to prevent removal and
maintain children safely in their family home**
SFY 2015: 56 Cases Reviewed
49 Strengths, 7 ANI

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

Figure 20: SERVICES TO FAMILY TO PROTECT CHILD(REN) IN HOME AND PREVENT REMOVAL OR REENTRY INTO FOSTER CARE
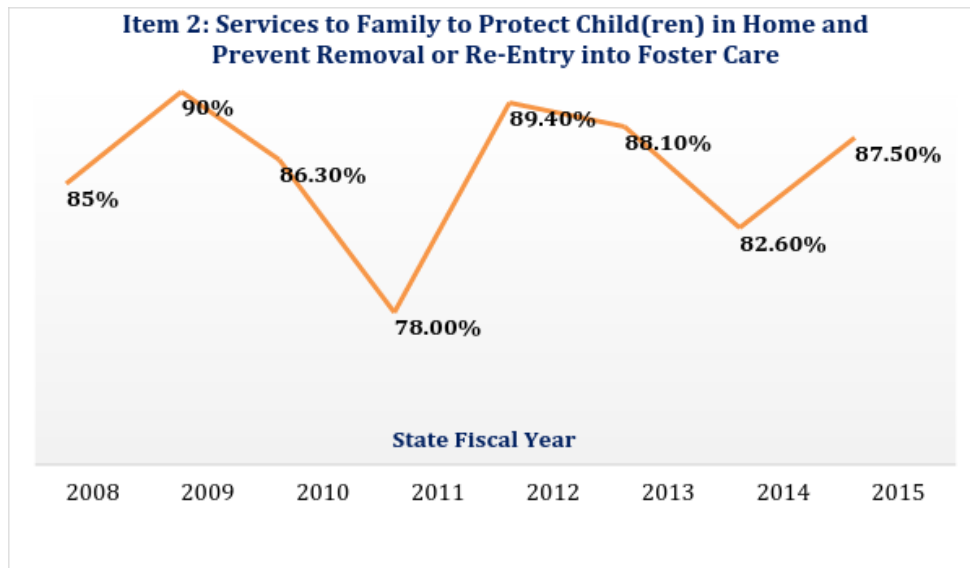
Data Source: UHMC-HCWCQI Project

PURPOSE

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

SUMMARY OF DATA

In 49 of 56 cases (or 87.5% of the cases reviewed), concerted efforts were made to provide services to prevent removal or re-entry into foster care. Appropriate in-home services were offered by CWS or VCM to prevent removal, or the decision to remove the child from the home without providing services was based on the immediate safety needs of the children. Completed safety assessments contribute to guided decision-making and good documentation in cases rated as strengths.

Seven cases (or 12.5%) were rated as needing improvement.

- In 6 cases, concerted efforts were needed to facilitate the families' access to safety services and to engage families in services.
  ➢ In four of these cases, caseworker contact was less than monthly and this was insufficient in maintaining the children safely in the home.
- In one case, services were provided, but did not target the key safety concerns, leaving the children in the home at risk.

NOTE: The previous CFSR Item 2, Absence of Repeat Maltreatment, has been eliminated from the current On-Site Review Instrument.

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

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

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

As mentioned elsewhere, the Crisis Response Team on Oahu has prevented placement in 51/86 referrals on family situations that identify the child at risk for placement. The CRT response includes a safety and risk assessment. When no safety concerns are identified, the family may be referred to VCM or FSS as appropriate. Some of the prevention efforts also include developing In-Home Safety Plans with the family to address the safety concerns and keep the children safely in the home.

CFSR Item 3: Safety & Risk Assessment and Management
SFY 2015: 99 Cases Reviewed
66 Strengths, 33 ANI

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

Figure 21: SAFETY & RISK ASSESSMENT AND MANAGEMENT
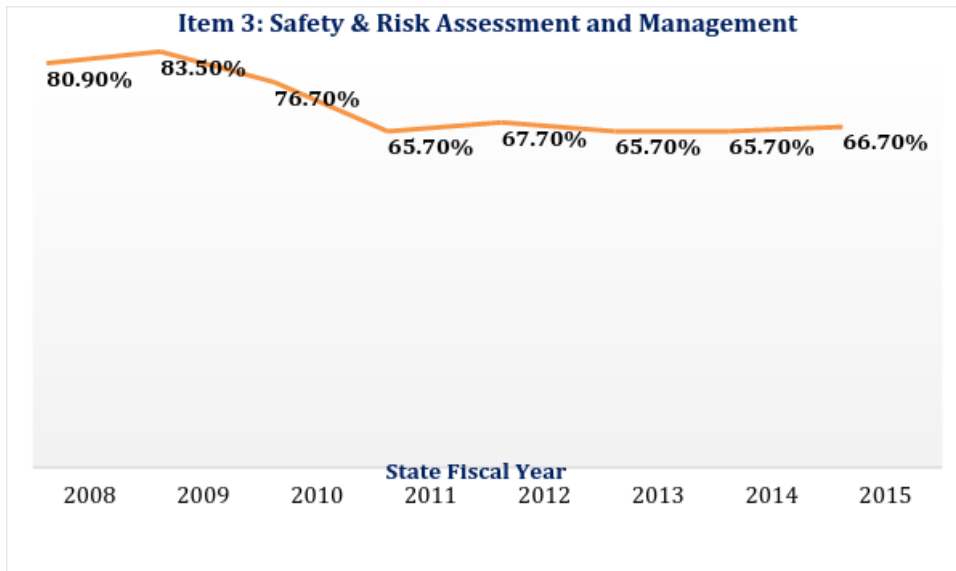
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is assessed to determine whether efforts were made to assess and address risk and safety for children.

SUMMARY OF DATA

In 66 of 99 cases (or 66.7% 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. Efforts were made to assess for risk and safety on an ongoing basis during the period under review. In these cases, the frequency and quality of face-to-face contact was sufficient in assessing and managing the safety of the children, in their family homes and in foster care.

Thirty-three cases (or 33.3%) were rated as needing improvement.

- In 28 cases, the caseworker contact was less than monthly, often missing consecutive months; ongoing assessments could not be made.
  - ➢ In 4 of these cases, assessments at reunification and case closure were needed.
- In 5 cases, development and monitoring of in-home safety plans were needed.
- In one case, the child was at risk while on unsupervised visits with her father and ongoing assessment and monitoring of the visitation plan was needed.
- In one case, there was a known concern about physical abuse in the relative foster home that was not addressed timely.
- In one case, there was an additional maltreatment report within 6 months of the first report; the additional report involved similar allegations.
- In three cases, safety threats were identified, but action was not taken to keep the children safe.

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

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?

Figure 22: ABSENCE OF MALTREATMENT IN FOSTER CARE
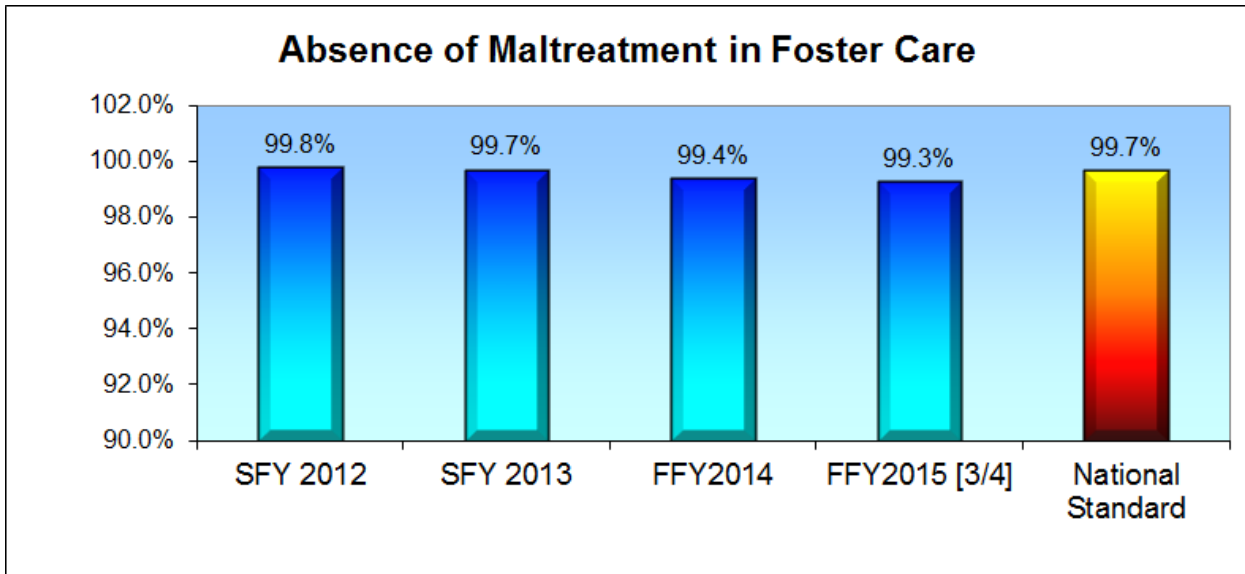
Data Source: DHS< Management Services Office NCANDS

In SFY 2013, the rate of Absence of Maltreatment in Foster Care was 99.73%. The rates for FFY 2014 and FFY 2015 [¾] have dropped in to 99.4% and 99.3%, placing Hawai`i slightly below the National Standard of 99.7% or higher. There were 14 incidents of confirmed maltreatment in four different families during FFY 2014, and 16 incidents in the first three quarters of FFY 2015.

The CWSB leadership believes that the use of the Child Safety in Placement tool, implemented statewide in March 2011, has led to safer placements through early identification of potential problems and provision of needed support services to resource families to help keep their homes safe. This tool helps social workers assess the safety of placement for foster children. Workers are required to complete this assessment tool on a quarterly basis and their assessment is reviewed and approved by the Unit Supervisor. Social workers are also required to document the result of their assessment in their court reports. CWSB will continue to monitor the safety of children in care and review the confirmed cases to identify opportunities to improve practice and review data collection.

SECTION IV. PROGRAMS SUPPORTING PERMANENCY
A. PROGRAM AND SERVICE DESCRIPTION

1. Overview

The CWSB is committed to keeping children safe from abuse and neglect while preserving family connections and cultural heritage in accordance with Federal regulations and State statutory requirements (Hawai`i Revised Statutes, Chapter 587A). The CWSB continues to use the overall PIP2 strategies that include the development and revisions of tools, tip sheets, procedures, and data reports; trainings; enhancement of existing programs and practice; continued collaborations; ongoing CQI; and other strategies to provide the basis for the ongoing system improvements.

2. Reunification Efforts

Figure 23 shows the percentages of children exiting foster care through reunification with their parents after having been removed from their care due to child abuse and/or neglect, as compared to the children who were removed and did not return home.

Through the various efforts described below, the CWSB and its partners work collaboratively with the children, youth, and families toward successful reunification. The CWSB has continued to improve the percentage of reunified families over the past several years, as can be seen in Figure 23. The apparent dip in the rate for FFY 2015 will continue to be monitored and then reviewed for implications after the close of the year.

a. Safety & Risk Assessment Tools

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

b. Monthly Case Worker Contacts

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

c. Family Journal

MCWSS uses this engagement tool and workers report that they see improved engagement in services with the use of the Family Journal; however, workers must make conscious efforts to maintain the journal and ensure its continued use, since the journal is not yet viewed as essential to practice.

d. 'Ohana Conferences

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

Even with automatic referrals, not every child in care has an 'Ohana Conference. Reasons children would not have an 'Ohana Conference include a family or an older child refusing to participate in one, a court decision that engaging the child's family is not in the child's best interests, or having no family members available and/or legally able to participate. When a family has multiple children in foster care, all children usually participate in one 'Ohana Conference together. In FFY 2014, 896 conferences were held, which is 95 fewer than SFY 2013 when 991 conferences were held for 970 families.

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

For the past few years, the CWSB, the Judiciary, service providers, relatives, and resource families have been working together to increase the frequency and improve the quality of visits between children and their parents. These groups believe that visitation time is family interaction time, and not simply visiting time. They believe that regular, frequent, and quality 'Ohana Time increases the likelihood of successful reunification and timely permanency. CWSB has renamed this effort "'Ohana Time" to embrace cultural appreciation for this vision. To move forward with this broader perspective on visitation, procedures and forms have been revised. National Resource Centers and national consultants have provided trainings and consultation. In May 2012, CWSB staff, stakeholders, and community partners completed 'Ohana Time training. Efforts continue to enhance 'Ohana time and all CWS staff are trained during new hire orientations as to the practice and use of 'Ohana time.

f. **Project First Care**: PFC 0-3 (Oahu only)

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

g. **Assessments, Services, Case Review**

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

h. Trainings

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

i. Collaborations

PIP2 and IV-E Waiver Workgroups, 'Aha (community gatherings), and various collaborations with other departments, stakeholders, and partners strengthen overall efforts to prevent removals, support reunification or other permanency options, and maintain connections. The CWSB collaborates with the Judiciary, CIP, EPIC `Ohana, PIDF, ITAO, QLCC, Hawai`i Families as Allies, Casey Family Programs, and others on initiatives to support and empower birth parents and strengthen and honor reunification efforts. A notable collaboration is the Law School's Ho`olokahi Program, which provides orientations to parents at their first court hearing.

Another recent collaboration initiated in FFY 2015 is a youth mentoring program for current foster youth who attend their court hearings. A former foster youth mentors and assists current foster youth navigate the court process, encourages self-advocacy skills in current youth, and provides information regarding various programs and resources the foster youth may be eligible for.

Another notable collaboration is the hosting of Hawai`i's first National Reunification Month in June 2013 and held annually since then. The initial event honored a team of a Maui father, his children, the MCWSS social worker, and other significant team members. The family and the social worker were highlighted as Hawai`i's Reunification Heroes on the American Bar Association's National Reunification Month website. The CWSB partnered with many local agencies to host Hawai`i's third National Reunification Month on June 26, 2015. The event was held on the island of Hawai`i and will honored a CWS family along with their social worker and other significant team members who worked together in order to make reunification successful.

In 2014, the CWSB collaborated with the Judiciary, GAL and CASA groups, the Deputy Attorneys General Office, CIP, and the University of Hawai`i School of Law to form the Permanency Specialty Court. To be eligible to participate in Permanency Court, the foster youth must be 14 years or older and under the permanent custody of the DHS. The Permanency Court is also voluntary, so the foster youth must be willing to participate in the program. There are several advantages to participating in Permanency Court. First, the foster youth in Permanency Court is appointed an attorney who represents and advocates on behalf of the foster youth. This is in addition to the foster youth's GAL, who represents the foster youth's best interests and not necessarily what the foster youth actually wants. Second, hearings are held every other month instead of every six months as would typically occur in a regular 587A court case. This allows more time for the judge to engage with the foster youth and results in faster turn around and follow-up on

issues that arise in the case. Third, foster youth are provided with a gift card and refreshments when they attend their court hearings. Since implementation began, there have been a total of four foster youth in the program.

j. Data Reports and Quality Assurance

The development and better use of data reports will enhance Hawai`i's capacity to track timeliness, effectiveness of programs, and to conduct an overall evaluation of program activities. The data will also help staff make informed decisions. Various forms of case reviews and the formalized ongoing CQI Case Reviews through CWSB's partnership with UHMC promote a focus on continuously striving to implement best practices related to reunification and permanency.

k. Supervisory Support

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

l. Crisis Response Team and Intensive Home-Based Services

The Crisis Response Team (CRT) and Intensive Home Based Services (IHBS) are part of Hawai`i's Title IV-E Waiver Demonstration Project. Both the CRT and IHBS began on Oahu in February 2015. The CRT is able to respond to calls within two hours of assignment and quickly thereafter determines if there is a differential response that can be utilized in order to prevent removing the child from the home.   The CRT has investigators assessing new possible foster care cases at the time of a potential police booking, thereby allowing more children to remain in the family home. The CRT also offers and coordinates the initiation of Intensive Home-Based Services (IHBSS). The CRT will go live on Hawai`i Island in October 2015.

IHBS is offered on Oahu with the goal of reducing the number of children who enter foster care for short periods of time (less than 30 days).   Like the CRT, IHBS will be implemented in October 2015 on Hawai`i Island.

IHBS will be available to families at the very beginning of their involvement with CWS (before a child is placed into foster care) to help support the family and avoid unnecessary placement.

National Standard for Permanency Outcome 1

Figure 23: PERCENTAGE OF CHILDREN REUNIFIED WITH PARENTS
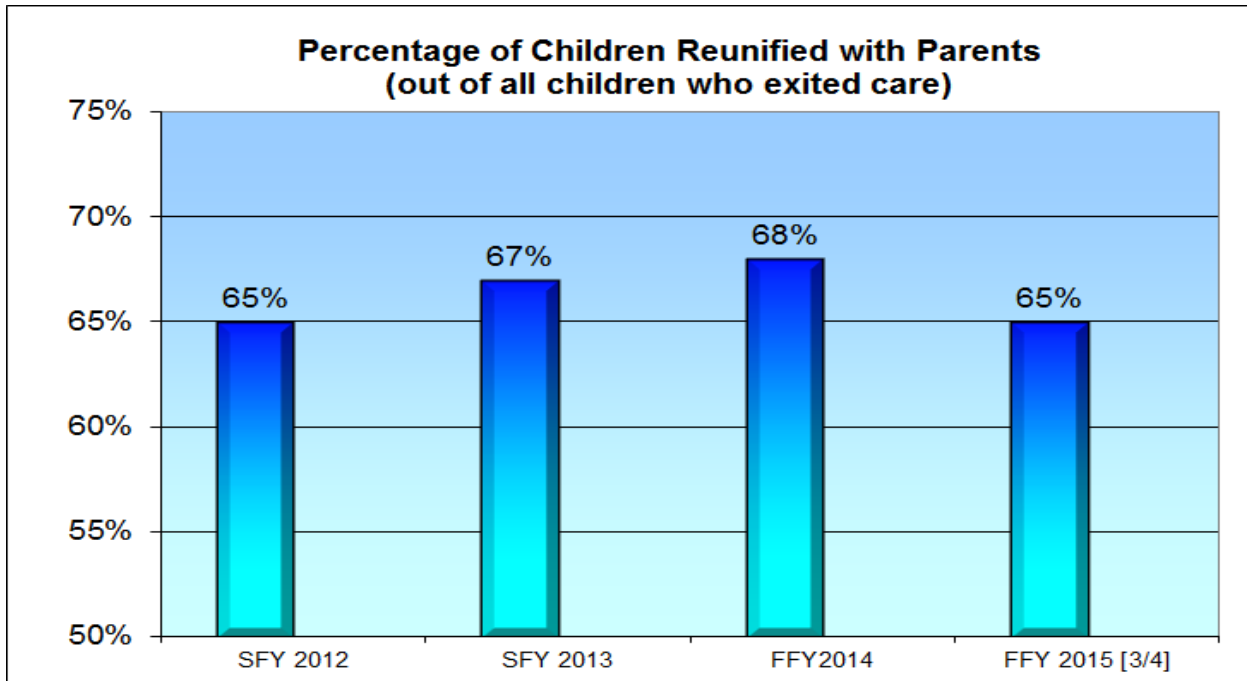
Data Source: DHS, Management Services Office, CPSS

3. **Most Vulnerable Populations**

Statewide data collected on the age and ethnicity of children in foster care shows that Native Hawaiian children ages 0-5 continue to have the greatest representation in care, and thus continue to be at greatest risk for maltreatment. These children and their characteristics and demographics are identified and reported out to staff monthly in various reports generated by CPSS. Supervisors and Section Administrators receive case listing, caseload listing, and listing of children in care.

We have not been able to identify factors specific to this population which would explain their higher representation in foster care. Younger children are inherently at greater risk of maltreatment; however, the Native Hawaiian population is not inherently at greater risk for maltreatment. We continue to investigate external/environmental factors specific to the Native Hawaiian population that would make young children of that population more vulnerable to abuse and neglect, but we have not been able to identify any yet. The CWSB's statistics which show Native Hawaiian over representation are sadly similar to disproportionality seen in other arenas in State and federal services (e.g., Juvenile Justice, Adult Criminal Justice, TANF, MedQuest, SNAP, WIC, Substance Abuse Treatment, Vocational Rehabilitation, and Community Mental Health,). The CWSB is very concerned

about this issue and is working to ameliorate this complex situation. Please see Section III, Part 1, A. 4. Item d. CWSB Native Hawaiian Work Group.

➢ **Hospital and School Protocols**

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

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

➢ **Targeted Services**

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

i.   Enhanced Healthy Start

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

ii.   Hale Malama

On O`ahu, the CWSB contracts with Catholic Charities Hawai`i for specialized foster care services provided by their Hale Malama program for children aged 0-3 with special or serious medical needs. Hale Malama provides resource homes caregivers who are specially trained in providing care for medically fragile infants and toddlers. Hale Malama also provides resources for the children's families and CWSB staff, with the resource caregivers and staff often acting as interpreters of medical information for CWSB staff and biological families. Hale Malama resource caregivers also often work closely with the biological family while the

case moves toward reunification. These specially trained resource caregivers act as role models and teachers of both general parenting skills and specific medical care and attention necessary for the individual child.

   iii. **Project First Care**

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

➢ **'Aha**

Beginning in 2009, in an effort to develop a better understanding of the strengths and needs of Native Hawaiian communities, including their families and children, the CWSB has co-hosted community gatherings (called 'aha in the Hawaiian language) on all islands. CWSB staff have successfully partnered with many Native Hawaiian community leaders, businesses, agencies, groups, and individuals to come together with law enforcement and family court representatives to focus on the common goal of supporting safe and healthy Native Hawaiian communities. At the 'aha, community members shared details of community norms and practices and how best to work with and understand Native Hawai`ian families. CWSB has received positive feedback from community stakeholders and staff participants about the 'aha, and will be continuing this process. CWSB has already started hosting 'aha for non-Hawaiian communities to help improve communication and understanding between CWSB and the community. CWSB is currently looking at incidents and demographic data to identify communities that might benefit the most from 'aha.

➢ **CWSB Native Hawaiian Work Group**

The data and related information will be analyzed and evaluated for local applicability. The desired outcome from the group will be innovative and culturally tailored approaches and practices to help CWSB collaborate with communities and community stakeholders to address the issue of over representation.

4. Relative Placement Efforts

Figures 24 and 25 show the monthly averages and percentages of youths in foster care who are in relative placements and non-relative placements since State Fiscal Year 2009.

Figure 24: MONTHLY AVERAGES OF CHILDREN IN FOSTER CARE BY PLACEMENT TYPE
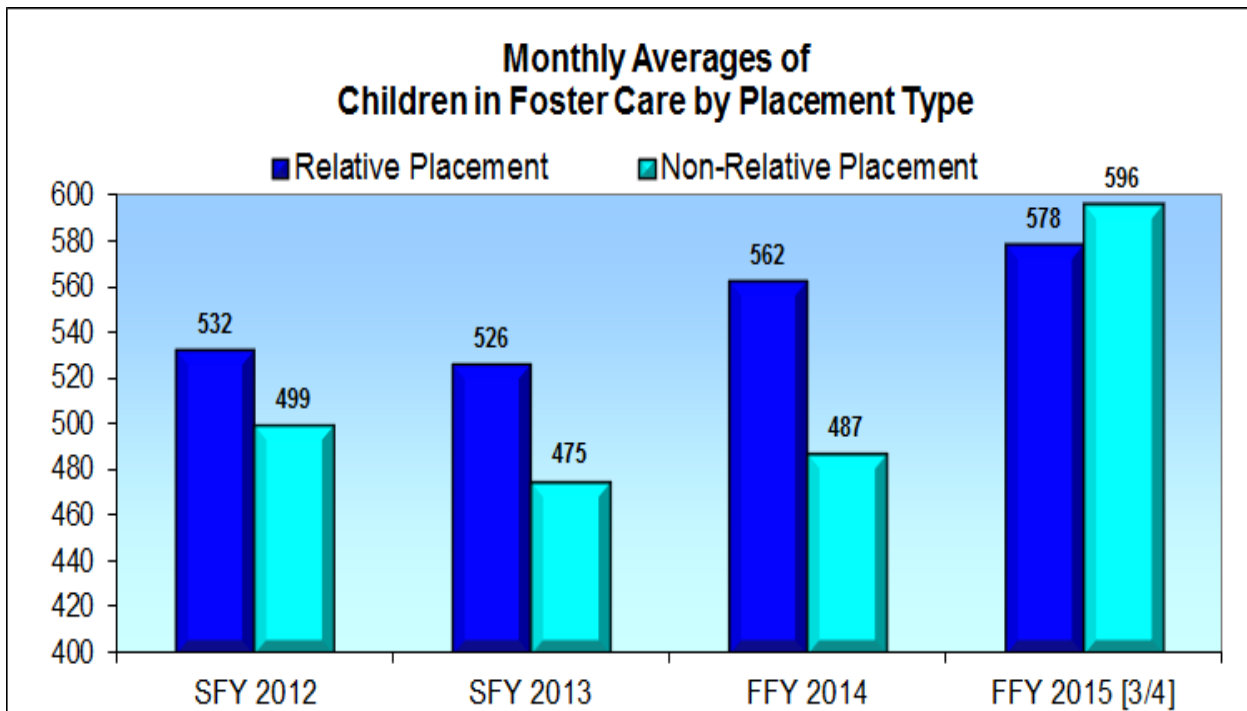
Data Source: DHS, Management Services Office, CPSS

Figure 25: PERCENTAGE OF MONTHLY AVERAGES OF CHILDREN IN FOSTER CARE BY PLACMENT TYPE
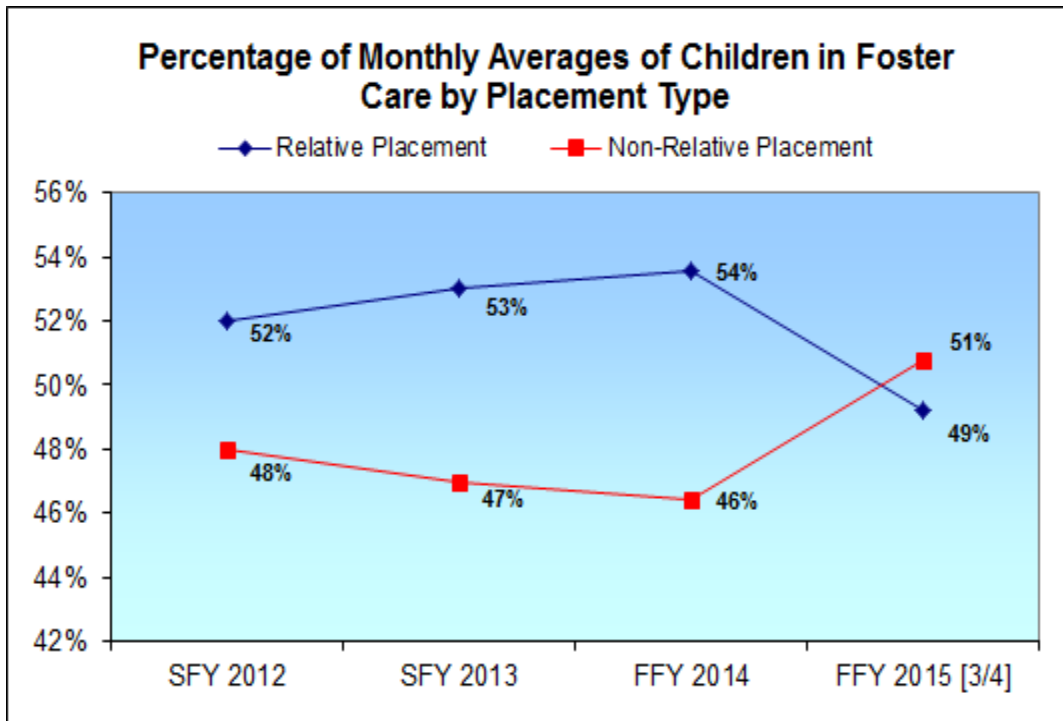
Data Source: DHS, Management Services Office

Note that Figures 24 and 25 do not account for all children in foster care, as there are some youth who are in other placements such as hospitals, group homes, residential drug treatment programs, and residential mental health treatment programs. The youth in placements other than relative and non-relative care account for approximately 5% - 13% of all of the youth in foster care each year.

The increase in non-relative placements, surpassing the relative placements, is a new and concerning situation.   Internally, CWSB is working with staff, QA/CQI, Office of Information Technology, and the Research and Statistical Office to look at data trends and correlations to determine if there are some aspects that should be further explores. Once CWSB has reviewed some of the analysis and started to develop some hypotheses next steps will include outreach to community partners and stakeholders during FFY 2016.

Hawai`i has generally done well with relative placements, which can be partially attributed to the cultural values of *'ohana* (family) and *hanai* (similar to a type of informal adoption). Also contributing to Hawai`i's high relative placement rate is the practice of automatically referring a child for family finding upon entering foster care and Hawai`i Revised Statutes, Section 587A-10, which codifies a preference for relative placement.   Other efforts to enhance relative placement include:

a. **Safety and Risk Assessment Tools**

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

b. **Monthly Caseworker Contacts**

These regular contacts with the caseworker ensure the child's safety and that appropriate services are provided to the child and relative family homes.

c. **CWSB Policies and Procedures**

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

d. **'Ohana Conferencing/Family Finding/Identifying Fathers and Relative Notification**

As noted previously, 'Ohana Conferencing is a key means of engagement and case planning, while empowering the family to make safe decisions for the family's children. Blood relatives, hanai relatives, family friends, religious leaders, cultural leaders, school staff, community members, and family advocates are all potentially included in the 'Ohana Conference. This family support system often is a source for possible temporary or permanent placements, facilitators for visitation ('Ohana Time), or family support at Family Court.

Family Finding is a component of 'Ohana Conferencing, which involves relative notification during the process of confirming and locating relatives as well as in the process of inviting family members to participate in the 'Ohana Conference. In SFY 2012 and SFY 2013, all family lists were provided to CWSB to complete relative notification. In SFY 2014, EPIC 'Ohana staff began mailing relative notification letters and making other efforts to contact family after consulting with the CWSB caseworker regarding any potential safety concerns involving relatives. PIP2 strategies to improve the practice of identifying, locating, and notifying fathers include the notification of paternal relatives about the child's foster care placement. With all these efforts, the CWSB believes that it will continue to increase the frequency of placing children with relatives.

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

Conferences, through EPIC 'Ohana, help reconnect youth with members of their extended family. For cases in which a youth may benefit from both the YC and 'Ohana Conference process, the youth is provided with a combined or hybrid 'Ohana Conference/YC.

For several years, the number of YCs per youth per year averages around two. In recent years, there has been an increase in the number of youth participating in circles, but a slight decrease in the average number of YCs per youth. CWS is exploring this trend with youth, staff, and the provider, seeking ways to ensure that eligible youth take full advantage of this valuable process. Figure 26 shows the number of YCs held annually since SFY 2012.

Some of the foster youth who do not participate in YCs may be participating in other independent living programs (ILP) provided by other ILP providers, which have been contracted to serve all islands. Numbers of FFY 2015 are promising: if the current rate continues the projected total for the year would be 330 youth circles, surpassing FFY 2014 and SFY 2013

Figure 26: NUMBER OF YOUTH CIRCLES HELD
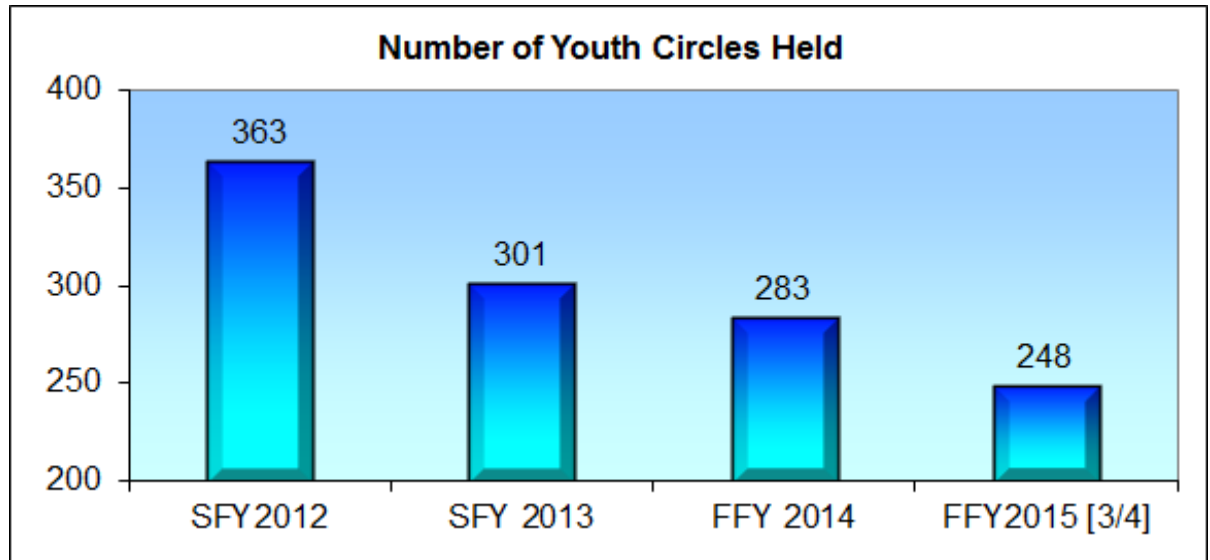
Data Source: EPIC, Inc.

f. **'Ohana Time**

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

g. **Project First Care**

PFC promotes either timely reunification or relative placement.

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

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

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

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

Figures 27 and 28 show the number and percentage of children who were adopted or achieved legal guardianship out of all children who exited foster care since SFY 2012. The exits of children by reason of adoption and legal guardianship, as a percent of the total number of children who exited care, remained very stable from SFY 2009 through SFY 2013, with only a +/- 1% variance. FFY 2014 experienced a 5% decrease in adoption and a 2% increase in legal guardianships. The third quarter numbers for FFY 2015 show a return to the SFY 2009 - 2013 rates

Figure 27: ADOPTIONS AND LEGAL GUARDIANSHIPS
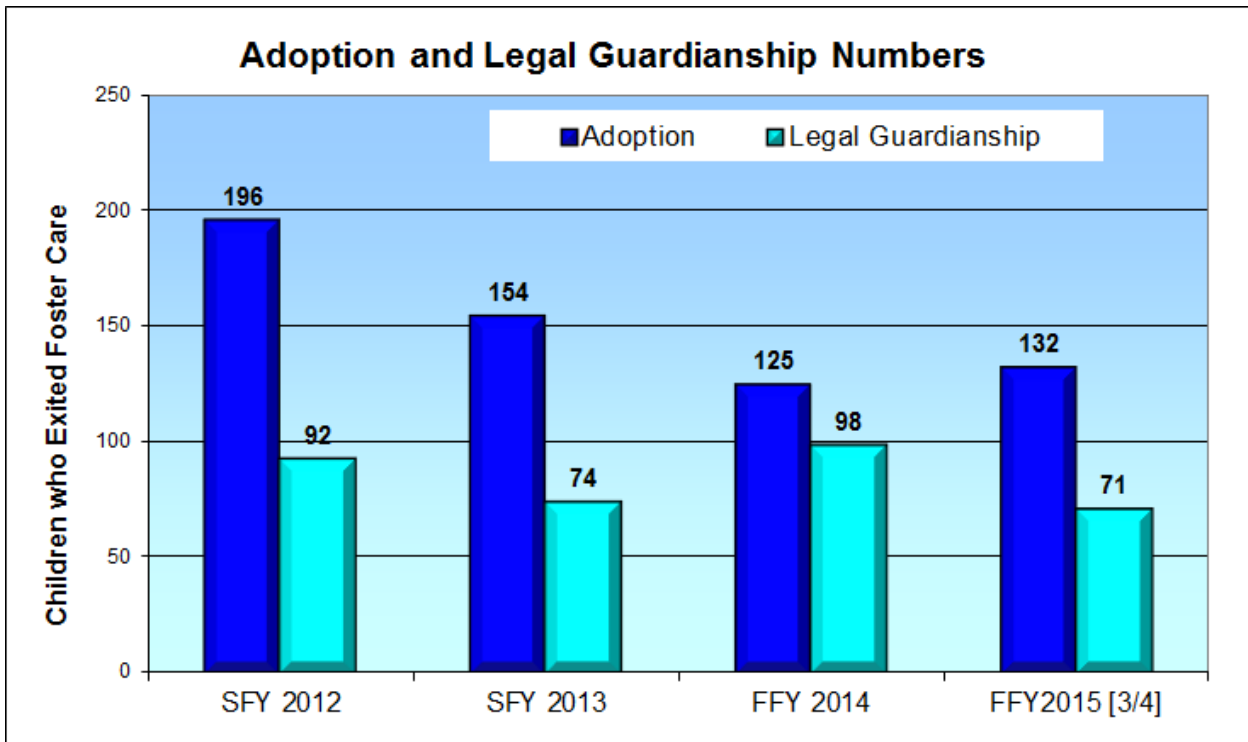
Data Source: DHS, Management Services Office

Figure 28: ADOPTION AND LEGAL GUARDIANSHIP PERCENTAGES
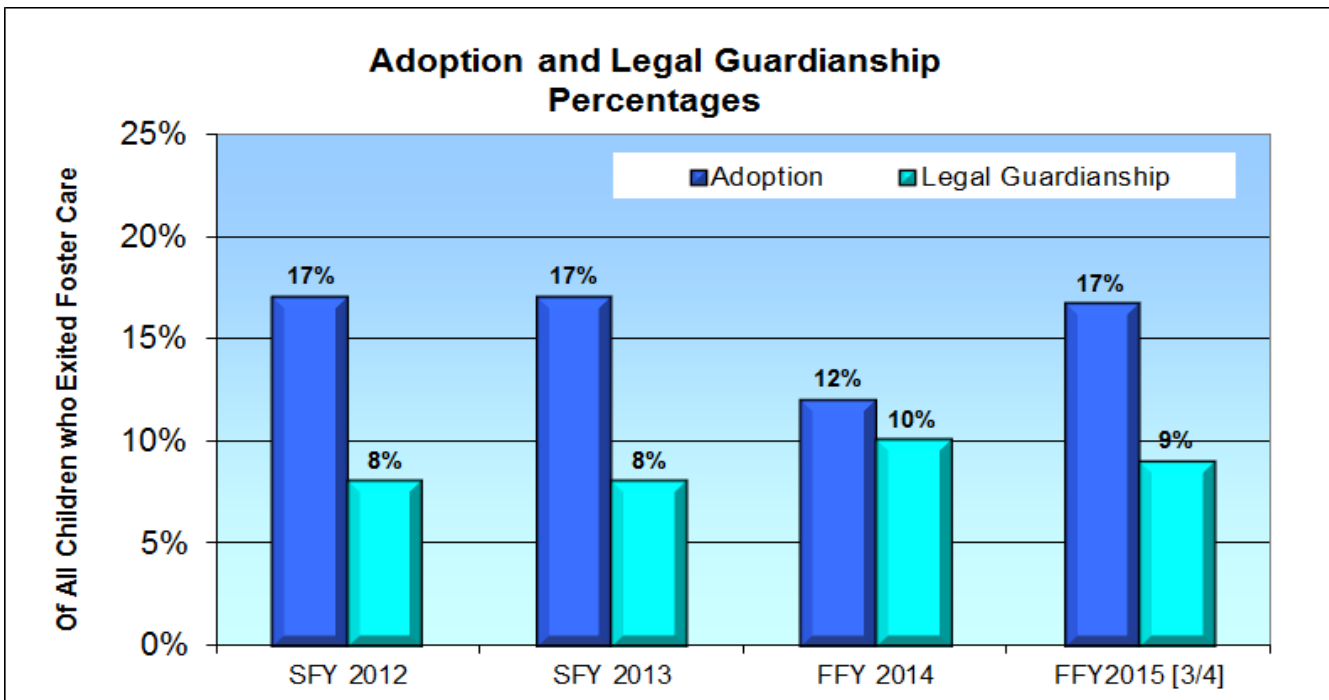
Data Source: DHS, Management Services Office

All the efforts noted in reunification and relative placement also affect the permanency achieved through adoption or guardianship with a relative as a first priority, and if that is not achievable, with a non-relative. The ultimate goal is to promote maintenance of safe and appropriate connections with birth family, especially siblings, if at all possible.

a. **Support Services**

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

Through other grants and resources, FPH also provides respite for adoptive families, a summer water park event, a holiday party, and sibling visits through its Project Visitation Program.

CWSB and other contracted agencies continue to partner with FPH's Wendy's Wonderful Kids, Hawai`i Alliance for Permanency and Adoption (HAPA), and others to provide trainings, support groups, and recruitment, awareness, and appreciation events such as National Adoption Month. The CWSB's partners (contracted and community) are critical at a time when Hawai`i continues to experience fiscal challenges, recovery efforts from the substantial RIF, and structural and organizational changes.

b. **Adoption Incentive Payments**

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

Figure 29: ADOPTION INCENTIVE FUNDS

Adoption Incentive Funds			
Performance Year	Funded Year	Amount	Use
FFY 2009	FFY 2010	$212,000	FPH permanency & adoption promotion services
FFY 2010	FFY 2011	$40,000	FPH permanency & adoption promotion services
FFY 2011	FFY 2012	$118,398	FPH permanency & adoption promotion services
FFY 2012	FFY 2013	$146,683	FPH permanency & adoption promotion services
FFY2013	FFY 2014	**	FPH permanency & adoption promotion services
FFY2014	FFY 2015	**	FPH permanency & adoption promotion services

Data Sources: ACF website & DHS Fiscal Management Office

c. Inter-country Adoptions

In FFY 2014, there were no reported children adopted from other countries who entered State custody. DHS continues to offer adoption support services to families, including international adoption families.

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

1. Permanency Outcome 1 (Permanency and Stability)

Children have permanency and stability in their living situations.

Figure 30 shows the percentage of children who *did* re-enter foster care within 12 months after exiting foster care. Figure 30 is based on data for all the applicable cases for each year.

DHS will prevent multiple entries of children into foster care.

Figure 30: REENTRY INTO FOSTER CARE WITHIN 12 MONTHS OF EXIT
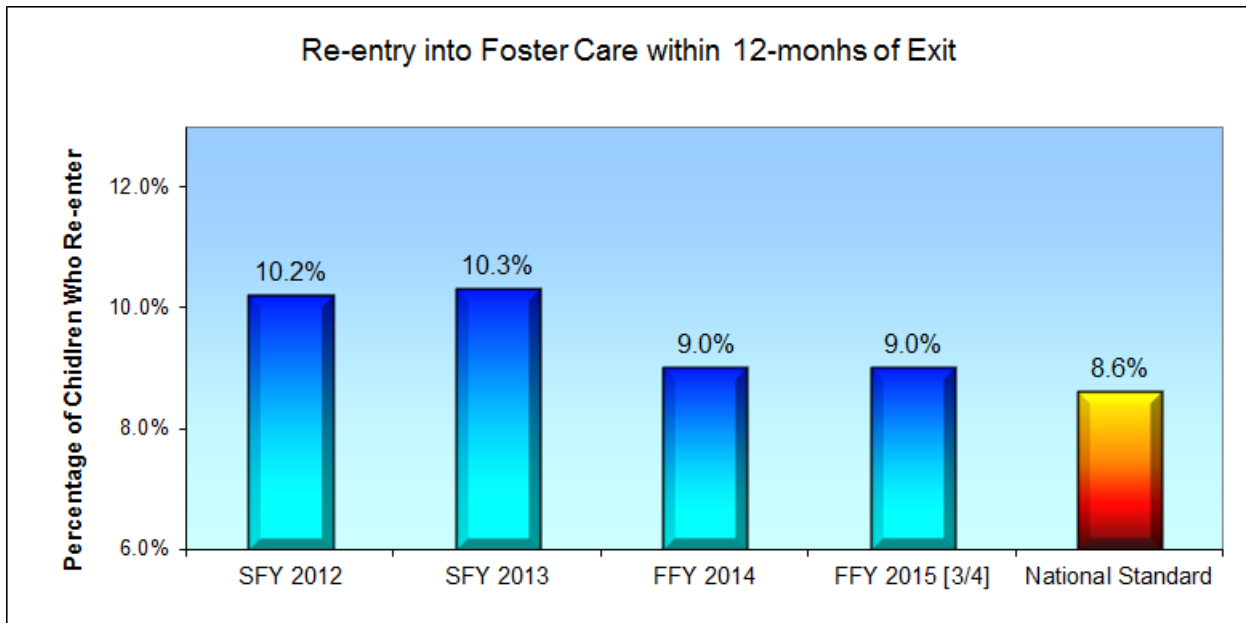
Data Source: DHS, Management Services Office

Please note: For this measure, *lower* percentages are desirable.

Figure 31: PERMANENCY COMPOSITE 1

Permanency Composite 1 – Timeliness & Permanency of Reunification							
Hawai`i's Data Composites	**FFY 2009**	**FFY 2010**	**FFY 2011**	**FFY 2012**	**FFY 2013**	**FFY 2014**	**NATIONAL STANDARD**
Permanency Composite 1: Timeliness & Permanency of Reunification	141	127.3	138.1	133.8	134.6	126.7	122.6 or higher

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

The permanency composite measure in Figure 31 focuses on both the timeliness and permanency of reunification. It is composed of three timeliness individual measures (exits to reunification in less than 12 months, median stay in foster care for children who had exited to reunification, and exits to reunification for children entering foster care within a six-month period) and one permanency measure (of children who entered foster care during the 12-month reporting period, the percentage who re-entered within 12 months of a prior foster care episode). This is an area in which the CWSB has performed much better than the national standard. The CWSB plans to sustain this performance with the practices identified below.

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

b. **`Ohana Time**
Another key strategy that the CWSB is employing to reduce re-entry into foster care is `Ohana Time. This process is described in a previous section of this report.

Children having more frequent visits in natural settings with their families while they are in foster care enhances sustained reunifications and fewer re-entries after reunification because parents learn and practice healthy and safe interactions with their children in real life settings and situations, *e.g.*, after school homework time, children's ball games, doctors' appointments, family gatherings, and lunch time at home, before the children return home. Parents are coached and monitored during `Ohana Time by resource

caregivers, family members, friends, or the CWSB staff so that when the child is back in the home, the parents know how to safely and properly care for their child. If parents have any unhealthy or ineffective approaches to parenting, this behavior will likely occur during 'Ohana Time where it will be addressed and resolved before the child returns home. Similarly, difficult-to-manage child behaviors are likely to arise during 'Ohana Time, providing opportunities for the parent to be coached, if needed, in handling the situation constructively, and without violence.

c. **Crisis Response Team and Intensive Home Based Services**
As part of Hawai`i's Title IV-E Waiver Demonstration Project, the CWSB began implementation of the Crisis Response Team (CRT) and Intensive Home Based Services (IHBS) with the goal of reducing the re-entry rate.

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

CFSR Item 4: Stability of foster care placement

SFY 2015: 65 Cases Reviewed

52 Strengths, 13 ANI

DHS will minimize placement changes for children in foster care.

Figure 32: STABILITY OF FOSTER CARE PLACEMENT
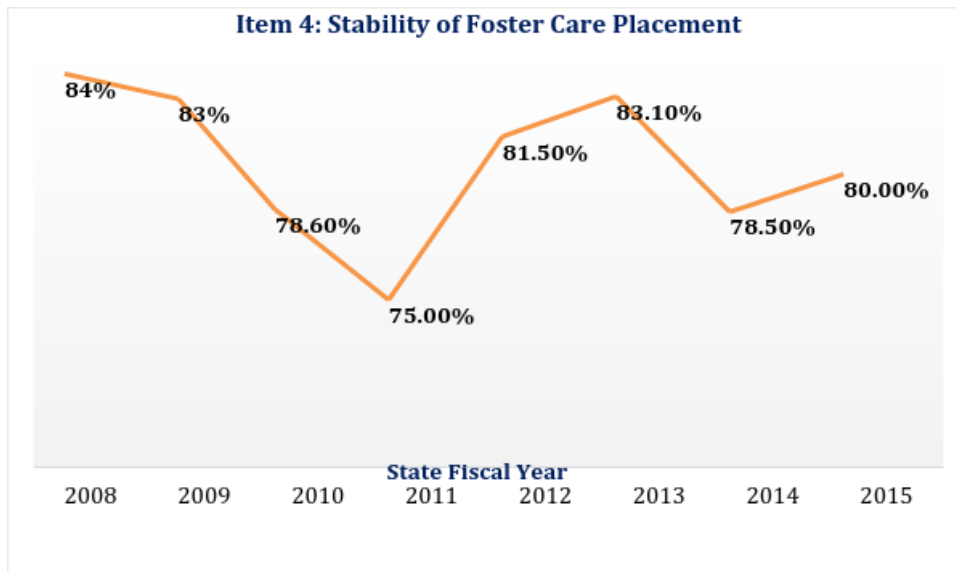
Data Source: UHMC-HCWCQI Project

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 52 of 65 cases (or 80% 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.

Thirteen cases (or 20%) were rated as needing improvement.

- In four cases, children were placed in temporary shelter homes.
- In five cases, the children were on the run.
- In eight cases, the child had multiple placement settings during the period under review, and at least one placement change was not planned by the agency to attain the child's permanency goals. In one of these cases, a barrier to stable placement was that the child has many behavioral issues. In one case, a child had 3 placements and was asked by the resource caregiver to be moved from each; supportive services or plans were needed to stabilize the placements.

Figure 32 reports on the same question as Figure 31, but Figure 32 presents annual aggregate data showing the percentage of children who were in foster care and had no more than two placements. The upward trend indicates Hawai`i CWSB's increasing success in minimizing placement disruptions and diligent up front efforts to make the first placement the only placement. These efforts have been supported over the past few years by new practices of upfront Family Finding activities and 'Ohana Conferences being held for every child entering foster care. Identifying family resources early and having the family come together to create a plan to support the child are both crucial for minimizing placement disruptions.

Figure 33: PLACEMENT STABILITY - TWO OR LESS PLACEMENTS
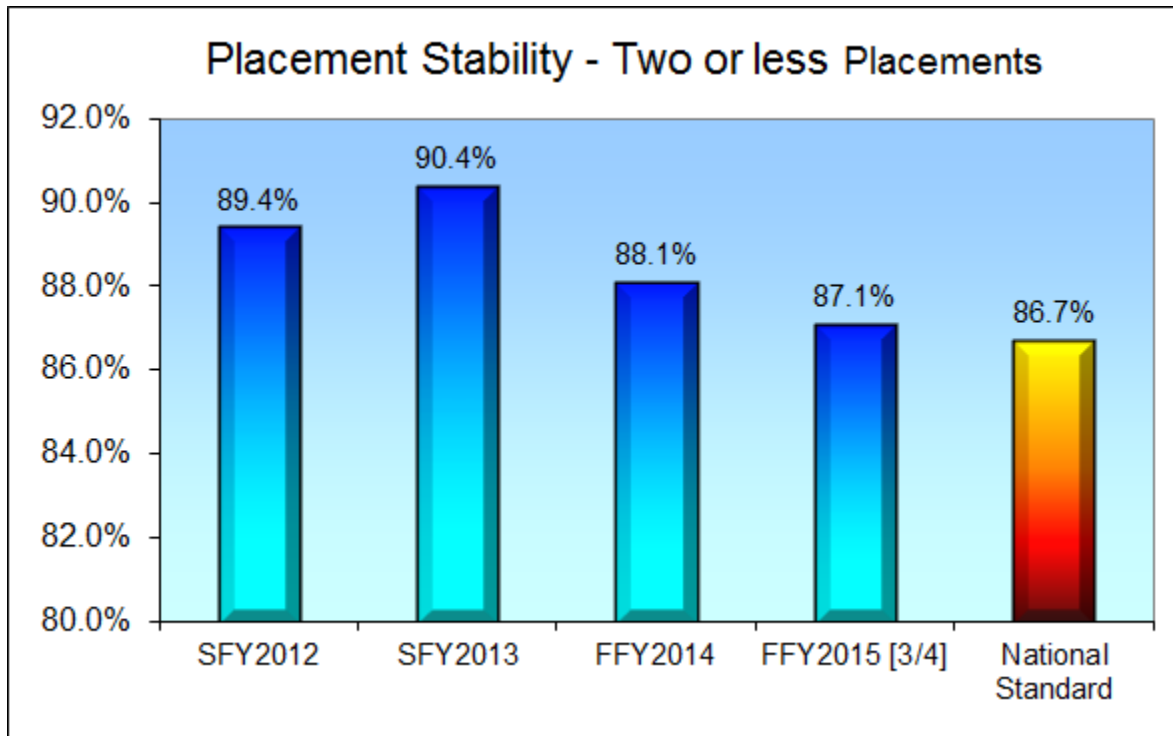
Placement Stability - Two or less Placements

Data Source: DHS, Management Services Office; Statewide CWS Outcomes Report

Please note: For this measure, *higher* percentages are desirable.

Figure 34: PERMANENCY COMPOSITE 4: PLACEMENT STABILITY

Permanency Composite 4: Placement Stability							
Hawai`i's Data Composites	**FFY 2009**	**FFY 2010**	**FFY 2011**	**FFY 2012**	**FFY 2013**	**FFY 2014**	**NATIONAL STANDARD**
Permanency Composite 4: Placement Stability	102.2	102.7	106.8	107.1	108.8	106.8	101.5 or higher

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

Figure 33 presents a composite of three measures, showing the number of children who had fewer than 3 placements in three groupings: children who were in care (1) less than 12 months, (2) 12-24 months, and (3) more than 24 months.

Figure 33 shows steady improvement in Hawai`i's performance on this composite. Making Family Finding and 'Ohana Conferencing mandatory, automatic, and an early event in each foster care case significantly affected Hawai`i's performance here.

CFSR Item 5: Appropriate and Timely Permanency Goal

SFY2015: 64 Cases Reviewed

48 STRENGTHS, 16 ANI

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

Figure 35: PERMANENCY GOAL FOR CHILD
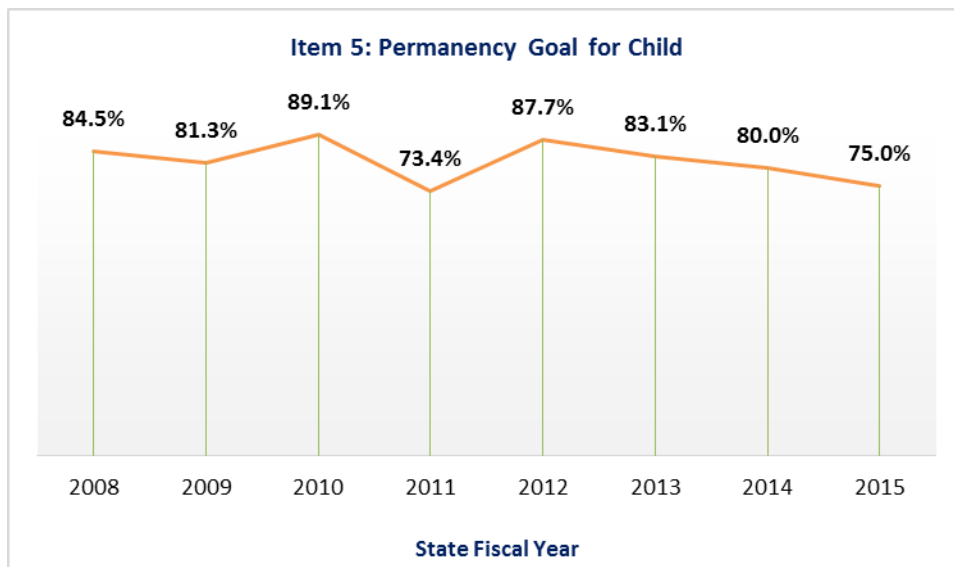
Data Source: UHMC-HCWCQI Project

PURPOSE

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

SUMMARY

In 48 of 64 cases (or 75% of applicable cases reviewed), the child's permanency goal was established timely and was appropriate to the needs of the child.

Sixteen cases (or 25%) were rated as needing improvement.

- In 4 cases, the goal was not appropriate. In three of these cases, the goal of reunification was no longer appropriate, but the goal had not changed. TPR was not filed and a compelling reason was not documented.
- In 6 cases, the goal was not established timely. In these cases, the goal of adoption or guardianship was established 15-24 months after the child's entry into foster care.
- In 5 cases, the permanency goal was not specified in the case file (including SFHR, CPSS and court order).
- In one case, the goal was established timely and was appropriate, but TPR was not filed timely and a compelling reason was not documented.

The CWSB is hopeful that with the use of the Title IV-E Demonstration Project services, SPAW and Wrap, Hawai`i will see a reduction in time to reach terminations of parental rights, which will lead to children achieving permanency faster. Groundwork and preparations for both SPAW and Wrap began in FY 2014 with the implementation of Wrap January 1, 2015 and SPAW June 1, 2015. The CWSB staff have received training on how to utilize both programs on the island of Oahu and both modalities will be rolled out to Hawai`i Island in late summer/early fall of 2015.

CFSR Item 6: Achievement of Reunification, and

Guardianship & Adoption Goals

SFY2015: 66 Cases Reviewed

44 STRENGTHS, 22 ANI

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

Figure 36: ACHIEVING REUNIFICATION, GUARDIANSHIP, OR ADOPTION
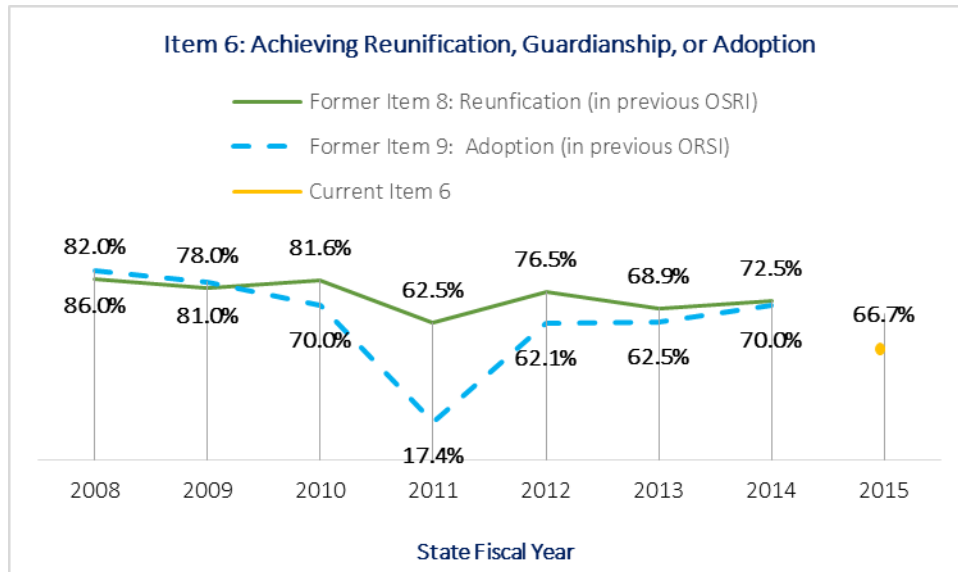
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is to determine whether concerted efforts were made, or are being made, during the period under review, to achieve reunification or guardianship in a timely manner.

SUMMARY

In 44 of 66 cases (or 66.7% of applicable cases reviewed), reunification or guardianship were achieved or likely to be achieved timely. In these cases, there were quality monthly contacts with parents/caregivers and children, `Ohana Conferences, and regular visits/`ohana time for children and their parents. Also, services were provided as needed and referrals were made timely. Early concurrent planning was also evident in these cases.

Twenty-two cases (or 33.3%) were rated as needing improvement. **In all cases, reunification, guardianship, and adoption permanency goals were not or will not be achieved within 12, 18 or 24 months respectively.**

- In 12 cases with reunification as the goal, children had been in foster care for 23-37 months. In most of these cases, there were few caseworker contacts with the parents, and parents were not engaged in their case planning.
- In 9 cases with adoption as the goal, most of the children had been in foster care 3-6 years, 1 in foster care for 23 months and not nearing achievement of adoption, and 1 in foster care 16.5 years.
- In one guardianship case, the children have been in care for 27 months.

The CWSB conducted a survey in April 2015 of CWSB workers in order to gauge their knowledge of concurrent planning, one method of moving more quickly toward a permanency goal. From the results of this survey, follow up training as well as the creation of an information sheet for families to assist in explaining the need for concurrent planning will be implemented in the coming year. The addition of both the SPAW and Wrap programs in 2015 will also increase the expediency of moving cases forward to that goal of permanency. Greater awareness of the need for concurrent planning has helped CWSB improve on this item. Training and discussions among Section Administrators, Supervisors and line staff contributed to the increased awareness and subsequent efforts.

New computerized ways to track visits, e.g. using CPSS' new coding system, will hopefully help to ensure workers see families regularly and thereby increase parental engagement in services. The utilization of the All-In-Care list, a computerized list in the CWSB's SHAKA system, will enable Section Administrators to track which of their workers' cases are moving toward permanency quickly and which may need more attention.

The current Item 6 incorporates items from the previous version of the On-site Review Instrument. The bar chart captures data for previous Item 8 (Achieving Reunification and Guardianship) and Item 9 (Achieving Adoption) for SFY2008-2014. Beginning 2015, Item 6 consolidates all permanency goals.

While Figures 36 and 37 display some similar information, there are some notable differences, Figure 36 displays data for reunification, guardianship and adoption, for cases selected for review. Figure 37 has a focus only on the children who had been in foster care and were reunified with their parents or caretakers within 12 months of the latest removal out of all children who were reunified at the time of discharge from foster care.

Figure 37: TIMELY REUNIFICATION (WITHIN 12 MONTHS)
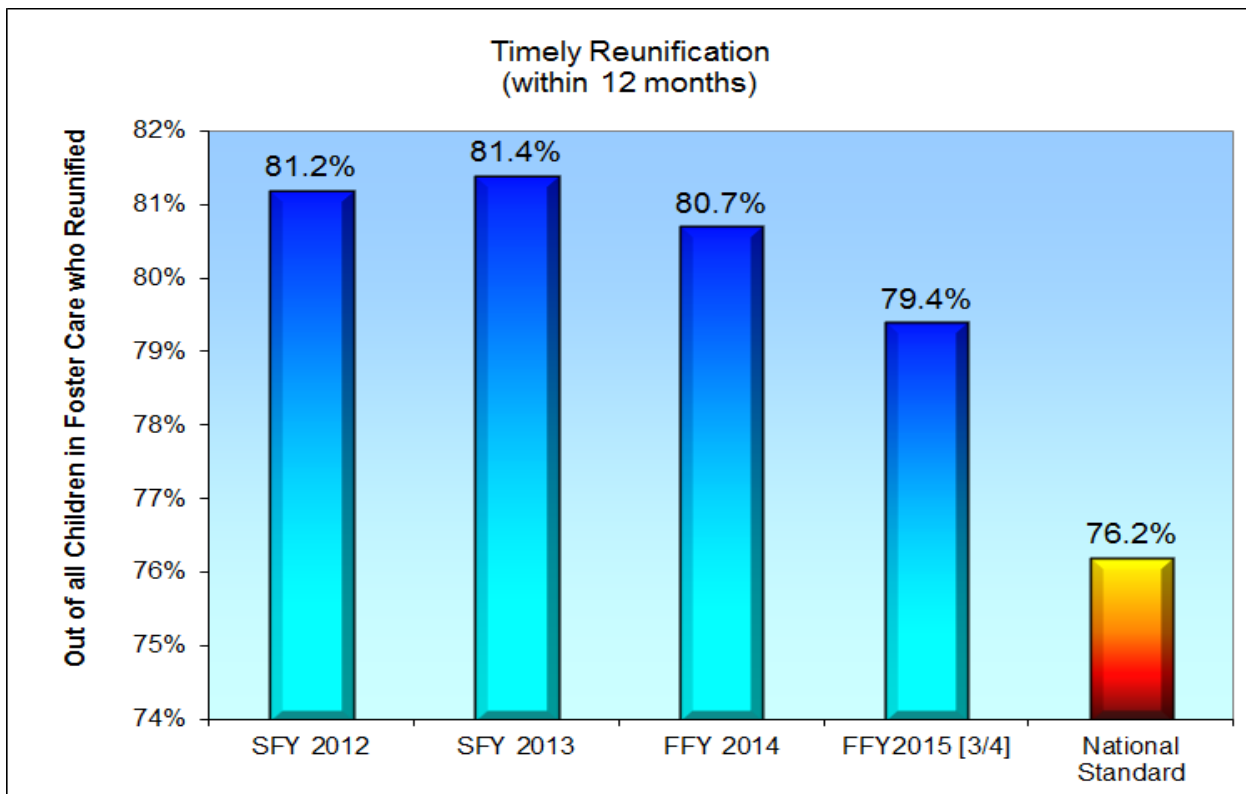
Timely Reunification
(within 12 months)

Data Source: DHS, Management Services Office; Statewide CWS Outcomes Report

Please note: For this measure, *higher* percentages are desirable.

Figure 37 shows how CWSB has consistently surpassed the National Standard of 76.2%.

Although the CWSB is proud that it has exceeded the National Standard for timely reunification for the past several years, the CWSB continues to implement new practices that will move children toward even faster reunification or adoption/legal guardianship. The implementation of both the SPAW and Wrap initiatives this year are two additional

strategies that the CWSB expects to see decrease time in care and increase permanency. One effort in this area was the series of 2014 Family Engagement trainings with Patricia Miles for CWSB staff and community providers. Another practice that should show results in promoting timely reunification is 'Ohana Time, which is described more fully under *CFSR Item 5*.

Another practice focused on achieving more timely permanency is CWSB's SPAW Program. SPAW is a case staffing/roundtable process that brings together representatives from all the services and systems that are working with the child, with the goal of breaking down systemic barriers to achieving permanency. The design for SPAW came directly out of the successes and shortcomings of the Permanency Roundtables (PRTs) and Early Permanency Roundtables (EPRTs) of SFY 2010 and SFY 2011, which were funded by Casey Family Programs. At the very end of SFY 2012, CWSB began implementing SPAW, but due to staffing shortages, very few cases were able to take advantage of this option. Since SPAW was recommended in 2015 as part of CWSB's Title IV-E Waiver Demonstration Project, the results of the SPAW process have been very encouraging. A mental health worker in Hawai`i State's Department of Health (DOH), Child and Adolescent Mental Health Division (CAMHD) wrote an unsolicited email after she participated in her first SPAW meeting, saying "There were decisions (commitments) made at the SPAW meeting that took a matter of seconds to make that I've been hoping and asking for several months but fell on deaf ears."

Figure 38: PERMANENCY COMPOSITE 1: TIMELINESS & PERMANENCY OF REUNIFICATION

Permanency Composite 1: Timeliness & Permanency of Reunification							
Hawai`i's Data Composites	**FFY 2009**	**FFY 2010**	**FFY 2011**	**FFY 2012**	**FFY 2013**	**FFY 2014**	**NATIONAL STANDARD**
Permanency Composite 1: Timeliness & Permanency of Reunification	141	127.3	138.1	133.8	134.6	126.7	122.6 or higher

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

The permanency composite measure in Figure 38 focuses on both the timeliness and stability of reunification. It is composed of three timeliness measures (exits to reunification in less than 12 months; median stay in foster care for children who had exited to reunification; and exits to reunification for children entering foster care within a six-month period) and one permanency measure (of children who entered foster care during the 12-month reporting period, the percentage who re-entered within 12 months of a prior foster care episode). This is an area in which the CWSB has performed much better than the national standard. The CWSB plans to

sustain this performance through `Ohana Conferencing, `Ohana Time, CRT, and All-In-Case List, previously described.

Figure 39: TIMELY ADOPTION (WITHIN 24 MONTHS)
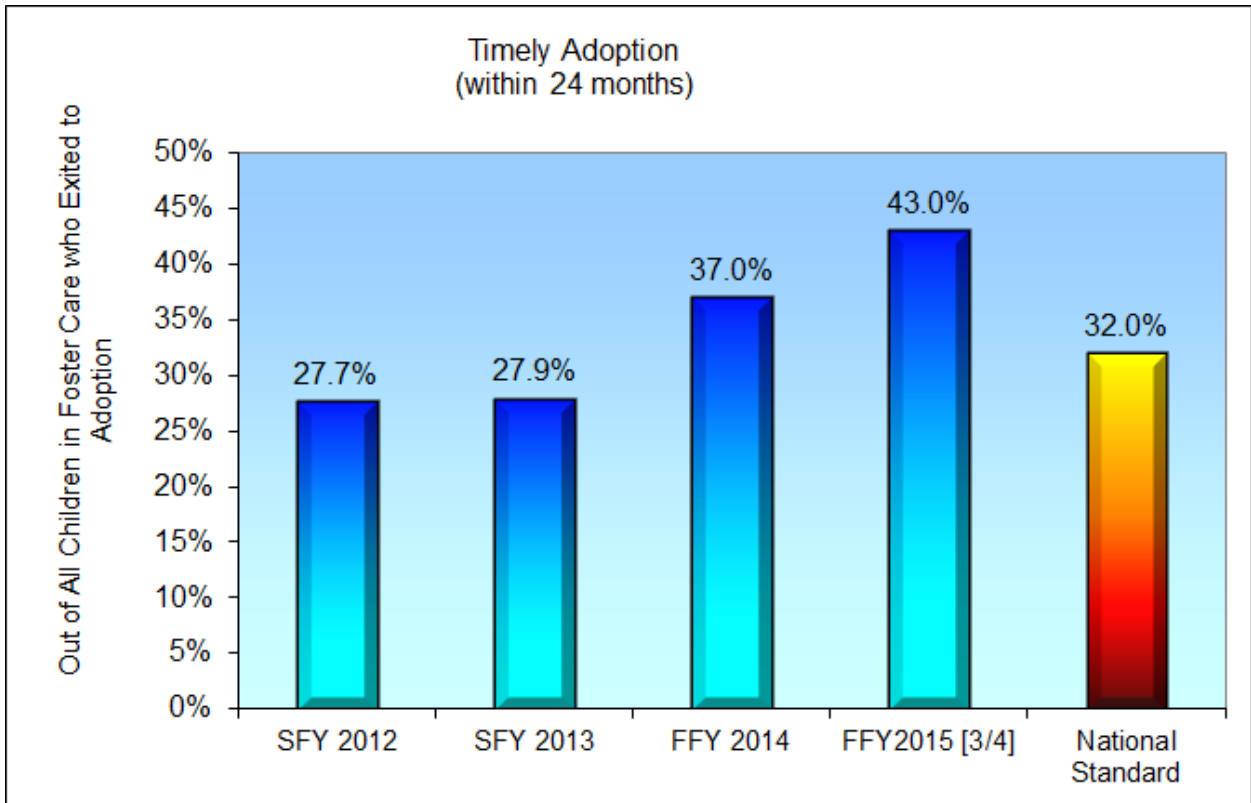
Data Source: DHS, Management Services Office; Statewide CWS Outcomes Report

Figure 39 shows what percentage of those children adopted within a time period were adopted within 24 months of their entry into foster care. CWSB has surpassed the National Standard of 32.0% in both FFY 2014 and FFY 2015-Third Quarter. This measure is corroborated by the data for Permanency Composite 2: Timeliness of Adoptions, as shown in Figure 40.

Figure 40: PERMANENCY COMPOSITE 2: TIMELINESS OF ADOPTIONS

Permanency Composite 2 – Timeliness of Adoptions							
Hawai`i's Data Composites	**FFY 2009**	**FFY 2010**	**FFY 2011**	**FFY 2012**	**FFY 2013**	**FFY 2014**	**NATIONAL STANDARD**
Permanency Composite 2: Timeliness of Adoptions	120.4	130.6	151.6	142.9	138.4	138.6	106.4 or higher

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

The permanency composite measure in Figure 40 focuses on the timeliness of adoption, taking into account the following: (1) percentage of children exiting to adoption within 24 months of entry into foster care; (2) median length of stay in foster care for all children who were adopted; (3) percentage of children in care seventeen months or longer who were adopted; (4) percentage of children in care seventeen months or longer who became legally free for adoption; and (5) percentage of legally free children who were adopted within twelve months of becoming legally free.

In cases where the child will not be able to reunify with his/her parents and the parents have been engaging in on-going `Ohana Time, adoption will likely be expedited because the parents have likely established a working relationship with the potential adoptive parents, which may make a move toward TPR and adoption smoother and quicker. Older children will also be less likely to fight adoption if clarification is made up front that TPR will not entail permanently severing connections with birth parents. The DHS is well-aware that the continued bond between the child and birth parents is significantly more likely to be maintained in cases where the adoptive parents have already established a meaningful and ongoing relationship with birth parents. The CWSB is confident that `Ohana Time is an important improvement to the CWSB's practice in numerous ways; further improvements in timely adoptions are expected as `Ohana Time practices become ingrained in daily practice.

The implementation of SPAW, described above, under *CFSR Item 6*, is aimed at improving timely adoption as well as the timely achievement of other permanency goals.

Figure 41: PERMANENCY COMPOSITE 3: PERMANENCY FOR CHILDREN AND YOUTH IN FOSTER CARE FOR LONG PERIODS OF TIME

Permanency Composite 3 – Permanency for Children and Youth in Foster Care for Long Periods of Time							
Hawai`i's Data Composites	**FFY 2009**	**FFY 2010**	**FFY 2011**	**FFY 2012**	**FFY 2013**	**FFY 2014**	**NATIONAL STANDARD**
Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time	119.8	121.6	124.3	135.9	130.0	135.4	121.7 or higher

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

The permanency composite measure in Figure 41 shows the extent to which permanency is achieved for children who are in foster care for long periods of time, and the extent to which there are children growing up in and emancipating from foster care.

The CWSB's success with this composite over the past five years is partially attributable to concerted upfront family finding efforts. When family is identified early in the case, the path to permanency is expedited. Since Hawai`i has policies that give preference to relatives for foster care placement, adoption, and legal guardianship, if family is identified for potential long-term placement early and if TPR later becomes a goal, the CWSB worker has already prepared the family for adoption or legal guardianship. When family finding efforts are done up front and no relatives are identified to care for the child long-term, the CWSB must regularly check back and refresh its efforts. At the same time, the CWSB can work with non-relative caregivers to prepare them for potential adoption or legal guardianship so that when TPR occurs, barriers have already been cleared for adoption or legal guardianship.

2. **Permanency Outcome 2 (Continuity of Family Relationships)**

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

CFSR Item 7: Placement of siblings

SFY 2015: 39 Cases Reviewed

38 STRENGTHS, 1 ANI

DHS will keep siblings together in foster care.

Figure 42: PLACEMENT WITH SIBLINGS
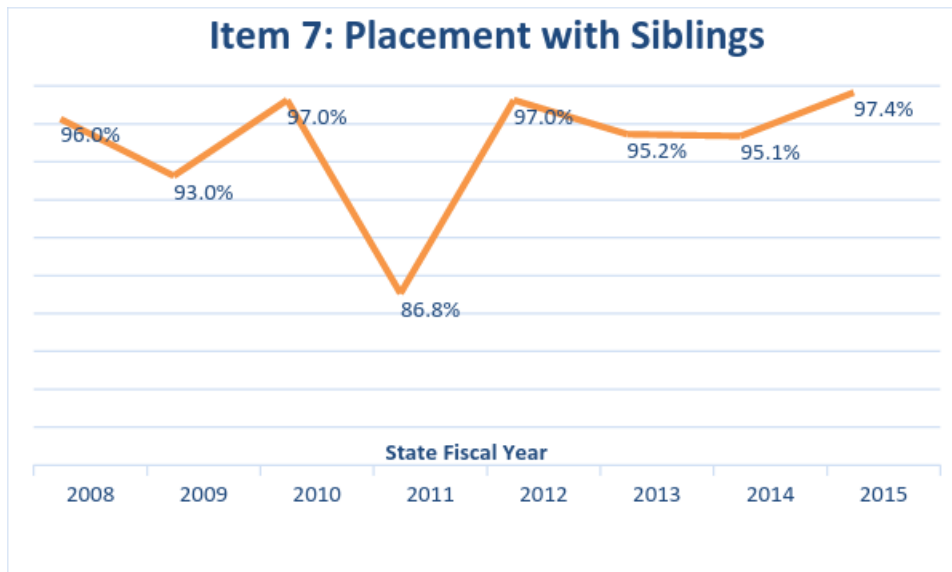
Item 7: Placement with Siblings

- 2008: 96.0%
- 2009: 93.0%
- 2010: 97.0%
- 2011: 86.8%
- 2012: 97.0%
- 2013: 95.2%
- 2014: 95.1%
- 2015: 97.4%

State Fiscal Year

Data Source: UHMC-HCWCQI Project

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

In 38 of 39 cases (or 97.4% 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 2.6%) was rated as needing improvement. Siblings were placed separately before the period under review due to behaviors of the toddler and concerted efforts to revisit placing siblings together were needed during the period under review.

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

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

SFY2015: 54 Cases Reviewed

38 STRENGTHS, 16 ANI

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

Figure 43: ITEM 8 - VISITING WITH PARENTS AND SIBLINGS IN FOSTER CARE
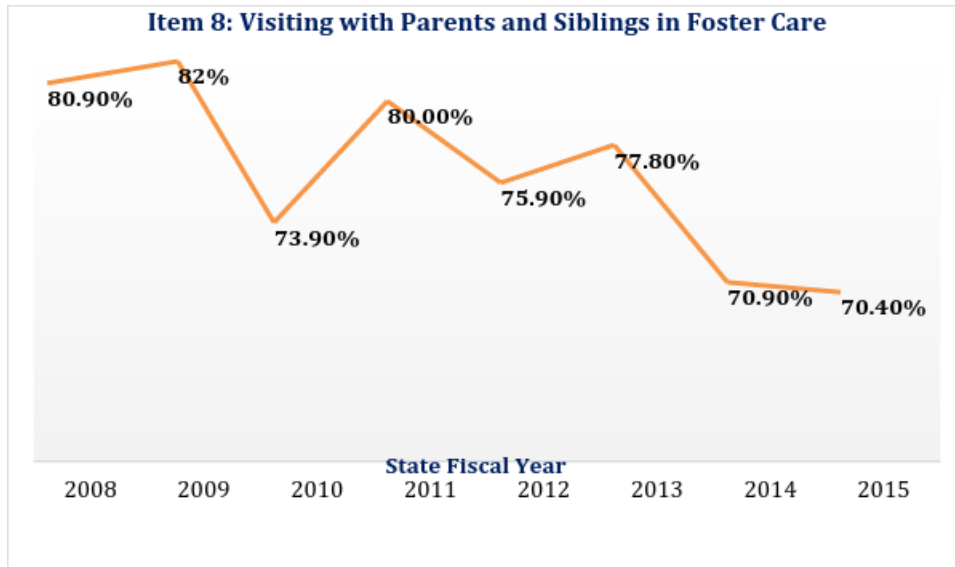
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is to determine if, during the period under review, concerted efforts were made to ensure that visitation 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

In 38 of 54 cases (or 70.4% 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 cases, visitation was facilitated by the resource or by the DHS aide or contracted provider though documentation by the contracted provider and resource caregivers was not available to the caseworker for the ongoing evaluation.

Sixteen cases (or 29.6%) were rated as needing improvement. Documentation to explain circumstances contributing to barriers was lacking.

- In 8 of these cases, concerted efforts were needed to provide visitation/'ohana time to *mothers*.
  - In one case, the child did not want to visit with his mother initially and efforts were needed to explore the child-parent relationship and revisit this over time. The child eventually changed his mind but visits were still not arranged or provided.
  - In 2 cases, concerted efforts were needed to locate the mother.
  - In 2 cases, there were visits during the period under review but there was no documentation to identify the frequency or quality.
  - In 2 cases, the parent did not have transportation and efforts were not made to arrange or provide transportation to visits.
  - In one case, the parent was required to participate in services that conflicted with her visitation schedule; efforts to accommodate or explore alternate schedules were needed.
- In 6 cases, concerted efforts were needed to provide visitation/'ohana time to *fathers*.
  - In one case, the father was incarcerated.
  - In 3 cases, the father needed to be engaged in his case plan, including visitation.
  - In one case, there were visits during the period under review but there was no documentation to identify the frequency or quality.
- In one case, sibling visits were not arranged. In one of these cases, visits did not occur. In another case, visits occurred at the DHS office and could have been facilitated elsewhere in a more comfortable environment that promoted quality contact.
- In one case, concerted efforts were needed to develop a visitation plan and to locate the child while on the run.
- In one case, both the mother and father were not contacted to arrange visits with the child

Findings from Hawai`i's CQI reviews indicated that areas needing improvement include: 1) providing `Ohana Time for fathers, 2) providing `Ohana Time to incarcerated parents, and 3) providing `Ohana Time for domestic violence parents with mutual restraining orders.

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

CFSR Item 9: Preserving connections

SFY2015: 62 Cases Reviewed

54 STRENGTHS, 8 ANI

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

Figure 44: ITEM 9 - PRESERVING CONNECTIONS
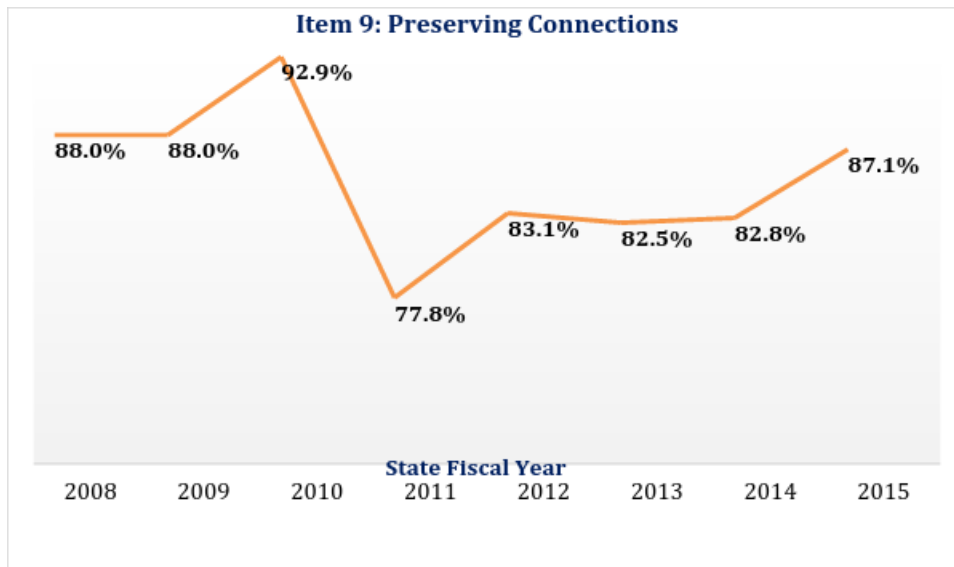
Data Source: UHMC-HCWCQI Project

PURPOSE

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

SUMMARY

In 54 of 62 cases (or 87.1% 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.

Eight cases (or 12.9%) reviewed were rated as needing improvement:

- In 6 cases, concerted efforts were needed to investigate the youth's important family connections.
- In 3 cases, there was indication that the child was Native American and follow-up was needed to explore membership or eligibility for membership in a tribe.

So much of the work in CWSB focuses on maintaining and nourishing the important bonds in a child's life, while he/she is in foster care. As national child welfare practice trends move toward a greater emphasis on the overall well-being of children in foster care, Hawai`i's practice is shifting as well. Preserving family, friend, tribe, culture, faith, neighborhood, community, and school relationships is at the core of Hawai`i's work.

As mentioned above, Hawai`i is utilizing `Ohana Conferencing (and thereby Family Findings/Connections) for more cases, due to the automatic referrals. This increase possibly caused Hawai`i's improvement on this CFSR item. Enriched connections with biological family members (the goal of `Ohana Time) not only reduce the time a child spends in foster care, they have the independent benefit of improved emotional health for the child.

In March 2012, the DHS began partnering with the State of Hawai`i, Department of Education (DOE) to ensure educational stability for Hawai`i's foster youth. This work is still in progress. Keeping children in their same school when they enter foster care will promote social and emotional links to neighborhood, community, and school. Education stability practices are in place and on O`ahu, the CWSB is currently tracking students who are displaced due to being taken into care and making efforts to reduce the instances where this occurs.

Compliance with the Indian Child Welfare Act (ICWA) and monitoring efforts to preserve connections for Native American children

In FFY15, Hawa`i CWSB had 18 Native American children in foster care. The 18 children included four groups of siblings. The remaining five children are the only child in each case.

One sibling group was returned home to their parents. Paternal grandparents were awarded legal guardianship of another sibling group. One child was placed with his paternal grandmother on the reservation of the Chemehuevi Tribe in California and the case was transferred to the Tribal Court. Another child, who was determined to be a non-registered member, was adopted by a relative of the family. For all of the other cases, notices to the Secretary of the Interior, the Bureau of Indian Affairs, and the relevant tribes; and other documents required by ICWA were completed and filed when petitions for foster custody were filed with the Family Court.

Although the CWSB's current procedures and practice for complying with the ICWA are sound, improvement is needed in the area of tracking data and using data to monitor children with Native American heritage. The current CPSS system already has fields that capture ethnicity of Native American and Alaska Native children. The DHS plans to extract this data on a quarterly basis for the purpose of monitoring compliance with the ICWA regulations.

In FFY 2014, the CWSB continued to collaborate with several tribes including the Creek Tribe, Choctaw Tribe, Comanche Tribe, Ruby Tribe, Mohican Tribe, Old Harbor Tribe, Sun'aq Tribe of Kodiak, Sioux Tribe, Chemehuevi Tribe, Oneida tribe and an ICWA representative of a South Dakota Tribe, who was present at some of the Family Court hearings. Most communication with the tribal representatives occurs by phone and email, however, recently some representatives have been also been present at the court hearings. Since most of the current placements for these children are with relatives, the tribes support the placements.

The CWSB procedures require that caseworkers ask parents and relatives if the child may be or is of Native American heritage. When there is reason to believe that the child may be Native American, the caseworker informs the Deputy Attorney General (DAG) assigned to the case. The DAG sends a registered letter to the Tribe (if known) or to the Bureau of Indian Affairs. Most of the responses from the Bureau of Indian Affairs are that the child is not registered as an Native American Child. In these situations, where appropriate, the caseworker may encourage the family to register the child. When the CWSB does receive a positive confirmation of registration, tribal rights are adhered to. Should the tribe wish to take custody of the child, the CWSB relinquishes the child to the tribe and terminates jurisdiction in Hawai`i. All necessary documents and information on the child including Title IV-E eligibility are handed over to the Native American representative. The CWSB also exchanges with the tribe the most current CFSP and APSR.

Hawai`i's efforts to comply with ICWA have been increasing. In SFY 2012, more data was collected on Hawai`i's ICWA population. The CWSB staff, child welfare community stakeholders, and family court judges attended a Court Improvement Program-sponsored training on ICWA in July 2013, and more ICWA information has been added to new hire training to strengthen staff compliance with ICWA and understanding its purposes and goals.

CFSR Item 15: Relative Placement

SFY 2015: 64 Cases Reviewed

49 STRENGTHS, 15 ANI

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

Figure 45: ITEM 10 - RELATIVE PLACEMENT
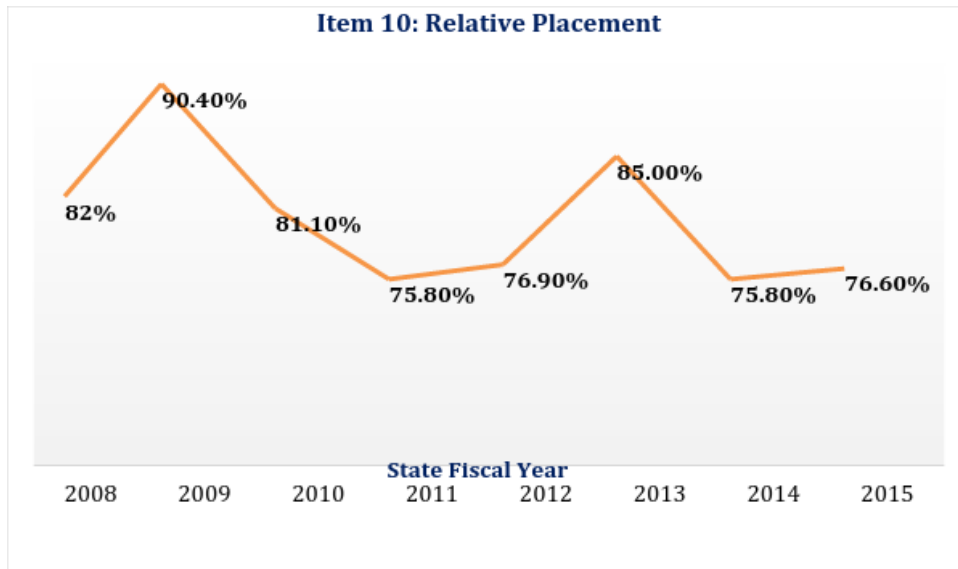
Data Source: UHMC-HCWCQI Project

PURPOSE

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

SUMMARY

In 49 of 64 cases (or 76.6% of the applicable cases reviewed), efforts were made to place children with relatives when appropriate. In these cases, children were placed with relatives or concerted efforts were being made to place the child with relatives. Relative searches were completed to seek appropriate relative placement for the child.

Fifteen cases (or 23.4%) were rated as needing improvement.

- In 10 cases, concerted efforts were needed to pursue identified relatives for placement after EPIC had returned the results of their family finding search. In several of these cases, the family finding search results were not in the case file and the current caseworker was unaware of the status.
- In 3 cases, a formal family finding search was not done.
- In one case, the child was placed with relatives but the placement was not stable and other relatives were not explored.

Although not entirely apparent in the CQI case review data, when compared to other states, relative placement is a great strength of the CWSB, as evidenced by Figures 45 above.

CFSR Item 11: Relationship of child in care with parents

SFY 2015: 48 Cases Reviewed

33 STRENGTHS, 15 ANI

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

Figure 46: ITEM 11 - RELATIONSHIP OF CHILD IN CARE WITH PARENTS
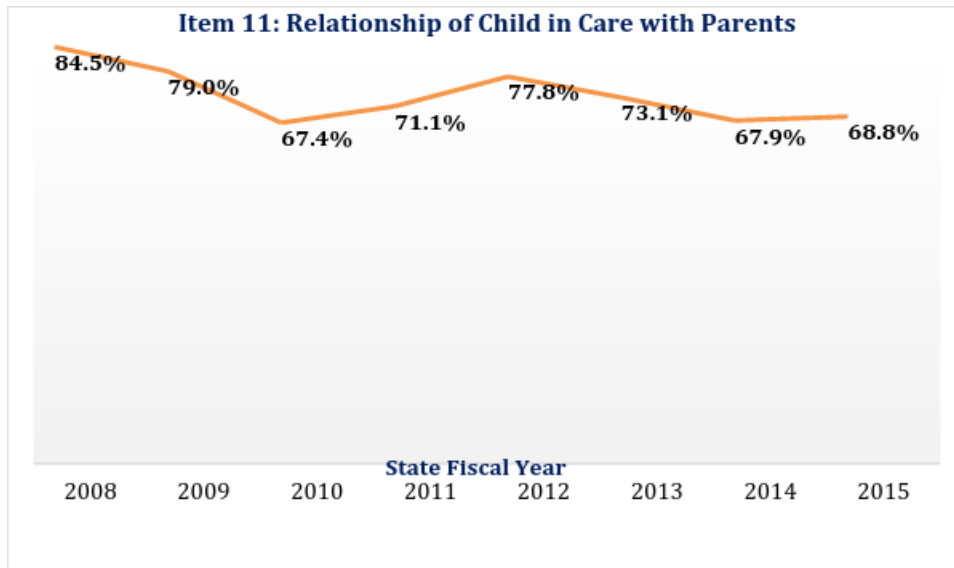
Data Source: UHMC-HCWCQI Project

PURPOSE

This item assesses 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 or her mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation.

SUMMARY

In 33 of 48 cases (or 68.8% 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 to coordinate activities to maintain relationships with parents and children. Activities included attending children's doctor visits and extracurricular activities, participating in family therapy, and helping with homework.

Fifteen cases (or 31.3%) were rated as needing improvement. Better documentation about barriers or efforts may have improved these ratings.

- In 4 cases, efforts were needed to support the children's relationships with their *mothers*.
- In 3 cases, efforts were needed to support the children's relationships with their *fathers*.
- In 7 cases, efforts were needed to support the children's relationships with *both their mothers and fathers*.
- In one case, efforts were needed for four consecutive months to locate the child who was on the run.

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

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

SECTION V. FAMILY ENGAGEMENT AND CHILD WELL-BEING

A. PROGRAM AND SERVICE DESCRIPTIONS

1. Monthly Caseworker Visits

a. Overview

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

b. Monthly Worker Face-To-Face Contact Record

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

In FFY2014, the CWS contracted with eWorld, a computer programming company, to collaborate with SHAKA and CPSS so that CWS workers are able to complete logs of contacts using word processing capabilities. Workers are now able use SHAKA as a portal to enter their logs of contacts directly into CPSS. Building on the concept of SHAKA as a portal to directly enter data into CPSS, eWorld is currently working to streamline the process for Monthly Worker Face-To-Face Contact Records so that workers in the field can directly log onto CPSS and immediately capture the quality of their visits.

eWorld, SHAKA and CPSS are also developing a way for workers to access critical case record information, such as the family members' address, phone numbers, dates of births, resource parents' address, etc. while in the field. This will assist the CWS workers in conducting unplanned home visits, registering foster children in school, making medical appointments, etc.

c. Computer Tracking

Since August of 2013, new tools were implemented to support ongoing tracking of worker visits with children, parents, and resource caregivers. Mechanisms were put in place to ensure visits are completed by the end of each month. The tools required updates

to Hawai`i's CPSS computer data system, which took much longer than anticipated to update and implement.

The new monthly worker visits tracking and reporting system tracks whether clients are visited or not in any given month. Section Administrators and Supervisors are able to monitor child, parent and resource parent visits on any given day. While conducting the monthly face-to-face visits, workers will be able to conduct safety assessments to increase performance on PIP Item #4.

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

d. **Netbooks**

The CQI Case Reviews revealed that many caseworkers were not logging all of their visits into CPSS, which resulted in those visits not being counted as having occurred. The CWSB has tried to address this problem by making improved technology available for staff. The netbooks purchased with some of the FFY 2012 caseworker visit funds had limited success. Feedback from the CWSB Sections indicated that some staff found the netbooks too heavy and were used on a limited basis. Next, the CWSB purchased tablets with keyboards, some of which will be used by the Crisis Response Team. These technology changes are designed to assist with documentation of worker visits, completion of safety assessments, and to support workers in the field.

The netbooks and tablets allow workers to fully document the content of a visit during the actual visit or immediately afterward, which means better quality documentation versus documentation that is done days or weeks later. With the use of the face-to-face worker visit shell on the netbooks and tablets, workers are prompted to check, ask, discuss, and document all topics relevant to the safety, permanency, and well-being of the child. This means workers are much less likely to miss something crucial.

Documenting efforts and information on the netbooks and tablets is quicker and easier than documenting efforts by hand and then transferring those notes by typing into CPSS back at the office. This simpler process is expected to increase both the quantity of visits documented and the quality of the documentation. Information from Hawai`i's CFSR indicates that cases with better documentation have overall better outcomes, with increased child well-being, faster reunification, and quicker movement to permanency, when needed.

e. **Secondary Worker**

The procedures to establish teams were developed to improve worker visits by adding a secondary worker to each case to ensure that children, parents, and resource families are visited monthly, has met with limited success. Staff and workers were trained, and then the initiative formally began in SFY 2012. CPSS can now assign secondary workers to

cases, but the practice is not widespread. There is no clear correlation between the existence of a secondary worker and increased monthly worker visits, but the CWSB will continue to collect and analyze data about the assignment of secondary workers and will adjust strategies accordingly.

f. **CFSR & SIPs**

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

● Insufficient staffing

● Low morale of staff

● Delays of needed case actions during the case transfers process

● Delays in assignment of courtesy supervision for out-of-state and off-island cases

● Lack of comprehensive efforts to find runaways.

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

● Providing tracking mechanisms for workers

● Discussing and reviewing the frequency and quality of caseworker visits during supervision

● Clarifying procedures and expectations

● Improving timely documentation, including mandatory "log time."

g. **Unit-Level Initiatives**

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

h. **Family Journal**

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

CWSB's initial implementation of the Family Journal occurred on Maui in January 2012. By early 2013, the use of the Family Journal was fairly widespread and consistent in MCWSS, but faltered when MCWSS experienced a period of severe staff shortages. MCWSS staffing problems were resolved, and the use of the family journal has become more consistent following the January 2014 retraining/training on the Family Journals for MCWSS staff, services providers, and the judge who hears the CWS cases.

The Maui Section Administrator shared Maui's experience with the Family Journals and the value of the journal for parents during a presentation to the West Oahu Section Administrator and four Unit Supervisors, and the East Hawai`i Section Administrator and one Unit Supervisor on February 20, 2014. This peer-to-peer sharing has helped to dispel some of the staff concerns and increased openness using the Family Journal. Unfortunately, the plan for implementation of the Family Journal in West Oahu and East Hawai`i did not occur due to staffing and resource constraints. The CWSB remains committed to this project, and will re-evaluate resources and plans to ensure continued and broader implementation.

i. **National Standards**

Federal law has required that the caseworker visit a child in foster care on a monthly basis at least 90% of the time the child is in care. This mandate includes monthly visits for children in out-of-state placements and those on runaway status. The federal government is raising this standard to 95% starting in FFY 2015. There is also a federal standard requiring 50% of all visits to children in foster care to occur in the current residence of the child.

An annual federal Worker Visit with Child Survey collects national data that provides benchmarks for states. Figure 47 shows the data CWSB submitted for the FFY 2013 and FFY 2014 surveys. Figure 48 shows how Hawai`i's performance compared to the federal standard over a four-year period.

Figure 47: WORKER VISIT SURVEY

Worker Visit Survey						
Reporting Population	Months In-Care	Caseworker Visits	In-Home Visits	% of Visits *	% of In-Home Visits**	Reporting Population
FFY2013	313	2450	2009	1391	82%	69%
FFY2014	316	2425	2005	1107	83%	55%

Data Source: SHAKA, Statewide Worker Visit Survey

*Caseworker Visits / Months In-Care

** In-Home Visits / Caseworker Visits

Figure 48: WORKER VISIT SURVEY - PERCENTAGE OF MONTHLY VISITS TO CHILDREN IN FOSTER CARE
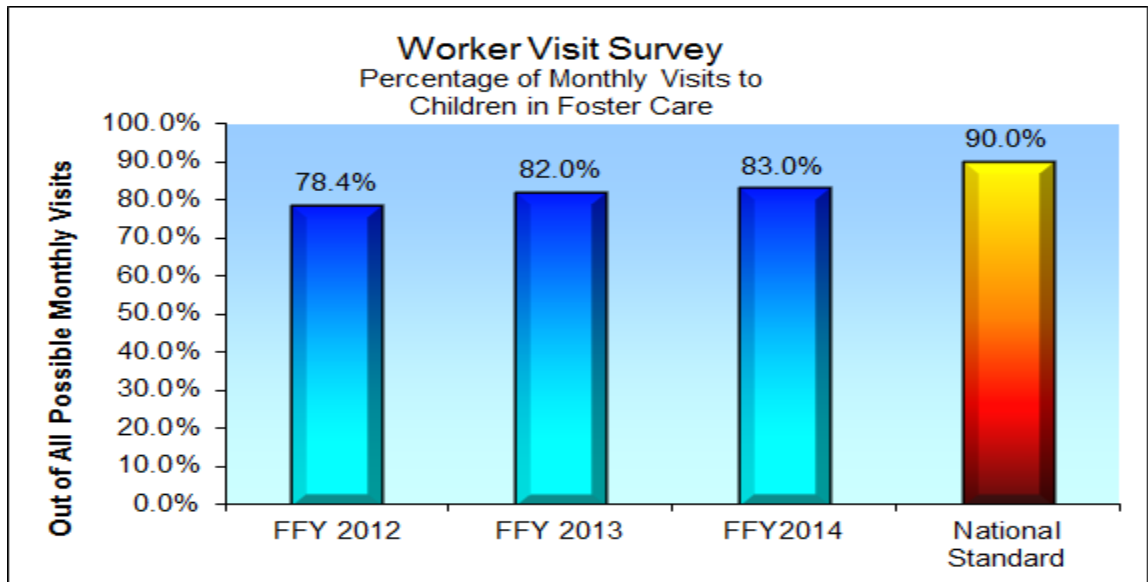
Data Source: Statewide Random Sample Surveys

Although, Figure 48 shows a trend of consistent improvement, Hawai`i remains below the national standard. To support staff in continuing this trend, CWSB has tried to develop a fuller understanding of the challenges and barriers the staff encounter in their attempts to complete monthly face-to-face visits. Data about why monthly visits were not occurring was collected for all of the cases of the federal Worker Visit with Child Survey for FFY 2014 for every month without a visit. Caseworkers provided the reasons for missed visits in an open comment format and that qualitative data was then reviewed and categorized, as seen Figure 49.

Figure 49: "WHY WAS THERE NO VISIT?"

Why was there no visit?

- 4, 1%
- 45, 11%
- 39, 9%
- 52, 12%
- 19, 5%
- 77, 18%
- 35, 8%
- 150, 36%

Legend:
- No Documentation/Unknown
- Workload
- Scheduling Problems
- ICPC Issues
- Youth on the Run
- Transfer or Courtesy Case
- Worker Oversight
- Other

Data Source: Statewide Random Sample Surveys

For the "No Documentation" cases, shown in orange in Figure 49, there was no documentation that a visit took place for that month, and either the worker could not confirm that a visit occurred, or the worker had left employment with CWSB and no further information was obtainable.

The most dramatic changes from FFY 2013 to FFY 2014 were in the "Workload" and "No Documentation" categories of the reasons why there was not a monthly visit. The decrease of 31% in the 'Workload' may indicate that workers have an increased understanding of the primacy of monthly worker visits. More challenging is the increase

of 13% in the lack of documentation regarding the visits. This points out an area in which increased emphasis and support is needed to help workers understand the importance of documentation and develop protocols to assist with documentation. "Worker Oversight" experienced an increase of 10% and presents the same challenges and opportunities as the "No Documentation" group. Other reasons experienced fluctuations of 1% to 4% - not significant enough to specially designed interventions. Better training and supervision has helped increase the staff appreciation of the importance of regular, frequent contact with children in foster care. CWSB is optimistic that this will continue as a growing trend, where.

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

o Developing stricter protocols regarding case transfers, including a mandatory visit by the transferring worker prior to transfer;

o Using the new CPSS Worker Visit Tracking System;

o Using SHAKA to track worker visits (or a sample of needed visits) with weekly statewide phone-calls with Section Administrators and Branch ;

o For ICPC cases, contracting with local social service agencies to do the monthly visits when a child is placed out of state, before the local CWS picks-up the case;

o Developing stricter protocols regarding documentation of visits;

o Creating a workgroup to strategize finding and meeting with youth who are on the run, even if they do not return to care; and

o Supervisors regularly reinforcing the vital importance of monthly face-to-face contacts, and helping worker to prioritize visits and visit documentation

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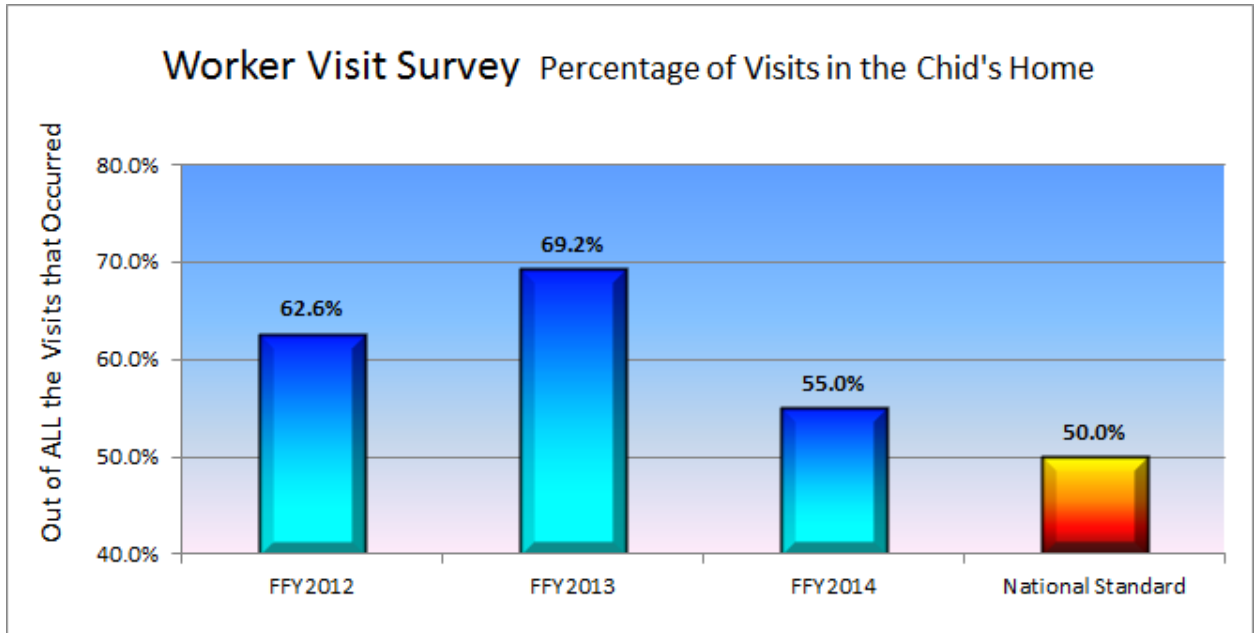
Data Source: Statewide Random Sample Surveys

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

j. Staffing Shortage

Due to Hawai`i's economic downturn, CWSB experienced a significant RIF along with involuntary staff reassignments to positions in January 2009. The process of properly staffing the Branch has been slow; as of June 2015, CWSB still has 72 vacant positions. These factors continue to negatively impact the workload in certain Sections, creating barriers to consistent monthly worker visits.

2. Health Care Services

Each child that enters foster care receives an initial health screening and assessment physical exam, and referral for Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) services for prevention, early diagnosis, and medically necessary treatment of conditions

revealed by the screening. Each child is also provided with State health insurance. Within 45 days in foster care, each child is provided with a Comprehensive Physical Exam. After the Comprehensive Exam, CWSB follows the EPSDT Medical (Physical and Mental) Health Screening Assessments Schedule, explained in item b. below.

a. **MedQuest**

The Fostering Connections Act of 2008 requires CWSB and the DHS MedQuest Division (MQD) to provide a continuum of health care for foster children.
Children who remain in the home receive medical plan coverage through their parents' or legal custodian's health plan. Children in out-of-home care are provided DHS' MedQuest health care services plan. This plan was developed by DHS in consultation with appropriate health care providers as well as experts and consumers of CWSB services.
The QUEST health plans pay contracted health care providers for medical services received by enrollees. Dental services for QUEST recipients are covered on a fee-for-service basis. The QUEST covered services include, but are not limited to:

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

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

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

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

EPSDT services include:

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

An outline of the EPSDT Program follows.

i. *Medical (Physical and Mental) Health Screening Assessments Schedule:*

- Infancy: By age 1 month, and at 2, 4, 6, 9, and 12 months;
- Early Childhood: At 15, 18, and 24 months, and at 3 and 4 years old;
- Late Childhood: At 5, 6, 8, 10, and 12 years old; and
- Adolescence: At 14, 16, 18, and 20 years old.

ii. *Preventive Dental Services* (Once every six months beginning at age 12 months)

- Examination
- Prophylactic treatment
- Sealing and polishing

iii. *Diagnosis and Treatment Services for Covered Services and Non-Plan Services:*

- Inpatient, outpatient hospital and clinic services, including x-ray and laboratory examinations;
- Drugs, biological and medical supplies including medical equipment and appliances;
- Physicians' (including osteopathic) services;
- Nursing facility services and home health services;
- Whole blood;
- Eye examination, refractions and eye glasses; and
- Hospice care services.

c. **Kapi`olani Child Protection Center (KCPC)**

Kapi`olani Child Protection Center (KCPC) Medical Services specializes in treating children who are abused and neglected. They treat children at three locations on O`ahu:

Honolulu, Ewa Beach, and Waianae. They provide pre-placement exams (mandatory physical exams when a child enters foster care or changes placement setting), forensic exams, and follow-up comprehensive health exams for foster youth. The KCPC is also able to provide ongoing follow-up medical services. However, the KCPC is only on O`ahu. Children in foster care on the neighbor islands are seen for the necessary exams in hospital emergency rooms and in the offices of their primary care physicians. KCPC's MDT, medical record review, and medical consultation services are available on all islands.

d. Health Care Monitoring

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

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

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

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

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

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

CWSB workers have been notified of the requirement to inform all foster youth and youth participating in the Chafee Foster Care and Independence and/or Education and

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

e. **Improving Exam Tracking and Oversight**

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

f. **Psychotropic Medication**

   i. **Overview**

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

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

- Former Foster Youth;

- Resource Caregivers;

- Birth Parents;

- CWSB Administrators, Supervisors, and Case Workers;

- DOH, CAMHD Division Administrators;

- the Medicare/MedQuest Medical Director;

- A DOE, School-Based Behavioral Health State Education Specialist;

- A University of Hawai`i at Manoa Professor/Researcher;

- The Mental Health America, Hawai`i Executive Director;

- the The Court Improvement Project State Coordinator;

- Family Law Attorneys;

- Guardians ad litem; and

- Staff from several community service agencies.

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

- Decreased use of inappropriate medications;

- Increased use of non-medical interventions and treatments for mental health issues and behavioral problems;

- Effective, appropriate medication use;

- More foster youth receiving mental health and behavioral health services on a timely basis (early identification and ongoing monitoring);

- Gradually increasing youth's responsibility for his/her own medication management;

- Increased youth voice in mental and behavioral health care;

- Improved school performance;

- Decreased number of foster placement changes for foster youth;

- Decreased length of stay in foster care;

- More successful transitions of foster youth to independent adult living;

- Increased line/field-level engagement regarding the management of youth's medications;

- Improved coordination and oversight of PCPs and Child and Adolescent Psychiatrist prescribers;

- CWSB based clinician to aid in oversight, management, and guidance, and to answer caregivers', caseworkers', and practitioners' questions about psych meds;

- Statewide awareness of the risks and benefits of psychotropic medications for youth;

- Reduced stigma regarding mental health and psychotropic medication use;

- Increased collaboration and communication among agencies/systems; and

- Happier and healthier youth, families, caregivers, and CWSB staff.

ii.   Hawai`i vs. National Data

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

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

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

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

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

Also, within CAMHD, there is not a high rate of prescribing psychotropic medications to youth because of a directive from the Director of the Hawai`i State Department of Health. The directive was the result of the Felix Consent Decree of 1994, and stated that medication should never be used as a chemical restraint and that there should be no off-label prescriptions. Off-label is the use of a pharmaceutical drug for a condition for which the medication was not FDA-

approved. Using a drug with an unapproved dosage or with an unapproved age group is considered off-label. Between 45% and 75% of psychotropic medications given to children and adolescents are prescribed off-label, in part because almost none of the medications have FDA approval for use in children. Off-label prescribing is extremely common and not illegal.

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

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

iii.   **Current Approaches**

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

- Kapiolani Child Protection Center (KCPC) Multidisciplinary Teams (MDT);

- KCPC case consultation;

- KCPC medical record reviews;

- Mandatory Pre-Placement Exams;

- Mandatory 45-day Comprehensive Exams, which may include mental health assessments;

- Mandatory Mental Health Assessments, within 45 days of placement, which may be a psychological evaluation that assesses trauma related to abuse and removal;

- Awareness Education for all current CWSB staff (trainings occurred in March 2012);

- Psychotropic Medication Awareness Education has been added to CWSB new hire Core Training (first implemented in July 2012);

- Mandatory Monthly Face-to-Face Contact between caseworker and child, caseworker and resource caregiver, and caseworker and biological parents (following updated written protocol for conducting monthly visits, caseworker must ask about psychotropic medication use and emotional trauma – implemented March 2012; following updated written policy, caseworker must discuss the youth's progress with any psychotropic medication each month with youth, parents, and resource caregiver – implemented December 2012);

  o Regular contact between caseworker and child's doctors and therapists;

  o Regular contact between caseworker and child's school;

  o CWSB documentation of mental health diagnoses, medications, and monitoring of these medications (implemented in December 2012);

  o Mandatory use of *Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care* prior to a youth in care beginning a psychotropic medication (implemented in December 2012);

  o Caseworker ensures that youth's questions have been answered by the prescribing physician before a foster youth starts taking psychotropic medication (implemented December 2012);

  o CAMHD staff available for consultation on psych meds for CWSB and KCPC (implemented in November 2012);

  o CWSB written policy that CWSB staff and resource caregivers will not force a youth to take medication against his/her will while in foster care (implemented December 2012);

  o Partnership and collaboration among CWS, DOE, CAMHD, and MQD; and

  o Distribution of *Practice & Policy Brief: Psychotropic Medication and Children in Foster Care: Tips for Advocates and Judges* to Family Court staff and attorneys statewide (January 2013).

iv. **Developed Approaches**

The following plans have been developed by the Statewide Workgroup, but have not yet been implemented:

- Computer monitoring of medication (flagging outliers)

- List of Red Flags which would trigger further investigation/follow-up

- Consent and Assent Forms and Policies

- Formalized Monitoring Protocol

- Training for Resource Caregivers

v. **Planned Approaches**

The following services/tactics/approaches to decrease the inappropriate use of psychotropics by foster youth are part of Hawai`i's plan for future implementation.

- Increased availability and awareness of alternative therapies (e.g., Behavioral, Trauma-informed)

- Standardized and frequent mental health screenings and assessments

- Dedicated staff for oversight (funding has been identified.)

- Monitoring how often youth have health exams and what is covered during the exams

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

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

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

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

h. **Collaboration among CWS, CAMHD, & Developmental Disabilities Division (DDD)**

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

these and other agencies, which helps improve service access and delivery to meet the needs of children served by the CWSB.

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

1. Providing for Children's General Needs

a. CFSR Well-Being Outcome 1

Families have enhanced capacity to provide for their children's needs.

CFSR Item 12: Services to Children/Youth, Parents and Resource Caregivers

SFY 2015: 95 Cases Reviewed

62 Strengths, 33 ANI

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

Figure 51: ITEM 12 - NEEDS AND SERVICES OF CHILD, PARENTS, AND RESOURCE CAREGIVERS
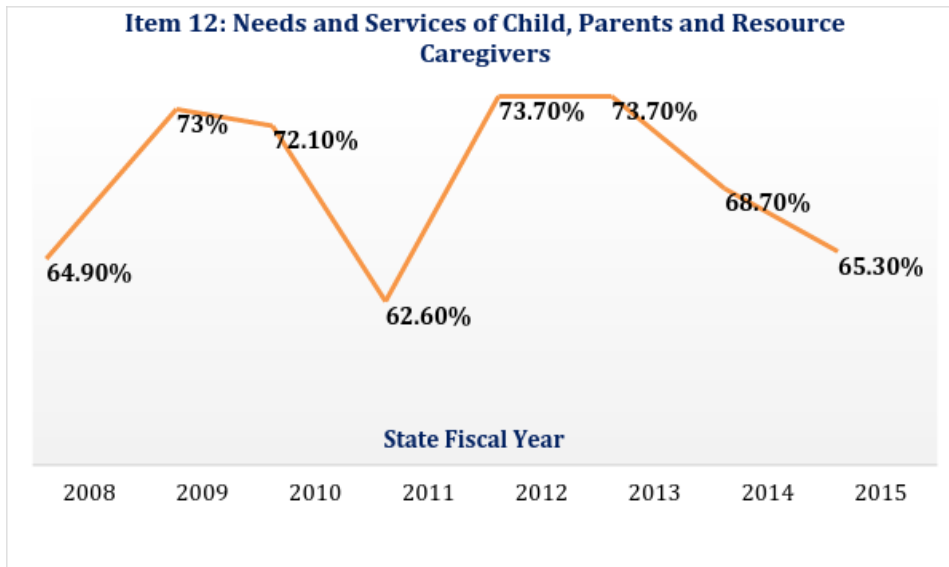
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is to determine whether, during the period under review, the agency made concerted efforts to assess the needs of children, parents, and resource caregivers (both 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 provided the appropriate services.

SUMMARY OF DATA

In 62 of 95 cases (or 65.3% 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 the appropriate services.

Thirty-three cases (or 34.7%) were rated as needing improvement. Assessments of needs or provision of services were needed for children (12 cases), mothers (18 cases), fathers (27 cases) and resource caregivers (5 cases). Irregular monthly caseworker contacts negatively impacted this performance item; without contact, the caseworker could not properly assess the clients' needs and progress in services. In four of these cases, efforts were needed to locate the child, mother and/or father. In one case, the contracted service provider did not obtain an interpreter for a non-English speaking family. In several cases, 'Ohana Conferences were not offered and provided, but may have helped to engage the family in a service plan.

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

CFSR Item 13: Engagement of Child & Parent in Case Planning
SFY 2015: 94 Cases Reviewed
52 Strengths, 42 ANI

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

Figure 52: ITEM 13 - CHILD AND FAMILY INVOLVEMENT IN CASE PLANNING
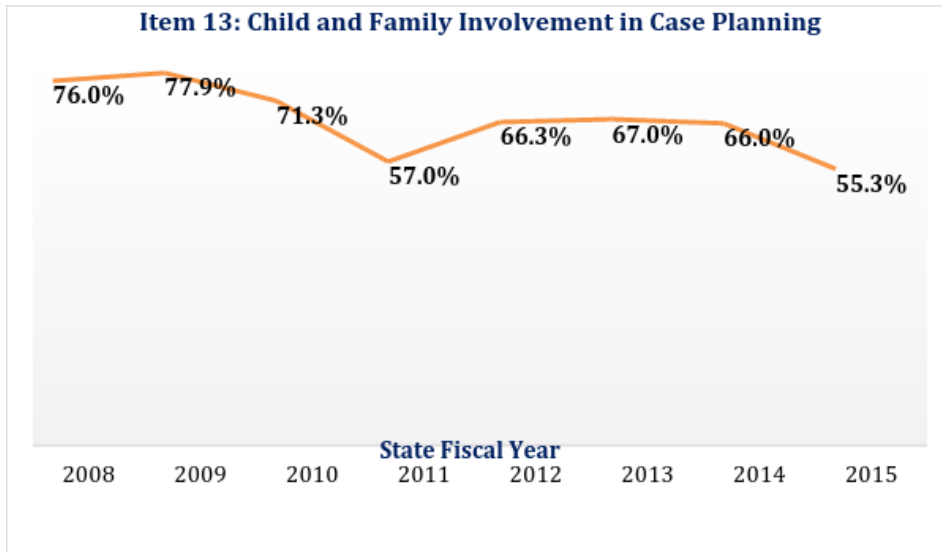
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is assessed to determine whether efforts were made to involve parents and children in case planning.

SUMMARY OF DATA

In 52 of 94 cases (or 55.3% 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, through quality monthly visits, which allowed families to express their feelings and have a voice in their plan. 'Ohana Conferences were used in many of these cases as an avenue for engagement. Efforts to locate parents and children when they weren't readily available contributed to strength ratings.

Forty-two cases (or 44.7%) were rated as needing improvement.

- In most of these cases, the infrequency of contact did not allow for the client to be engaged in case planning. Clients in these cases were not seen for several consecutive months (commonly 3-7 months). Although 'Ohana Conferences occurred in some cases, in many cases, 'Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents.
- In 18 cases, children were not engaged in case planning.
- In 26 cases, mothers were not engaged in case planning.
- In 25 cases, fathers were not engaged in case planning.
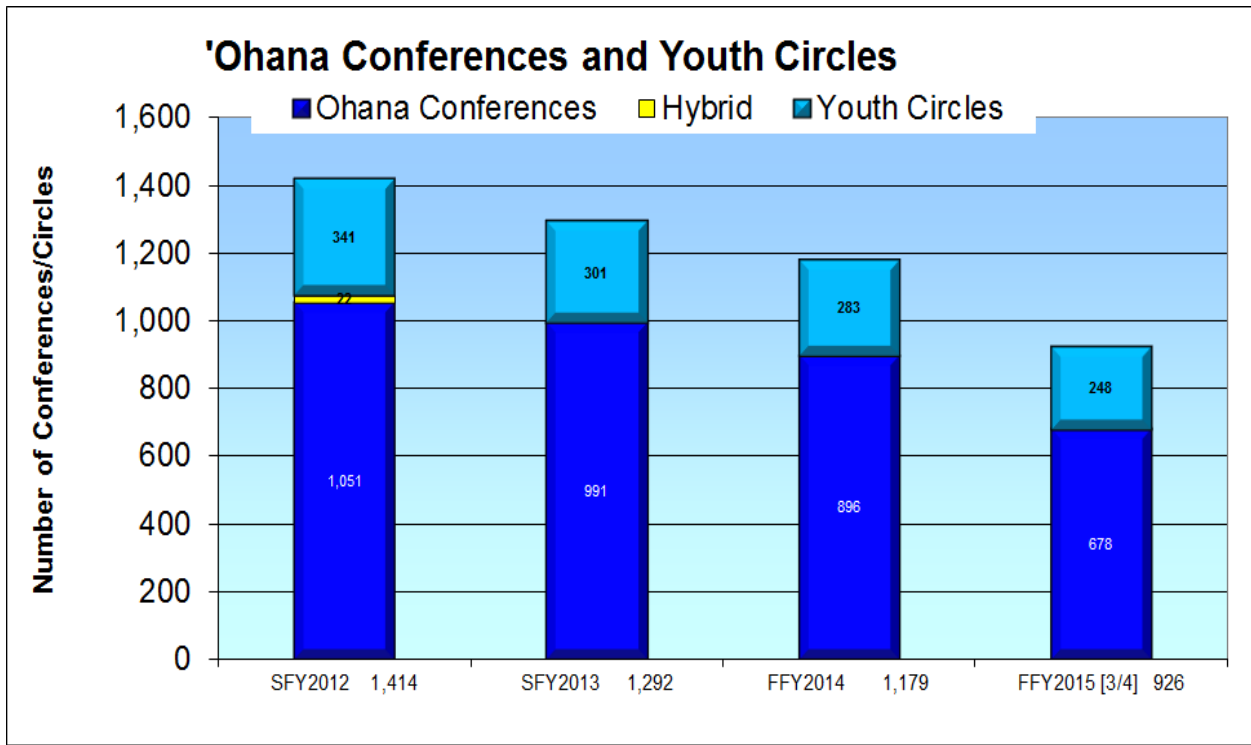
Data Source: EPIC 'Ohana, Inc.

Figure 53 shows the number of 'Ohana Conferences and Youth Circles from SFY 2012 through third quarter FFY 2015. Although there was a slight decrease in usage, the numbers for FFY 2015 are very promising. If the current trend continues, the totals for FFY 2015 may surpass those for SFY 2013. CWSB continues to place an emphasis on the importance and benefits of these conferences and is optimistic that usage will continue to increase.

Figure 53 shows the slight change in the parent and child involvement with 'Ohana Conferencing and Youth Circles from SFY 2012 through the present. CWSB believes that improvement is due to several factors. Automatic referrals of all entering foster care cases to 'Ohana Conferencing, began on Oahu in January 2012 and on neighbor islands in March 2012. In September 2012, all CWSB staff statewide was trained on new efforts and strategies to engage fathers and families. This training included information on how to locate and work with non-custodial parents, which is directly relevant to the poor performance identified in the CFSR data in Figure 53. Identified in the narrative regarding ANI cases in the text box above is the problem of insufficient monthly visits with the caseworker, which is a major cause of lack of engagement in case planning. As described above in *PART 3, Section A.1.,* Hawai`i is making great efforts to improve the frequency of worker visits.

The CWSB increased the use of family and youth involvement in decision-making through 'Ohana Conferencing and Youth Circles. Extended family is the natural support system and is crucial to family engagement. 'Ohana Conferencing brings family members

together to increase the understanding of child welfare involvement, to identify family and external resources, and to develop service and action plans to support the child and family. With children in relative placements, 'Ohana Conferencing can help support role clarification and communication, which will support stable placements.

CFSR Item 14: Face-to-face contact with Children
SFY 2015: 99 Cases Reviewed
52 Strengths, 44 ANI

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

Figure 54: ITEM 14 - CASEWORKER VISITS WITH CHILD
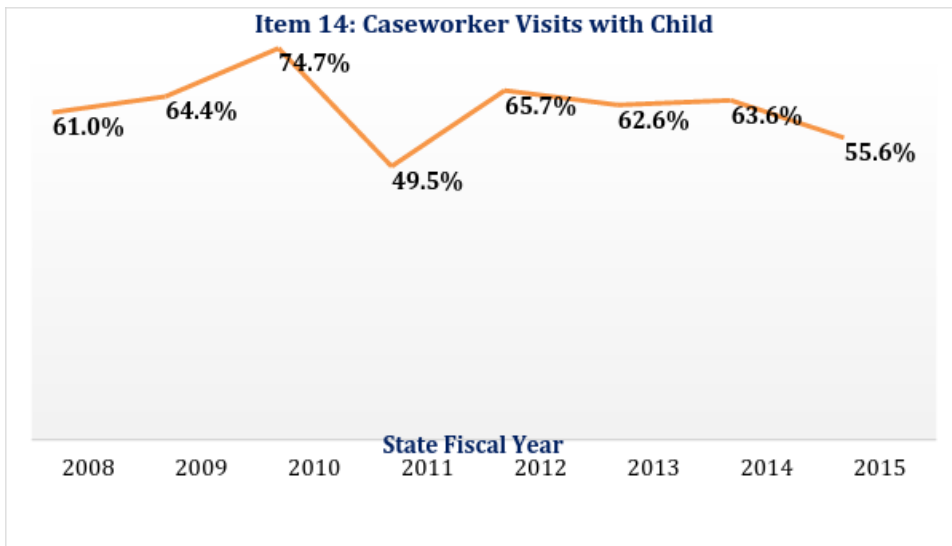
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is assessed for the frequency and quality of contact with the child by the caseworker.

SUMMARY OF DATA

In 52 of 99 cases (or 55.6% of applicable cases reviewed), the frequency and quality of visits between caseworkers and children/youth were sufficient to ensure their safety, permanency, and well-being and promote achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and well-being in a way appropriate for that specific child. In many of these cases, the caseworker had built good rapport with the child/youth and saw them in a variety of settings—home, school, community. Caseworkers often noted observing interactions of the child with parents 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.

Forty-four cases (or 44.4%) were rated as needing improvement. In some Sections, there were a number of inactive cases that were kept open well beyond the caseworkers' identified case closure dates; if there was a case closing summary approved by the supervisor, the case was considered closed. The cases captured as needing improvement were those open in CPSS in which the family thought their case was still opened, there were pending caseworker activities, and/or there was no case closing report or Court dismissal of the petition. On a couple of islands, there were a high number of VCM cases that had not been closed timely in CPSS.

- In 32 cases, the frequency of contact with the child(ren) was less than monthly, with contact occurring in about half of the months the case opened during the period under review (PUR). The monthly contact record was used in a couple of cases and, in those cases, the form was not completed and used as intended. It was often difficult to tell why contact was not made in other cases, but case transfers (from investigator to permanency worker; from worker leaving DHS to the receiving worker; from DHS to VCM and VCM to DHS) and delayed case closures appeared to account for several more cases. Most of these cases experienced multiple case transfers during the PUR while the case was in permanency (case management).
    o In several in-home cases, further attempts to see siblings, when the siblings were not home during the initial home visit, were needed.
    o In two cases, there were consecutive months of no contact during case transfers.
    o In three cases, the youth was on the run and ongoing efforts (more than filing a run report with Police) were needed to locate them.
- In 12 cases, monthly contact was made, but the quality was insufficient.
    o In 3 of these cases, children were not seen alone.
    o In 3 of these cases, the quality of the visits could not be ascertained from the available documentation/information.
    o In 3 of these cases, there was documentation that described visits that were not of good quality.
    o In 3 of these cases, none of the visits were in the home where the child resided. In these cases, no one from DHS had seen the child in his home during the PUR.

To track the progress throughout the month for individual cases and workers on CFSR 19 and 20, MCWSS developed an internal chart of these visits. This chart identifies which

children have been seen and is given to the Unit Supervisors by the 15th of each month. The Supervisor then meets with the social worker to discuss plans to complete the worker's contacts. The MCWSS Section Administrator shared her successful tool at a Management Leadership Team Meeting (MLTM), and since then, several other Sections have adopted versions of this practice.

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

CFSR Item 15: Face-to-face contact with Parents
SFY 2015: 81 Cases Reviewed
35 Strengths, 46 ANI

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

Figure 55: ITEM 15 - CASEWORKER VISITS WITH PARENTS(S)
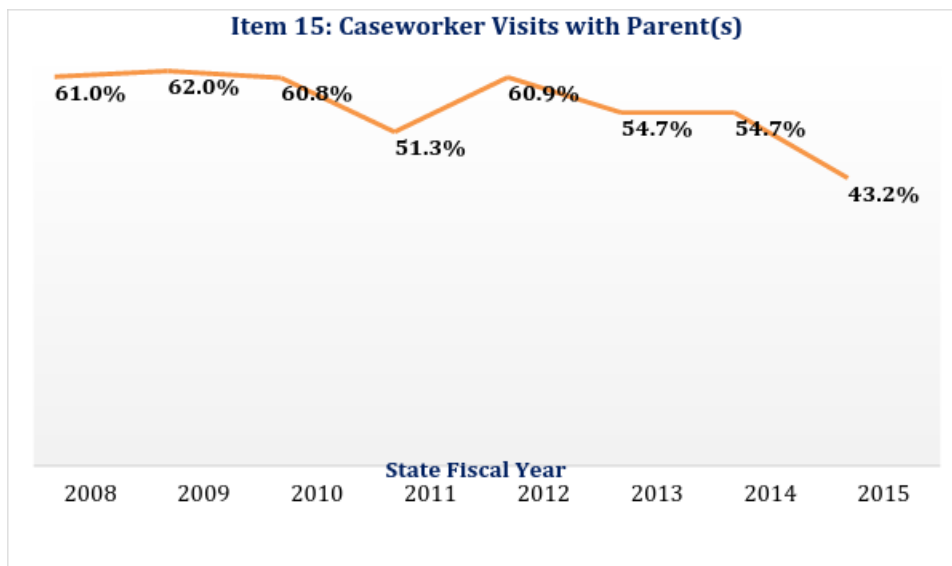
Data Source: UHMC-HCWCQI Project

PURPOSE

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

SUMMARY OF DATA

Forty-six cases (or 56.8%) are rated as needing improvement.

- In 45 cases, there was a lack of regular monthly contact or efforts to locate missing parents. In most cases where parents' whereabouts were known, contacts were made in less than 50% of the months during the PUR. Also, in most of these cases, parents' whereabouts were known, i.e., they attended visits with their children regularly, but were not responsive or easily engaged. In two cases, contact was not made with incarcerated fathers. In 4 cases, efforts were needed to locate the father.
  o In 7 of these cases, contact with the mother was not monthly.
  o In 13 of these cases, contact with the father was not monthly.
  o In 24 of these cases, contact with both parents was less than monthly.
- In 13 cases, there were more caseworker visits than were documented; frequency and quality could not be determined due to insufficient documentation.

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

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

2. **Child's Educational Needs**

CFSR Item 16: Educational Needs of the Child
SFY 2015: 62 Cases Reviewed
52 Strengths, 10 ANI

Figure 56: ITEM 16 - EDUCATION NEEDS OF THE CHILD
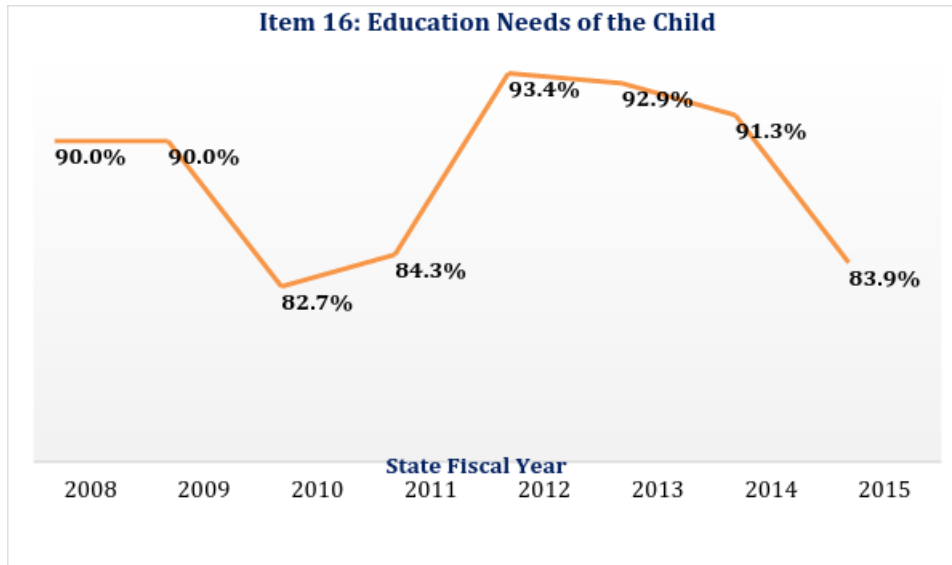
Data Source: UHMC-HCWCQI Project

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 identified needs were appropriately addressed in case planning and case management activities.

SUMMARY OF DATA

In 52 of 62 cases (or 83.9% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs. Assessments and services included: caseworker interviews, speech therapy, monitoring of academic performance, special education testing and services, caseworker conferences with school teachers and attending IEP meetings.

Ten of the cases (or 16.1%) were rated as needing improvement.

- In five cases, there was no indication that assessments were made of foster children's educational needs, one of whom dropped out of high school.
- In four cases, information was gathered to determine educational services were needed but they were not provided.
- In one case, concerted efforts were needed to locate the child on the run.

GOAL OF EDUCATION STABILITY:

Ensure educational stability for children in foster care and to facilitate successful transitions when a change in school is in the child's best interests.

EDUCATION STABILITY PILOT:

There are 23 Oahu schools that are piloting the Educational Stability process with Child Welfare Services (CWS). For those children who attend one of the 23 schools within the pilot project area, as soon as the child is removed from the family home or a change in foster placement has occurred and the child is placed or anticipated to be placed outside his or her geographic school area, the Education Stability process will be initiated. This means the CWS worker, in consultation with the Department of Education (DOE), and other parties if needed, completes the Educational Stability Worksheet to ensure that the child's best interest determination for school placement is documented.

EDUCATION COLLABORATIVE:

The Education Collaborative, which consists of a representative from the Department of Human Services (DHS), the DOE, GAL groups, a resource parent, the Court Improvement Program, and the UH Law School continue to meet quarterly. As of March 2015 the collaborative agreed to meet monthly to discuss and evaluate the progress of the pilot project, work on building strengths, and work on the challenges in moving educational stability statewide.

Activities Completed: 2014-2015:

TRAINING:

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

In October 2013, the DHS completed a retraining of the educational stability pilot with the CWS Leeward Section staff and a training of other sections when all Leeward intakes began to be handled by all Oahu sections.

In October and December 2013, the DOE and the DHS co-trained the DOE complex area superintendent, principals and counselors in the Campbell/Kapolei complex. The desired outcomes for this training included: (a) an understanding of the educational needs of children and youth in foster care, (b) increased knowledge of the process and procedures of the educational stability pilot, and (c) providing a networking opportunity for those responsible for the care of children and youth in foster care. In addition to the DOE, the DHS/CWS Branch and Section Administrators, unit supervisors, and social workers were also in attendance. A group activity was also facilitated to promote interaction between the DOE and the CWS. The October and December trainings also included a panel of former foster youths and a resource caregiver. The former foster youths discussed the impact that changing schools had on them and the resource caregiver discussed what she did to maintain the children in their school of origin.

The Waipahu area complex was unable to attend the October training due to another meeting on the same date; however, the DOE and the DHS provided training to the Waipahu complex area superintendent and the Waipahu Complex principals in November 2013. In February 2014, the DOE and the DHS presented on the educational stability pilot to the Waipahu and Pearl City complex counselors that were unable to attend the previous trainings.

Positive Outcomes of the training with DOE:

As mentioned in the training section above, the DHS, the DOE, and other stakeholders completed numerous trainings of the DOE principals, vice principals, and counselors in the 23 pilot schools. As a result of the trainings, principals in the pilot schools have been allowing foster youth to stay in their school of origins. Though the education stability process is not necessarily being completed, the foster youth are remaining in their school, based on the fact that they are foster youth and want to continue to attend that school.

Education Stability added to New Hire Training Curriculum

"Education Stability for children in Foster Care" was added to the training curriculum for the CWS new hire training.

Training of Resource Caregivers:

April and May of 2014:   Family Programs Hawaiʻi-Resource Families Support Services, in collaboration with the DHS and the Partners in Development Foundation – Hui Hoʻomalu, held their annual 2014 Conferences for Resource Families, "Successful Futures – Helping Children, Adolescents, and Young Adults Thrive," featuring guest speaker Dr. Steven Choy. The Child Welfare Staff Development Office did a presentation on educational stability. There was also a panel of former foster youth that discussed not only higher education, but shared their experiences with their school changes and how it not only impacted their academic outcomes, but how it made them feel to have to keep changing schools. Dr. Choy did a wonderful job of highlighting educational stability and its importance in a child's development.

At this conference, participants learned to:

- Identify effects of trauma on the development of children, adolescents, and young adults.

- Develop strategies to assist children in overcoming the effects of trauma and improve behavioral and emotional functioning.

- Develop an environment that promotes healthy development.

- Assist children and adolescents in their educational success.

- Assist adolescents and young adults in their successful transition into adulthood.

DHS FORM REVISION:

The DHS continues its collaboration with the DOE to improve communication regarding educational stability and services to foster children. The DHS is committed to providing timely information to the DOE on all foster children who attend public schools. In this effort, the DHS revised the DHS Form 1607 "Notification to the Department of Education of a Child in Foster Care" to notify the DOE of changes that occur in a foster child's case that may impact the child's education.   In June 2014, the revised form was distributed to the CWS staff via an Internal Communication Form (ICF).

Specifically, the DHS Form 1607 is used to notify the DOE about:

- School aged foster children, for whom the DHS is the foster custodian, voluntary foster custodian, or permanent custodian;
- The contact information of the assigned social worker, unit supervisor, and section administrator;
- The contact information for the resource caregiver;

- The status of the legal parent's authority to make educational decisions and who can make such educational decisions for the foster child;
- Whether the foster child was moved to a new placement (including the name and contact information for the new resource caregiver);
- A change in the child's legal status, *e.g.*, foster custody to family supervision, foster custody to permanent custody, etc;
- A change in the child's assigned social worker, unit and section; and
- The reunification date with parents, if any.

STATEWIDE NOTIFICATION OF EDUCATION STABILITY AND THE PILOT:

In February 2015 the Department issued an ICF that shared with all CWS staff information about the federal Fostering Connections to Success and Adoptions Act that requires the DHS to ensure educational stability for children in foster care and about the pilot project in the specific geographic pilot area on Oahu. The ICF also shared that staff should always try to maintain a child in the school of origin and when requesting a foster care placement to ask for a home in or around the geographical area where the child had been attending school prior to the removal or placement change. The ICF also reminded staff to work with resource caregivers to assist with transportation whenever possible and to explain the importance of the child continuing to remain in the school of origin.

EDUCATION STABILITY DATA COLLECTION-2013-2014

Data collection for educational stability has been difficult and often times very time consuming to obtain since the beginning of implementation of the pilot in 2012. At one point in the pilot, the Education Stability Facilitator (ESF) began calling the Oahu supervisors everyday to inquire about new school age youth that came into care and/or school age foster youth that experienced a placement change. This was very time consuming and not the best use of the ESF time and effort in this area.

Below is the Data on the Education Stability Pilot from February 2013- December 31, 2014:

Number of Cases	20 situations. 18 children (see note). NOTE: the total for "incidences" reflects the number of times the process was potentially applicable. Two children had the process applied to them twice. ● First case: the team had previously met in June 2013 and the decision was to allow the FY to remain in the school of origin for the 2013 to 2014 school year and then re-meet in April 2014 to be updated on case status and make a decision for the FY's remaining years at the school of origin. At the second meeting, decision was that the FY would remain at the school of origin until FY's last year (thru fifth grade). ● Second case: concerned a voluntary foster care case. FY was in a shelter and was being transported by the DHS. Placement was subsequently found in the same area of the school of origin and FY was able to remain there. Placement then disrupted and FY put back into the shelter. School, DHS, GAL, Surrogate Parent all in agreement to switch schools.
Number of Cases where child moved to new school	11 (see note about two cases involving the same FY) ● First case: FY able to remain in school origin for both cases. ● Second case: per process, FY remained in school of origin on the first occasion and moved school on the second occasion. NOTE: the ESF was subsequently informed that the FY remained at the school of origin.
Number of Cases where child remained in school of origin	8 (see note about two cases involving the same FY) ● First case: FY able to remain in school origin for both cases. ● Second case: FY remained in school of origin on the first occasion and moved school on the second occasion.
Number of Cases where child remained at neither school of origin or new school placement	1 (child enrolled in Youth Challenge)
Number of Education Stability Meetings	3 ● Two of the meetings involved the same FY. See above sections regarding notes on the "First Case." ● NO meetings held in timeframe January 01, 2015 to June 30, 2015.

Ed. Stability Process Initiated	10 incidences (this number reflects the number of times the process was initiated. Two of these children had the process applied to them twice). NOTE: the process may have been initiated, but not necessarily completed.

EDUCATION STABILITY DATA COLLECTION - 2015

In an effort to standardize the data collection process regarding school age foster youth placement and/or movements, the DHS and the ESF developed a data collection form. This form, titled, "Education Stability Data Collection Form for CWS Units," collects information on new placement and foster care movement for all school age children on the island of Oahu even if the child is not attending a pilot site school. The data collection form requests the following information: (a) child name, DOB, New or Existing foster Youth, (b) School of Origin in the Pilot Area, (c) Social Worker/Unit/Supervisor, (d) Date Child Changed Placement, (e) Name of School of Origin (school attended Prior to change in placement), (f) New Placement is in school of Origins geographic area (Yes/No), (g) Geographic area child is placed and name of school in new geographic area, (h) Educational stability Process Initiated (Yes/No), (i) Reason Education Stability and or Worksheet NOT completed and Comments.

On January 26, 2015, three section administrators on Oahu and their respective units began noting information on the Education Stability Data Collection Form and submitting the form to the ESF and the DHS on a weekly basis.

Below is the data collected from these forms for the island of Oahu from January 2015 to May 2015:

Total number of new placements/movement	75
Total number movement within the Pilot Project area	18
Pilot Project – REMAINED in School of Origin	13 (72%) NOTE: ● 8 cases where new placement is in the SAME geographic area of the School of Origin ● 1 FY entered a residential facility in same geographical area
Pilot Project – TRANSFERRED to New School	5 (27%)
Education Stability process initiated	2

Below is the combined Table/Data on the Education Stability Pilot for the island of Oahu from February 2013 to May 2015:

Number of cases	Overall movement within pilot project area: 38 Number of foster youth affected: 36 Movement within the SAME geographic area of school of

	origin: 8 Movement OUTSIDE the geographic area of the school of origin: 30 Two children had the process applied to them twice. (see note in first table)
Number of cases where child MOVED to new school	16 (see not about two cases involved the same FY) ● First case: FY able to remain in school origin for both cases. ● Second case: FY remained in school of origin on the first occasion and moved school on the second occasion.
Number of cases where child REMAINED in the school of origin	21 (see note about two cases involving the same FY) ● First case: FY able to remain in school origin for both cases. ● Second case: FY remained in school of origin on the first occasion and moved school on the second occasion.
Number of cases where the child remained at NEITHER the school of origin nor moved to the new school	1 (child enrolled in Youth Challenge)
Number of Education Stability Meetings	3 ● Two of the meetings involved the same FY. See above sections regarding notes on the "First Case." ● NO meetings held in timeframe January 01, 2015 to June 30, 2015.
Education Stability Process Initiated	12 incidences (this number reflects the number of times the process was initiated. Two of these children had the process applied to them twice). NOTE: the process may have been initiated, but not necessarily completed.

Non-Pilot School Data:

The Education Stability Data Collection Form for CWS Units is also collecting information on all school age children on the island of Oahu who are new to foster care and/or experience a placement move while in foster care and are not attending school in the 23 pilot schools. This data will give us a baseline to look at as we move forward with statewide implementation of Education Stability.

Below is the Non-Pilot data collected from these forms for the island of Oahu on Educational Stability from January 2015 to May 2015:

Total number of new placements/movement	57

REMAINED in School of Origin	19 (33%) NOTE: 8 cases where new placement is in the SAME geographic are of the School of Origin
TRANSFERRED to New School	34 (60%)

QUALITY ASSURANCE:

To ensure the quality of the data that is being collected by the units every week, the Maui College CQI staff agreed to assist the DHS in generating a monthly list of foster placement changes and new placements to compare against the data collected from the Oahu sections using the Education Stability Data Collection Form for CWS Units.

In June 2015, Maui College CQI used the DHS' all-in-care list to generate a list of school age children who entered foster care, which was then filtered by desired criteria. We experienced challenges obtaining data for school age foster children who moved while in care; however, Maui College CQI worked with the DHS' data system staff to accurately capture the needed information using a new code that tracks placement changes

The next step is for the ESF and the DHS to compile and analyze the information obtained through the all in care list against the documented movements and new placements received from the Oahu sections/units through the Education Stability Data Collection Form. If the analysis notes missing names or inaccurate information, the DHS will send a request to the sections/units to correct the Education Stability Data Collection Form submittals

It is essential to have a quality assurance process in place to not only ensure that the sections/units are reporting accurate information weekly, but also because the DOE is requesting "hard" numbers/statistics to justify expansion of the pilot project statewide or to additional school complexes.

By September 1, 2015, the DHS is considering expanding the data collection of foster youth placements/movements on the Education Stability Data Collection Form for CWS Units to the neighbor island sections.

CHALLENGES WITH EDUCATION STABILITY:

Working the education stability process to effectively evaluate what is working and what is not working:

After we completed the training on Oahu of the principals, vice principals, and counselors, the plan was for the DHS and the DOE to hold quarterly face-to-face meetings with the complex area superintendents and other DOE staff along with DHS social workers that have worked the educational stability process so that we can evaluate the overall program, the program guidelines, and to provide recommendations. We have been unable to do this for the following reasons: (1) in the time frame between the October/December/February there have only been a couple schools that experienced the education stability process; and (2) the DOE felt that more schools need to experience the education stability process to make the quarterly meetings worthwhile.

Moving forward with implementation of education stability Statewide:

The DOE is comprised of 16 school complexes with a total of 255 schools. Currently we have completed training for 1½ school complexes, or only 23 schools. We are conferring with the DOE about completing training the schools in the Pearl City Complex (10 schools) beginning in September 2015.

The committee has identified some significant challenges and possible options/solutions with expanding the pilot to all of Oahu island and then to the neighbor islands. These challenges and possible options/solutions are:

1) Statewide infrastructure to support coaching and maintain the increased workload of the ESF, DOE liaison, and the DHS staff is lacking.
   a. Option/Solution:
      i. Explore possible funding options through the DHS to support a full time ESF on Oahu and a full time ESF on the neighbor islands.
      ii. Seek grant opportunities and contract with someone to write grant applications or assign staff to do so. If awarded, contract for a grant monitor or seek ways to fund staff positions to ensure grant terms are being met and that the process is effective.
2) Education stability on the neighbor islands must be tailored to each island's resources or lack of resources and geographic challenges.
   a. Option/Solution:
      i. Work with the CWS staff and the DOE to develop creative solutions to address the barriers.
      ii. When children are unable to be placed with relatives and a general licensed home is needed, work with our contract providers to assist in recruiting resource homes in the geographical area where the CWS removed the children.
3) Statewide training of 255 schools
   a. Option/Solution:
      i. Work with the complex area superintendents to be put on the complex principals' meeting agenda and offer to follow up with a school training.

ii. Invite line staff and supervisors to join the Education Collaborative committee with the goal that they become section/unit/local experts or "champions" on education stability.

iii. Develop a DOE training module online with a mutually agreed upon arrangement that principals and the DHS will follow up with face to face training of principals and designated points of contacts as determined by each school.

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

a. CFSR Well-Being Outcome 3

Children receive adequate services to meet their physical and mental health needs.

CFSR Item 17: Medical and Dental Health Needs of Children/Youth
SFY 2015: 79 Cases Reviewed
65 Strengths, 14 ANI

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

Figure 57: ITEM 17 - PHYSICAL HEALTH OF THE CHILD
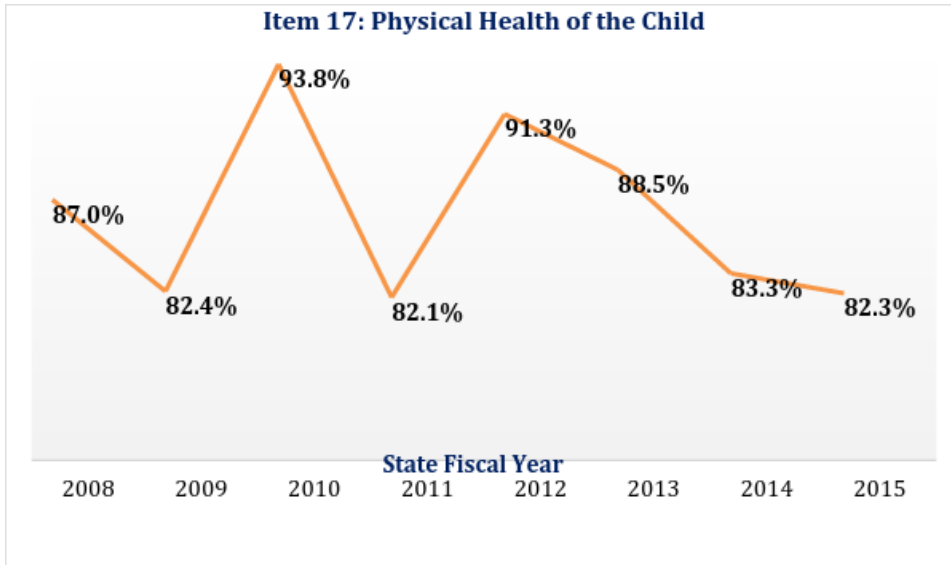
Data Source: UHMC-HCWCQI Project

PURPOSE

This item is assessed for all foster care cases AND in-home cases if medical or dental health is relevant to the agency's involvement with the family and/or it is reasonable to expect that the agency would the medical or dental needs of the child.

SUMMARY OF DATA

In 65 of 79 cases (or 82.3% of applicable cases reviewed), children were assessed and provided with services to address their physical and dental health needs. PPE's were common. In many 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. Assessments and services included: physical and dental exams, pre-placement exams, well-baby check-ups and immunizations, EPSDT, caseworker assistance in attaining health insurance, funding for braces through QLCC, pediatric cardiologist evaluation, Enhanced Healthy Start, nutritional counseling, vision exam and glasses, physical therapy, TB test, transportation to medical appointments, medication management, Easter Seals, and Kapiolani Medical Center services.

Fourteen of the cases (or 17.7%) were rated as needing improvement.

- In ten of these cases, there was no medical or dental appointment for the children after their initial appointment at the time of placement.
  - One of these 10 cases was an ICPC in which the child's placement was not approved and did not have medical insurance for 6 months.
  - One of these 10 cases involved children with suspicious physical injuries; he was never seen by a physician.
- In two cases, monthly quality contacts may have helped to assure that the children's medical and dental needs were met.
- In two cases, the child's medical health needs were addressed but the dental health needs were not.

As part of the revised worker visit protocol and documentation forms, the caseworker is explicitly reminded to inquire with children, parents, and resource caregivers about the physical well-being of the child at every monthly visit with each of the parties. Workers' recommendations for routine care are based on the American Academy of Pediatric standards.

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

CFSR Item 18: Mental Health Assessments and Services for Children/Youth
SFY 2015: 62 Cases Reviewed
54 Strengths, 8 ANI

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

Figure 58: ITEM 18 - MENTAL/BEHAVIORAL HEALTH OF THE CHILD
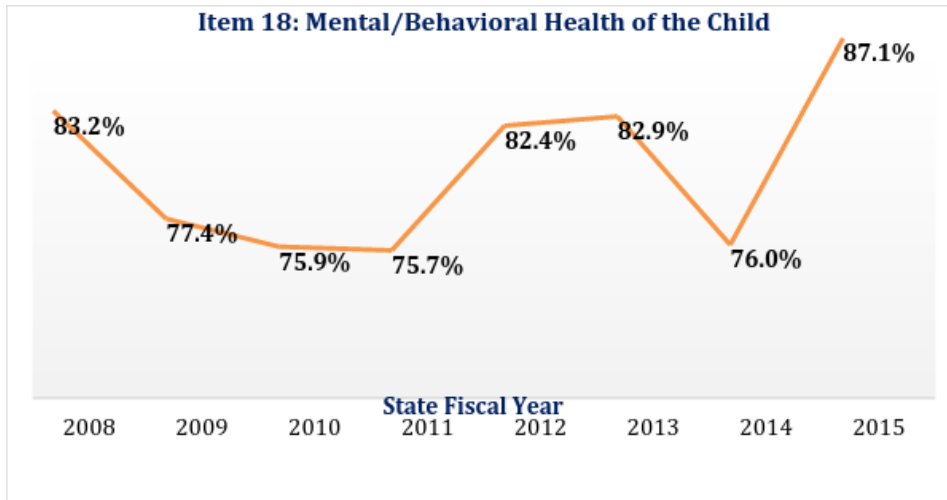
Data Source: UHMC-HCWCQI Project

PURPOSE

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

SUMMARY OF DATA

In 54 of 62 cases (or 87.1% of applicable cases reviewed), children were assessed and provided with services to address their mental/emotional health needs. Resource caregivers contributed greatly in setting up appointments and transporting children. Assessments and services included: caseworker interviews, psychological evaluations, individual therapy, family therapy, contact with service providers, cognitive therapy, substance abuse treatment, Department of Health services, psychiatric services, therapy to address sexual abuse, and Early Intervention Services.

Eight cases (or 12.9%) were rated as needing improvement.

- In 6 cases, assessments were not provided but were necessary for children who experienced abuse and/or neglect, or who exhibited a need for mental health screening.
    - Three of these cases involved confirmed victims due to domestic violence exposure.
- In 1 case, there was no contact and no efforts made to contact the child so that ongoing assessments could be made.
    In 2 cases, concerted efforts were needed for the caseworker to communicate with the mental health provider and or resource caregiver about the child's mental health.

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

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

The CWSB is optimistic about continued growth in meeting the mental health needs of children, as CWSB Administrators continue to regularly collaborate with DOH CAMHD,

Hawai`i Medicaid, DOE, Hawai`i Families as Allies, DOH- Division of Developmental Disabilities (DDD), former foster youth, Mental Health American of Hawai`i, CIP, KCPC, and other providers, agencies and individuals to improve mental health services and outcomes for foster youth. One example is the CWSB's active participation in DOH's five-year grant from the federal Substance Abuse and Mental Health Services Administration (SAMHSA), Project Laulima (*Laulima* means *cooperation* in the Hawaiian language.) The purpose of Project Laulima is to create infrastructure and improve inter- and intra- agency communication around cases in which children have both mental health diagnoses and developmental disabilities.

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

As mentioned elsewhere in this report the CWSB has invested in SPAW and the Wrap process. These two initiatives are both designed to contribute to improved wellbeing outcomes. In preparation for the actual SPAW and Wrap Hawai`i, cross agency workgroups and trainings have occurred that focus on bringing systems together to understand and work towards wellbeing for children. The workgroups and trainings also provide the opportunity for the CWSB and agency partners to recognize and understand each agency's missions and outcomes as well as improve relationships and coordination for children and families. We are seeing a full appreciation of children's wellbeing needs including positive relationships and a sense of belonging that is helping to assess children and provide individualized services and supports that promote positive opportunities and outcomes.

One workgroup has developed a revised multiagency Memorandum that outlines the commitment to the Wraparound principles and working together to support children and families.

The CWSB continues to participate in the Hawai`i Interagency State Youth Network of Care with other state agencies including Department of Health's Child and Adolescent Mental Health Division, Developmental Disabilities Division, Early Intervention Section, Department of Education, Office of Youth Services, and the Judiciary. This group will be compiling information to share with various groups as an opportunity to identify cross agency challenges and successful practice.

SECTION VI. SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM

Item 19: Statewide Information System

Over the course of the five-year CFSP, Hawai`i continued to rely on and make minor changes to its automated computer data system, Child Protective Service System (CPSS). The system is used for readily identifying the status, demographic characteristics, location, and placement goals of every child who is in foster care. CPSS also houses an enormous amount of historical CWSB foster care data. The DHS is currently developing a data system that will integrate and operate across all DHS divisions using the platform for the department's MedQuest Division's Integrated Eligibility Systems. CPSS is the CWSB's system of record.

Hawai`i also continues to use the SHAKA (State of Hawai`i Automated Keiki Assistance) system for certain functions, such as the 48-hour Tracker that monitors timely response to child abuse and neglect intake, the National Youth in Transition Database, worker visit surveys, tracking transition plans for youth who will be aging out of foster care, applications for state higher education allowances and Education and Training Vouchers, and tracking data regarding Title IV-E Waiver interventions. SHAKA can be accessed by service providers approved by the CWSB. The University of Hawaii Maui College (UHMC), which developed SHAKA, continues to maintain and enhance SHAKA as well as certain ongoing programs (Imua Kakou - Extended Foster Care, for example) and new tasks.

The DHS has contracted with an independent firm, Gartner Consulting, to develop specifications for a State Automated Child Welfare Information System (SACWIS), which will likely eventually replace the current CPSS and SHAKA data systems. Many CWSB staff members have met with Gartner representatives on numerous occasions during SFYs 2013 and 2014 to help the consultants gain an understanding of the complex needs of SSD. An extensive Business Process Analysis (BPA) report has been drafted, which includes specific program and technical requirements for the new SACWIS. These requirements are part of the Implementation Advance Planning Document (IAPD) that was submitted to the Administration for Children and Families (ACF), and which is currently under review. These requirements have been incorporated into a draft Request for Proposal (RFP), which will be released once project plans are approved and funding has been secured. It is expected that the new system will be developed and implemented in stages over the next three to five years. CPSS and SHAKA will continue to be utilized until the new system is completely rolled out and in full production.

Hawaii's CPSS database stores information on all children in Hawaii's foster care system, including four key areas: legal status, demographic characteristics (e.g., sex, ethnicity, and

birthdate), location (current placement), and permanency goals. Each month, a list that includes the four key areas is compiled and made accessible to all staff. Through these reports, users (including Section Administrators, Program Development staff and CQI staff) notify responsible units of possible errors in data entry.

The MICU unit has primary responsibility for ensuring the quality of these data elements.   In the proposed changes to the CWSB's organizational structure, a second position will be added to the MICU unit. DHS is also planning to hire a consultant to provide training and technical assistance to MICU staff in areas of need. These cumulative efforts will strengthen the unit's ability to address data quality issues.

While these efforts are being made to rebuild the MICU unit, Hawaii will incorporate into its case record reviews a tracking tool to be completed by reviewers that will assess the accuracy of the data in CPSS by comparing the information in CPSS to that which is collected through interviews and observed in the case file. The use of this tool will be implemented in 2016.

B. CASE REVIEW SYSTEM

Item 20: Written Case Plan

While the case record reviews in Item 13 of the OSRI determine whether efforts were made to involve parents and children in the case planning process, there currently is no mechanism that tracks whether written case plans, specifically, were developed jointly with parents and children as is required by Hawaii's CWS procedures, Part III, Sections 3.2.1.; 3.2.1.B.1.j.; 3.4.; and 4.6. Written case plans are not coded in CPSS or in the Court's database; however, it is in Hawaii's long-term plan to include this function in SACWIS. While the Family Court's Child Protective Act Benchbook includes judicial inquiry into whether parents understand and agree with their service plan, it does not ask if the written case plan, which includes the service plan and a court-filed document called the Safe Family Home Report (SFHR), was prepared in collaboration with the parties and CWS.

The case record review data shows child and parent involvement in case planning at a 55.3% strength rating for 94 cases. While families were engaged or efforts were made to this end, 42 cases (or 44.7%) were rated as needing improvement. In most of these cases, an `Ohana Conference did not occur and clients were not visited on a monthly basis. Visits were on average, once every three to seven months. 'Ohana Conferences could have improved communication and facilitated case planning with parents. Of the 42 cases, mothers in 26 cases were not engaged in case planning and fathers in 25 cases were not engaged in case planning.

Hawaii acknowledges the need for improvement in monthly caseworker contacts; efforts for improvement are also described in other parts in this report.   Hawaii's plan is to collaborate with the Court, the Court Improvement Program staff, and partner agencies to figure out how the case

review system can be used to ensure improvement in this area. The CWSB is considering a process for reviewing a random selection of Court cases to assess current monthly caseworker contacts. Parents are encouraged to participate in case record reviews, but not all parents want to participate, and other parents cannot be located. Despite this, many parents do volunteer to be interviewed, which allows the CWSB to gather better data.

Item 21: Periodic Reviews

Statewide information and data about periodic reviews are stored in CPSS. The occurrence of a periodic review is coded as an event and, therefore, can be easily extracted; however, the field is currently an optional entry and the code is not consistently used, so modifications to CPSS need to be made in order to make the field a mandatory entry. Since field units are responsible for this data entry, guidelines and training will be needed to ensure consistent application across the State. With implementation of these noted changes, Hawaii will be able to assess how well the system is functioning to ensure that a periodic review for each child occurs no less frequently than once every six months.

The timeliness of periodic reviews is ensured through court orders that require reviews to be held at no longer than six month intervals, pursuant to Hawaii statute. This requirement is memorialized in the Judiciary's Child Protective Act Benchbook. The State's attorneys prepare the court orders arising from periodic reviews that contain a provision for the next court hearing and they are trained to comply with statutory guidelines. Similarly, when the current Child Protective Act (Hawaii Revised Statutes, Chapter 587A) was enacted, judicial clerks were trained on the statutory timelines and are therefore aware of the need to ensure hearings are scheduled accordingly. Periodic reviews are also coded as events in the Judiciary's database and can be extracted if formal requests are approved.

Past Title IV-E reviews, which have reviewed hearing records, have not noted any problems with the timeliness of periodic reviews.

Item 22: Permanency Hearings

Statewide information and data about permanency reviews are stored in CPSS. Permanency hearings are coded as an event and therefore can be easily extracted. Like periodic reviews, modifications to CPSS will be needed to make the field mandatory, as it is currently an optional field and the code is not consistently used. Since units are responsible for this data entry, guidelines and training will also be needed for consistent application across the State. With implementation of these noted changes, Hawaii will be able to assess how well the system is functioning to ensure that a permanency hearing for each child occurs no less frequently than once every 12 months.

The timeliness of permanency hearings is also ensured through court orders that require permanency hearings to be held at no longer than twelve month intervals, pursuant to Hawaii statute. See the discussion in Item 22 (Periodic reviews) for a description of the court process and the roles of court participants that also apply to the timely scheduling of permanency hearings.

The Hawaii Court Improvement Program is required by the terms of its funding to annually report to the ACF on the median number of days from petition filing to the first and subsequent permanency hearings in dependency court cases. This information is shared with the DHS and can be compared to the department's data to assess the accuracy of the two data collection systems. The report submitted in December 2014 for the period ending September 30, 2014 indicated a median of 339 days to the first permanency hearing, 121 days (2nd permanency hearing), 85 days (3rd permanency hearing), and 149 days (4th permanency hearing).

Past Title IV-E reviews, which have reviewed hearing records, have not noted any problems with timeliness of termination of parental rights.

Item 23: Termination of Parental Rights

The timely filing of motions to terminate parental rights and data to measure the timeliness of these filings is captured in several ways.

The Court Improvement Project's Timeliness Reporting Measures includes an item for the median number of days from initial petition filing to the filing of motions to terminate parental rights, and the median number of days to an order granting termination of parental rights. The latest report (for the period ending September 30, 2014) indicates that the median time to filing motions for termination of parental rights was 564 days for cases closed between 10/1/2013 and 9/30/2014. The median number of days from the initial petition filing date to an order granting termination of parental rights for the same time period was 915 days; the previous year was 563 days, so this significant discrepancy is under review. These reports are developed annually and are shared with the DHS.

The State's attorneys routinely calendar in their files the statutorily required deadline for filing motions for termination of parental rights, which provides another method for ensuring timely filings. Judges and judicial court clerks are trained on these statutory deadlines and the CPA Benchbook, which all family court judges were issued, includes this information.

The DHS produces reports from data extracted from CPSS, which help track the date of a foster child's removal from his/her home.   Currently, however, there is no code in CPSS that would establish whether motions for termination of parental rights are timely filed after the child's date of entry into foster care. Consequently, Hawaii's plan to address this challenge is to explore creating a code to document the filing dates of motions for termination of parental rights and

include provisions in the design of its SACWIS for limited interfaces with the Department of the Attorney General and the Judiciary so that data such as this can be extracted. The DHS plans to engage these two entities to determine if the desired interfaces are possible.

In case record reviews, using the OSRI in item 5, timely filing of TPR petitions is evaluated. The sample of cases reviewed represents all jurisdictions across the State and an analysis can be done with this collected data. As Hawaii will begin using the Online Monitoring System (OMS) for case record reviews in SFY 2015, qualitative data can be easily extracted and will indicate whether filing of TPR proceedings occurs in accordance with required provisions.

Item 24: Notice of Hearings and Reviews to Caregivers

The CWS 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. Although these methods support the notice of hearings to resource caregivers, data for such activities is not yet quantified. The HCWCQI has agreed, however, to check case files for copies of the notices to caregivers and to ask caregivers during case review interviews if they recall receiving written notice of hearings; the results of these inquiries will be included in future case review reports.

Applicable laws regarding the right of resource caregivers to notice of hearings include:

- Section 587A-14(b) of Hawaii's Child Protective Act (Hawaii Revised Statutes 587A) states that "the child's current resource family shall be served written notice of hearings no less than forty-eight hours before a scheduled hearing…"
- Hawaii Family Court Rule 5.1 provides that notice to resource caregivers must be in writing.
- Section 587A-13(d) states provides that a hearing cannot proceed without a finding that service has been effected on all parties required to be served.
- Section 587A-14(d) states that "The child's current resource family is entitled to participate in the proceedings to provide information to the court either in person or in writing, concerning the current status of the child in their care." There is currently no means for evaluating whether resource caregivers are given an opportunity to be heard during court hearings. The DHS will, therefore, explore adding a question to the annual resource caregiver survey (see discussion regarding Partners in Development Foundation annual survey, which follows) regarding whether caregivers felt "were they given an opportunity to be heard."

Partners in Development Foundation (PIDF) annually administers a resource caregiver survey requesting information and feedback on several areas pertinent to the role of a

resource caregiver. As part of this survey, data is collected on whether resource caregivers received notices of periodic review hearings regarding children in their care and how that notice was provided. Over 900 resource caregivers are queried statewide. In 2013, 24.5% of resource caregivers participated in the survey and, in 2015, 29% participated. The survey showed that a high number of resource caregivers are given written notice of hearings by letter and verbal notice by the GAL.

The survey further showed that of the 284 resource caregivers who participated in the 2015 survey, 83.5% received notice. The table below shows a duplicated count of the methods by which notice was provided.

Figure 59: NOTICE TO FAMILIES FOR 6-MONTH REVIEW HEARINGS

How were you notified or invited to attend the 6-month review court hearings? (Please check all that apply):				
	2013		**2014-2015**	
Number of families surveyed	970		971	
Number of respondents	238		284	
Answer Options	**Response Percent**	**Response Count**	**Response Percent**	**Response Count**
By letter	47.5%	94	50.2%	120
Verbally by the worker	50.0%	99	23.4%	56
By the GAL	33.8%	67	50.2%	120
By the Court at a previous hearing	21.7%	43	28.9%	69
Not notified	16.2%	32	19.7%	47
Comments:		44		44
answered question		198		239
skipped question		40		45

Source: Partners in Development Foundation Annual Resource Caregiver Survey, Duplicated

C. OTHER RELATED LAWS: PUBLIC LAW (P.L.) 113-183

Signed into law on September 29, 2014, Public Law (P.L.) 113-183; also known as the Preventing Sex Trafficking and Strengthening Families Act, amends titles IV-B and IV-E of the Social Security Act (the Act). The law amends the Title IV-E foster care program to address trafficking, limits another planned permanency living arrangement (APPLA) as a plan for youth, and reauthorizes and amends the Family Connections Grants and the Adoption Incentives Program. States are further required to: (1) provide youth with certain documents when they age out of foster care; (2) include youth age 14 years and older more fully in the case planning; and (3) in addition to limiting APPLA for youth age 16 years and older, document new requirements for youth who have APPLA as a plan.

1. Sex Trafficking of Children

P.L. 113-183 requires policies and procedures for the identification, documentation and determination of services for children and youth at risk of sex trafficking.   It also requires the annual reporting of sex trafficking instances, including sex trafficking data in the Adoption and Foster Care Analysis and Reporting System (AFCARS). Children identified as victims of sex trafficking must be reported within 24 hours to law enforcement. Plans must be implemented to rapidly locate a missing foster child, determine why the child ran away from care and determine whether the child was a victim of sex trafficking while missing from care. Missing or abducted children must be reported to the National Crime Information Center at the FBI and to the National Center for Missing and Exploited Children (NCMEC). Implementation of these requirements have varied due dates but all requirements must be completed within four years of the signing of P.L. 113-183.

The CWSB is working in collaboration with many state departments and agencies to provide a comprehensive statewide approach to this problem and is a member of several committees and taskforces such as the Family Court Commercially Sexually Exploited Children Taskforce, the Hawai`i Coalition Against Human Trafficking, and the Missing Child Center of Hawai`i. The CWSB continues to address the sex trafficking problem and to meet the requirements of P.L. 113-183. Policies and procedures were developed and added to the CWS Procedures Manual, *see* Part __, Sections __. CWS staff received training on the CWSB protocol on September 11, 2015.   See *Section V, Part 4, G* for a fuller discussion on the CWSB's progress in this area.

2. Other requirements of P.L. 113-183

The CWSB amended its policies and procedures and the Title IVE Plan on January 20, 2015, as required to include the following provisions of the new law:

a. **Relative notification:**
P.L. 113-183 modifies the title IV-E plan requirement in section 471(a)(29) of the Act for relative notification to include notifying parents of the child's siblings, when the parent has legal custody of such siblings.

b **Definition of sibling:**
For title IV-B and IV-E agencies, the law defines siblings in section 475(12) of the Act to mean an individual who is considered by state/tribal law to be a sibling or who would be considered a sibling under state/tribal law if it were not for a disruption in parental rights, such as a termination of parental rights (TPR) or death of parent.

c **Successor guardians:**
P.L. 113-183 requires continuation of title IV-E kinship guardianship assistance payments if the relative guardian dies or is incapacitated and a successor legal guardian is named in the agreement, or any amendments to the agreement (section 473(d) (3) (C) of the Act).

Recently, the CWSB also amended the CWS Procedures Manual to include:

d. **Important Documents:**

CWS procedures had already required that the DHS provide children and young adults with important documents before emancipating from foster care at 18 years old or at 19, 20, or 21 while in the Young Adult Voluntary Foster Care Program. CWS procedures for minor children in foster care were amended to require that children be provided with important documents, such as a birth certificate, health and education records, state photo identification card, medical cards, etc., whenever the case terminates.

e. **Youth Engagement in Case Plans:**

CWS had already required that case workers engage youth and young adults in the case planning process, but procedures were revised to include that young people are permitted to include two appropriate adults of his/her choosing in case plan development.

f. **Youth Bill of Rights:**

The CWSB decided not to include a Youth Bill of Rights in its statute. Instead, the CWSB revised the Foster Youth Advocacy card, which already includes rights regarding education, health, visitation, court participation, and credit reports. Youth sign off on the card acknowledging that they received the information.

g. **Normalcy:**

Foster youth do not get the same opportunities as other youth, so the federal government now permits foster parents to make some decisions for youth using the Reasonable Prudent Parent standard. Policies and procedures have not yet been developed, the CWSB asked for an extension.

h. **Annual Credit Reports:**

CWS procedures were revised to include that all young people age 14 and up must receive a copy of their annual credit report and assistance with interpreting and resolving any issues.

i. Another Planned Permanent Living Arrangement (APPLA):

The CWS Procedures were revised to include the new federal language that children under age 16 can not have a permanency goal of APPLA. That APPLA can only be used if all other goals are inappropriate, and the caseworker must make an intensive effort to locate the youth's biological family.

D. QUALITY ASSURANCE SYSTEM

Item 25: Quality Assurance System
1. **Foundational Administrative Structure**

   a. **Overview**

   Throughout this Section (*Section III, Part 4, C. Quality Assurance System,*) evidence abounds that the Hawai`i CWSB is engaged in impressive quality assurance practices. The CWSB promotes the ideals of continuous quality improvement (CQI) in various arenas within the CWSB's work. The Quality Assurance system operates in all jurisdictions of the State. An important missing piece for a comprehensive quality assurance system in Hawai`i is a solid foundational administrative structure and strong administrative oversight. The Hawai`i CWSB has identified this lack of formalized structure as an area in need of development. The CWSB understands the importance of standardizing and operationalizing its quality assurance (QA) and CQI efforts and activities.

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

   - University of Hawai`i, Maui College, Quality Improvement Project
   - Quality Case Reviews – each Section, once per year
   - Performance Appraisal System (PAS) – every employee, at least once per year
   - Purchase of Service (POS), Quarterly Activity Reports (QARs) – all contracts
   - Outcome-Based Management Reports – each Section, monthly
   - Training and Meeting Evaluations – after each major training or meeting
   - POS Contract Evaluations – all contracts, periodically and as needed (and according to POS staff availability)
   - CPSS Database
   - SHAKA Database
   - DHS Management Services Office, Research and Statistics Staff
   - Policies & Procedures Manual
   - Hawai`i Revised Statutes (HRSs)
   - Hawai`i Administrative Rules (HARs)
   - Management Information and Compliance Unit
   - Performance Improvement Plan (I & II)
   - Corrective Action Plan (for employees with areas in need of improvement)
   - Corrective Action Plan (for contract providers with areas in need of improvement)

- Case Files
- Individual Supervision Meetings
- Group Supervision Meetings
- Data Reports to Branch Administrators, Program Development Administrators, Section Administrators, and Supervisors
- Branch Administrators & Section Administrators Meetings – weekly
- Strategic Planning Committee Meetings – quarterly
- CWSB Branch Meetings – quarterly
- Management Leadership Team Meetings – quarterly
- 48-Hour Tracker Meetings for new CWS cases – weekly
- 5-Day Tracker Meeting for new VCM cases – every two weeks
- Monthly Face-to-Face Meetings – weekly (scheduled to begin in early SFY 2015)
- Unit Staff Meetings – approximately bimonthly
- Unit Morning Briefings – daily
- In-service Trainings for CWSB staff– approximately bimonthly
- In-service Trainings for Resource Caregivers – approximately quarterly
- Varied Community Partnership Meetings – approximately monthly
- Internal Communication Forms (ICFs) (to implement or clarify policies and practice)

b. Written Policies

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

c. CQI/QA Staff

The Hawai`i CWSB has one QA-designated staff position within Program Development. During SFY 2014, the QA focus of this position was on data management and increasing staff data use and accessibility.

The Hawai`i Child Welfare Continuous Quality Improvement (HCWCQI) Project from University of Hawai`i, Maui College (UHMC) conducts case reviews to promote consistency in the quality of practice and adherence to practice standards. The HCWCQI serves all jurisdictions across the State of Hawaii. It also engages in other QA projects as needed and requested by the CWSB. The HCWCQI is contracted by the CWSB. The project has grown over the past year and now has 19 staff of which 12 are assigned to Child Welfare CQI and seven are assigned to the SPAW (Title IV-E Waiver initiative, "Safety, Permanency, and Wellbeing" program). Of the CQI staff, two are managers; two work solely on the CFSR/CQI Case Review process and provide reviewer and DHS new hire training; four are assigned to targeted reviews and data analysis of practice, procedures and systems; one focuses on QA work with the Social Services Division's

POS unit and the CWSB Program Development unit regarding the CWSB's contracts and providers; and the three other staff provide project management, data collection and analysis, and case review logistics.

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

In order to strengthen Hawai`i's QA/CQI efforts, the CWSB has enhanced UHMC-HCWCQI Project's contract for SFY 2015. In addition to the work described above, the

Project will also be involved in the following activities:
- Integrating the new federal CFSR requirements into Hawai`i's CFSR system;
- Implementing the new federal requirements;
- Increased CWSB POS contract monitoring; and
- Tracking and gathering feedback on the consistent implementation of new CWSB initiatives and forms.
- Enhancing the case review process by adding new areas of inquiry, such as notice to resource caregivers; collaborative meetings with stakeholders to discuss these additions will be completed by December 31, 2015.

2. **Data Collection**

   a. **Case Level Data (Gathering, Inputting, and Instruments)**

   During their formal Core training and through shadowing with seasoned employees, all CWSB staff members are trained on proper data collection, data entry, and safety and risk instrument administration. Regular in-service trainings regarding quality data entry are provided as needed within a Unit or Section and occasionally statewide.

   b. **Extracting Data Process**

   From their office desktops, all CWSB staff members are able to easily view individual caseworker caseloads, individual case logs of contact, and individual case information in CPSS; however, it is not possible for the CWSB Administrators and Supervisors to easily extract the data that they need directly from CPSS. Therefore, the DHS Office of Information Technology (OIT) and Management Services Office (MSO) staff members regularly (usually monthly or annually) extract requested information for use by Administrators and Supervisors. Hawai`i CWSB is challenged by making data usable to those who need it because the CPSS data extractions are often in a format that is not

easily manipulated. SHAKA is significantly more user-friendly, and the data that is in this system is extractable (with some built-in analysis) by all CWSB staff users.

c. **Resolving Data Quality Issues**

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

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

- The Management Information and Compliance Unit (MICU) reviews huge quantities of data for inconsistencies, outliers, surprising trends, and other errors. In direct consultation with line staff, MICU corrects errors and Staff Development provides refresher trainings on data entry to units as needed.

- During SFY 2014, the CWSB worked with its system programmer to add more error alerts to CPSS to prevent certain common data input errors. The new alerts tell the employee how to correct a data input error. For example, as part of Hawai`i's Title IV-E PIP, the CWSB linked the licensed resource caregiver list to the location of child placement data so that workers cannot mistakenly input data indicating that a foster child is placed in an unlicensed home.

  Although there are several data quality monitoring efforts in the CWSB, challenges in this area persist, including the lack of written policies to ensure continuous assessment of data quality. Also, due to staff shortages in MICU, the CWSB has struggled with data quality, monitoring, and correcting data entry errors. As mentioned previously, however, with the hiring of new MICU staff the challenges may soon decrease.

d. **Using Data to Identify Problems**

All CWSB Administrators and Supervisors review data reports continually to help them properly manage daily operations and identify problems. Administrators request specific data reports in order to examine data on a targeted topic area. For example, Program Development Administrators pull data on the ethnic makeup of all the children in foster care and look for disproportionality. They then break down the data further to determine which geographic regions have the greatest problems with disproportionality, and for which ethnic groups. They can then design interventions (like "'Ahas") for those regions.

Similarly, CWSB workers, Supervisors, and Administrators can access weekly reports in SHAKA, which lists cases that were assigned for investigation and do not yet have a case disposition entered into CPSS. The reports identify problems, such as data entry issues, workload issues, or training issues, which helps Supervisors address and manage problems. (This investigation status report had been a monthly printout that was sent only

to Supervisors; however, in response to a staff request, the current weekly, user-friendly, and more broadly accessible format was created.)

Each month, Section Administrators review data that shows the length of time a child has been in foster care. They gather cases with periods in care that are concerning and work with their Supervisors to ensure that appropriate actions are being taken in all cases to move children to permanency as quickly as possible. Administrators and Supervisors also receive Excel files each month that lists all children in foster care and in-home supervision. These lists are used to track worker caseloads and are used by Program Development and Branch staff to examine patterns and explore trends. The 48-hour Tracker is another example of a data tool that helps staff identify and address problems. This Tracker system is discussed under *Section III Program Overview, Part 1. Safety, B. Updates, Goals, Measures, and Progress, 1. General Safety, CFSR Item 1: Timeliness of Initial Response of Investigations.*

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

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

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

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

The FPPEU participated in two audits during the reporting period. One was the Hawai`i Title IV-E review. Due to a number of errors found during that review, the CWSB was engaged in a program improvement plan which began April 1, 2014 and ended March 31, 2015.

3. **Case Record Review**

a. **Overview**

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

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

b. Process

i. What is Reviewed and How Often

Onsite case reviews are conducted once every fiscal year in seven Child Welfare Services Sections across the state; these Sections cover all jurisdictions in Hawaii. In previous years, eight Sections were reviewed. This modification was needed to accommodate changes made to the CWSB organizational structure in SFY 2010, when two Sections on Oahu (Diamond Head and Central) were combined into one. Changes were also made in the number of reviewed cases per Oahu Section to compensate for this. ROSES Systems Solutions, LLC, a consultant to the DHS Support Services Office, produces a random sample of cases corresponding to the identified sampling period. Twelve cases (eight foster care and four in-home cases) are reviewed for each of the four Neighbor Island CWSB Sections for different periods under review. Seventeen cases (with a similar breakdown of 11 foster care and six in-home cases) are reviewed for each Oahu CWSB Section under different periods of review. Voluntary case Management cases represent two of the four selected in-home cases for neighbor islands and three of the six selected in-home cases for Oahu Sections. The findings from each Section are then aggregated to comprise the random sample of approximately 100 cases for statewide review.

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

ii. Review Teams

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

iii. Case Preparation

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

iv. Collecting Quality Data & Documenting Findings

The most current federal CFSR Onsite Review Instrument is used in the HCWCQI reviews in all seven Sections. The on-site case reviews include interviews with key participants. Interviews with workers, Supervisors, parents, resource caregivers, children, service providers, guardians *ad* litem, and other key case participants are an integral part of the review process. Review findings incorporate the feedback of these participants in addition to the information documented in the actual case file. The HCWCQI staff provides on-site coordination and assistance. They also review and approve all case review instruments to ensure accuracy and completeness. Each review team debriefs the cases they reviewed to assure consistency in ratings. Reviewers are asked to note effective case practices as well as concerns, as they review the cases. More effort and attention is being placed on capturing strategies used in cases that lead to strength ratings. Information gathered is shared with the Section under review as well as with other Sections.

c. Sharing Results

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

All of the data that is collected from the on-site case reviews is incorporated into a written report of findings for each CWSB Section. The report identifies strengths, areas needing improvement and needs related to training, supervision, and policy reform. The report format includes charts with ratings over a period of time for each Section. This creates perspective, given the small samples, and a visual for identifying trends and

growth/decline for each performance item. Also, the current reports more clearly explain how cases demonstrate strengths and also show areas needing improvement.

d. Action Plans

Based on these findings and other information, Section Administrators, with technical assistance from the HCWCQI staff, are supposed to develop an action plan to address key areas needing improvement. However, a number of sections have been inconsistent in doing this. Section Administrators would then analyze the areas of practice needing improvement and devise appropriate strategies by considering the findings of their supervisory review reports as well as their ratings on the national practice standard indicators.

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

e. PIP2 Steering Committee and CQI Council

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

As of April 25, 2014, the CWSB completed the PIP2. The ACF acknowledged the completion of all PIP2 activities and achievement of all PIP2 goals. In theory, the PIP2 Steering Committee could now be disbanded; however, the feedback and input of the PIP2 Steering Committee has been so beneficial, due to the breadth of expertise and experience of its members that the CWSB decided to keep the committee intact and transition the group to become the CWSB's CQI Council. The first meeting of the transitioned committee, as the CWSB CQI Council, was August 13, 2014. The CWSB envisions the Council helping to guide the CWSB's efforts to become more effective,

efficient, accountable, and transparent. The CWSB will partner with the Council to develop new CQI initiatives, plans, and structure.

f. Related Activities

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

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

The CWSB identified performance measures in relation to Branch goals; and through the expansion of the HCWCQI Project, it performs targeted reviews and contract reviews. The purpose of a targeted review is to gather data to address a specific need, issue or problem. The cycle of a targeted review begins with identifying a need, issue, or problem and defining the current situation. The cycle continues with assessing and analyzing the problem using various methods of data gathering to identify the root causes of the problem.

Contract reviews are conducted on a regular basis throughout the year to gather information on:
Provider conformance with contract requirements;
Successful approaches currently used by agencies to effectively engage and deliver services to families.
Challenges and barriers that impact effective engagement and service delivery to families.
How to improve contract requirements and service delivery processes to families.

The cycle of a contract review begins with the Department identifying the service area or contract to be reviewed, the review team, the purpose of the review and areas of concern, and a timeline with dates and geographic locations. The team is led by the CQI staff. Preparation for the review includes reading the contract, reviewing expenditure reports, creating a review instrument, and establishing an interview schedule. A case/client selection methodology is chosen and the contract provider is notified of the cases selected and the review schedule. Once the review is completed, an exit conference is held with the provider's agency. A Summary of Findings Report is sent to the Provider within 10 working days. The CQI staff then develops a final report, in consultation with the review team.

Representatives from Purchase of Service and Program Development are part of the review team, whenever possible. Section administrators and supervisors from perspective geographic areas attend contract site reviews, whenever possible, as they are able to inform the review team about practices that are otherwise unknown.

4. **Data Analysis and Dissemination**

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

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

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

   b. **Data Analysis Process**

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

   For example, on the island of Kauai`, the CWSB Section Administrator looked at her Section data and noticed that there was a problem with timely response to new intakes. She then looked further at the data to see circumstances under which the time lags were longest and discussed the issue with her staff. She realized that staff sometimes misjudged the amount of time they had to respond to an intake. She also realized that when a worker was not in the office, sometimes intakes would sit without anyone knowing that immediate action was needed. To tackle these problems, the Kaua`i Section Administrator implemented corrective measures in all her units. Now, every intake is stamped in red at the top with the date and time by which the assessment worker must see

all children in the case, so that there is never confusion about investigation response deadlines. Also, every intake that is assigned to Kaua`i is hand-delivered to the hand of the assigned assessment worker, so there is never any delay or ambiguity in who is assigned the new investigation. When viewing investigative response time data by Section in Hawai`i, one can see that Kaua`i's efforts have made a difference, as their response times have improved. Because of the weekly 48-hour Tracker calls among Branch and Section Administrators throughout the State, where Kaua`i was able to share their successful tactics, Hawai`i is now incorporating Kaua`i's innovations statewide.

c. Disseminating Data to Stakeholders

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

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

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

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

5. **Feedback and Adjustments**

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

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

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

   Revisions of the Safe Family Home Report (SFHR) illustrate the CWSB's collaborative process. In the past, revisions to the Report have involved feedback from judges, Deputy Attorneys General, resource caregivers, former foster youth, community providers, and others. Future revisions will involve a similar collaborative process. The CWSB sees the SFHR as a living document that will need to be adjusted and modified as policies, practice, and society change, similar to all aspects of CWSB practice.

   b. **Results – Employed by Supervisors**

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

6. **Examples of ongoing use by individual units are described below.**

   a. **SHAKA 48-hour Tracker**

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

   b. **CPSS Lists of Investigations without Dispositions**

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

   c. **CPSS Lists of Children's Length of Stay in Foster Care**

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

d. CPSS Lists of Workers' Caseload

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

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

e. CPSS Monthly Worker Face-to-Face Visit Tracker

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

f. Court Report Due Dates List

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

g. List of Youth in Foster Care on Psychotropic Medications

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

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

h. Results – Informing Policy and Practice

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

- CPSS Case Data
- HCWCQI Case Reviews
- SHAKA 48-hour Tracker
- NYTD Data
- Workgroup Discussions
- Staff Meeting Brainstorms
- National CWS Data
- U.S. Census Bureau Data
- CWSB In-House Surveys
- POS Contract Reports
- Federal Worker Visit Survey
- Citizen Review Panel Reports
- DOE & DOH Information
- AFCARS Data
- NCANDS Data
- Focus Group Discussions
- Contracted Reports (e.g. Independent Living Evaluation Report)

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

i. Adjusting CQI Process

As Hawai`i fully develops its QA system, ways to easily make adjustments to the system will be built in. Hawai`i is fortunate to have the high-functioning Case Review model as a basis for its larger QA process.

In order for the CQI system to move in concert with the ever-changing needs of the agency and of the populations that the CWSB serves, regular alterations to the CQI process are essential. Hawai`i's CQI process is and must continue to be open to

modification and transformation in order to drive the organizational change necessary to continue improving outcomes for children and families in Hawai`i.

E. STAFF AND PROVIDER TRAINING

1. Overview

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

Item 26: Initial Staff Training

The Staff Development unit of the DHS Social Services Division is currently responsible for coordinating and providing uniform, competency-based, practice-relevant training to all new CWSB staff. The training plan addresses the social work track, licensing track, paraprofessional track, and clerical track training. The focus is on providing consistent baseline level training for all new CWSB hires and for contracted community-based Differential Response System (DRS) organizations in order to support achievement of the goals and objectives of the CWSB. The DRS organizations encompass the agencies providing Family Strengthening Services (FSS) and Voluntary Case Management Services (VCM).

A revised core curriculum training for new hires has been implemented. Core training includes the following categories necessary for the administration of the foster care program: referrals to services, preparation for and participation in judicial determinations, placement of the child, development of case plans, case reviews, case management, and navigation and documentation in the CPSS system. For more details, see *Attachment C8, Training and Budget Plan.*

New Hire training is typically provided four times per year. When caseworkers or supervisors are hired, the Section Administrator or supervisor sends the new worker's information to Staff Development for registration. The new worker attends the next scheduled training and this occurs within 6 months of hire. Staff Development keeps record of all new hire attendees, while Section Administrators and supervisors are responsible for ensuring that the staff attend the required 3-weeks of trainings prior to carrying a caseload independently. In SFY 2015, 67 out of 68 staff (or 98.5% of required new staff) completed new hire training within five months of hire.

Volunteer Case Management (VCM) caseworkers and supervisors are trained by their agency before they carry their caseload independently; they no longer attend new hire training. However, there are plans to include VCM staff in New Hire training again in SFY 2016. With the hire of a Staff Development supervisor in September 2015, improvement will be made to the training system, including updates to the New Hire training curriculum and on-the-job training. In addition, in SFY2016, there are plans to coordinate with the State's

Personnel office for the immediate sharing of information at the point of hire that will allow for better and timely tracking of new hires' trainings.

When SACWIS is developed, a tracking system will be integrated to facilitate the tracking of employee's required trainings.

To assess whether the New Hire trainings provided staff with the information needed to do their job, a survey will be sent to each staff immediately after completion of new hire training and again within 6 months of their successful completion from New Hire training. This information will be used to inform us on the effectiveness of the trainings and will guide improvements to the initial training system.

Item 27: Ongoing Staff Training

The SSD's Staff Development Office coordinates the Ongoing Trainings for CWSB staff, regardless of jurisdiction. Section Administrators and supervisors are responsible for ensuring that staff meet the requirement. VCM providers are responsible for tracking their staff's trainings.

CWSB staff participation in CQI Case Reviews is a training option for staff to enhance their skills and knowledge base. To ensure that staff participate in CQI Case Reviews, the UH Maui College (Hawai`i Child Welfare CQI staff) place newly hired staff in upcoming Case Reviews. Additionally, a requirement was included for all CWSB-contracted purchase of service (POS) staff to serve as reviewers in at least one CQI Case Review every three years.

As part of PIP 2, the CWSB established a requirement that staff receive a minimum of fifteen hours per year of ongoing training. Training must be child welfare related. There are ample opportunities for staff to obtain the necessary number of training hours. For example, in addition to the special trainings listed below, staff are invited to attend the training sessions for new staff in order to refresh their skills and knowledge and to receive the most current information on practice and services. Also, the SSD Staff Development Office emails announcements of all trainings to the Sections. The Staff Development Office ensures that spots are set aside for CWSB staff at the numerous public trainings.

When staff attend in-house trainings, attendance is always taken. When staff attend trainings at other agencies and sites, workers must report the training to the Staff Development Office, which keeps a comprehensive record of staff attendance at trainings, including which staff are behind in meeting the training requirements. Due to staff shortages, this area is unlikely to be given high priority for additional work in the next fiscal year.

Although Hawai`i has systems in place, the CWSB is working towards more complete compliance with the new training requirements. The Department wants to create an environment in which workers understand the value of ongoing training and are self-motivated to fulfill the requirements; this continues to be a work in progress.

There were many trainings for CWSB staff during FFY 2014, topics covered included:

2014 Child Welfare Law Update	8/22/2014
Abusive Head Trauma and Broken Bones Training	9/12/2014
Advanced Child Maltreatment Investigations "Putting the Pieces Together"	2/11/2014
Aha Ho'omaluhia Lanai (to bring about peace)	9/19/2014
Child Abuse Allegations in Divorce/Custody Cases	6/30/2014
Child Welfare Initiatives Past-Present-Future	7/16/2014
CWSB Collaboration Training Series on Substance Abuse	5/16/2014
EH Quality Case Review	5/20-23/2014
Ethical Issues in Small Communities and Rural Settings	7/21/2014
Ethics for State Employees	10/30/2014
Exploring the Connection Between Domestic Violence and Child Abuse	4/17/2014
Fetal Alcohol Spectrum Disorders: Implications and Intervention Strategies	2/7/2014
Finding a Place - Hawaiian LGBTQ Culture & Awareness Conference	7/18/2014
General Dynamics of Child Sexual Abuse	1/30/2014
Imagine 2030: Mobilizing our Communities Across Generations	9/29-20/14
Investigative Interviews in Child Sexual Abuse	6/25-27/2014
Kauai CWSB Section Case Review	Aug/Sep 2014
KOLEA TRAINING FOR CWSB/APS	3/17/2014
Oahu SafeTalk Suicide Prevention Training	2/19/2014
Presentation and Informal Discussion with Judge Shawna Schwarz	9/9/2014
Preventing, Assessing & Treating Child, Adolescent and Adult Trauma	3/12-14/2014
Safetalk: Tell, Ask, Listen and Keep Safe	2/19/2014

Safety, Permanency, and Well-Being (SPAW) Permanency Values Training (Hawai`i Okinawa Ctr)	9/10/2014
Safety, Permanency, and Well-Being (SPAW) Permanency Values Training (Manoa Grand Ballroom)	9/8/2014
Safety, Permanency, and Well-Being (SPAW) Skills Training	9/11/2014
Safety, Permanency, and Well-Being (SPAW) Train-the-Trainer	9/9/2014
Sudden and Unexplained Infant Death Scene Investigation: Improving the Coordinated Response	6/17/2014
Suicide Prevention Training	3/7/2014
The 28th Annual San Diego International Conference on Child and Family Maltreatment	1/28-31/14
The General Dynamics of Child Sexual Abuse	7/11/2014
The Hawai`i County Response to Children with Sexual Behavior/Offending Problems	1/31/2014
The Leadership Works Experience	4/1,2,15,16,22,23, 5/6,7/2014
Two Systems, One Child: Understanding the Civil and Criminal Process in Response to Child	5/2/2014
Unknown Perpetrator/Serious Harm	5/20/2014
Using Data in Child Welfare in Hawai`i Workshop	4/9/2014
We're All in this Together: Practical Tools for Building Effective Partnerships with Families by Pat Miles	8/25/2014
Windward CWSB Collaboration on CPS	4/11/2014
Windward CWSB Collaboration on Domestic Violence	5/16/2014
Windward CWSB Collaboration on Mental Health	6/20/2014
Windward CWSB Collaboration on Professional Self Care	7/11/2014
Windward CWSB Collaboration on Substance Abuse	4/11/2014
2014 IVAT Conference	3/12-14/2014
2015 IVAT Conference	3/31- 4/2/2015
SPAW Values Training	4/13/2015
2015 `Ohana is Forever Conference	7/24/2015

2015 Annual Child Welfare Law Update Conference	8/14/2015
Dynamics of Human Trafficking of Minors	9/4 & 9/11/2015
CWS Human Trafficking and Missing Children Protocol	9/4 & 9/11/2015

Hawaii's plan is to incorporate the tracking of ongoing training in SACWIS to show that all staff receive training in line with DHS requirement.

To assess whether the ongoing trainings addresses skills and knowledge needed by staff to do their job, a survey will be sent to each staff on an annual basis. This information will be used to inform us on the effectiveness of the trainings and will guide improvements to the ongoing training system.

2. **New and Ongoing Training for Supervisors and Section Administrators**

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

The Section Administrators completed the six units of the National Child Welfare Workforce Institute Leadership Academy for Supervisors, which also included six follow up webinars with the Leadership Academy for Supervisors Live Network (LASLN). The webinars were co-facilitated by the LASLN trainer, CWSB Program Development, and CWSB Staff Development. There were a total of eight Section Administrators who participated in the LASLN.

Although the ongoing plan was for the CWSB Supervisors to participate in the LASLN, the Department had numerous initiatives that were taking place at the same time as well as a reorganization of the CWSB Branch. Toward the end of FFY 2014, the Department engaged Cynthia Cary from UH Maui College to create a Supervisor Training that will be implemented in FFY 2015. This curriculum will be for new and ongoing Supervisors and Section Administrators. The plan is to train all current Supervisors and Section Administrators in FFY 2015. After the initial Supervisor Training in FFY 2015, incoming new supervisors or Section Administrators will participate in the Supervisor training upon being hired.

The method used to track supervisor training will be the same as that used to track new and ongoing trainings. The Staff Development Office will keep a list of trainings. Section Administrators will be responsible for ensuring that the required training is completed.

Item 28: Foster and Adoptive Parent Training

Pre-Service and Ongoing Training for Resource Families and Other Service Providers (including CWS staff, Judiciary, and providers such as Child-Caring Institutional (CCI) staff)

Pre-service and ongoing trainings are provided through the Partners in Development (PIDF) - Hui Ho`omalu contract, which is a collaboration of three agencies: Partners in Development Foundation, Catholic Charities Hawai`i (CCH), and Family Programs Hawai`i (FPH).

a. Pre-Service Training

i. H.A.N.A.I. Training

The pre-service curriculum is entitled H.A.N.A.I (Hawai`i Assures Nurturing And Involvement). The H.A.N.A.I. Curriculum was developed through a collaboration of CWSB staff, stakeholders, providers, cultural consultants, and University of Hawai`i partners. This collaboration replaced PRIDE in August 2009 and has since provided increased consistency of training information as well as greater flexibility and accessibility to training. The collaboration emphasizes the need to increase cultural sensitivity to ensure that the CWSB remains appropriate and relevant to Hawai`i's multi-ethnic community.

The H.A.N.A.I. Training is a part of the licensing process to become a resource caregiver with the State of Hawai'i. Anyone interested in caring for a child in the foster care system must complete this training, submit all the required licensing documents, and participate in a home assessment. This is done to ensure that all children are placed in safe and nurturing homes.

H.A.N.A.I. Training is composed of six training sessions (total of 15 hours), consisting of: (1) three face-to-face classroom sessions (each session is three hours long) with the Trainer and Co-Trainer; and (2) three self-directed learning sessions on DVDs (total of six hours) to be completed at home.

The H.A.N.A.I. Training provides resource families with a basic understanding of the child welfare and foster care systems. This training helps families understand the needs of children in care and how to work cooperatively with the child's CWSB team to meet these needs. The following topics are covered in this training:

- Understanding the Department of Human Services (DHS)
- The Role of a Resource Family
- Medical and Dental Needs
- Impact of Child Abuse and Neglect

- Human Development
- Separation, Loss, and Grief
- Attachment
- Appropriate Discipline and Positive Caregiving Strategies
- Working with Birth Families
- Family Interaction and Contact – Visitation
- Personal and Cultural Identity Development
- Reunification and Permanency
- Transition (includes independent living information, resources, and providers)

In FFY 2015, Hui Hoʻomalu worked with the DHS to revise one of the H.A.N.A.I. DVDs in an effort to provide updated information to better prepare prospective resource families for their caregiving role. The sections that were updated are as follows:

I. "Keeping Connections"
- o Resource caregiver's personal experience on keeping her foster youth in the same school to maintain a sense of stability and connection for the youth.
- o Video: Brothers and Sisters: Keeping Siblings in Foster Care Connected
- o Educational Stability information that includes a former foster youth's personal experience with educational stability.
- o Video: Endless Dreams

II. Family Interaction and Contact
- o ʻOhana Conference
- o Define: Supervised visits, monitored visits, unsupervised visits

III. Court Hearings (New Section)

IV. Transition
- o Former foster youth's personal experience
- o Video: Safe Sleep
- o Video: Imua Kākou (Foster Care to 21)
- o SHAKA Town
- o Medicaid until 26

V. Hui Hoʻomalu Partner's Video
- o Ongoing training requirements for resource caregivers

ii. Project First Care (PFC) Training

The PIDF Program Coordinator works with the PFC collaboration to determine appropriate training opportunities and plans and coordinates the quarterly PFC trainings for the zero to three years and teen families. When a new family is identified by the DHS, that family is referred to the PIDF Program Coordinator, who contacts the family and helps the family complete the required initial training.

The required initial training for PFC 0 – 3 families (both caregivers) who are already licensed:

1) Viewing the following DVDs on their own:
o PFC Orientation Training
o PFC Visitation-'Ohana Time Training
o Drug-Exposed Infants Training

2) Viewing the following DVDs in the PIDF office:
o Infants in Recovery
o Kalani's Story

3) Completion of an infant care training class at Castle Medical Center, which also includes family and friends infant/child CPR.

4) In-person meeting with the PIDF Program Coordinator I to review the DVD materials, answer questions, and review program expectations.

5) PIDF sends a completed initial training checklist to the DHS confirming that the family has completed all requirements.

The required initial training for PFC Teen Families (both caregivers) who are already licensed:

1) Viewing the following DVDs on their own:
o PFC Orientation Training
o PFC Visitation-'Ohana Time Training

2) Viewing the following DVD in the PIDF office: Kalani's Story.

3) Attendance at a training specifically focusing on parenting traumatized teens.

4) In-person meeting with the PIDF Program Coordinator I (Oʻahu) or the PIDF Community Liaison II (Maui) to review the DVD materials, answer questions and review program expectations.

5) PIDF sends a completed initial training check list to the DHS confirming that the family has completed all requirements.

If a family is not already licensed with the DHS, all initial licensing requirements must be completed in addition to the above PFC specific requirements.

PFC required ongoing training: PFC Teen and zero to three resource families are required to participate in quarterly training designed to further develop skills in their pertinent age groups and to provide opportunities for the resource families to develop relationships with each other. This enables them to provide on-going support to each other as they provide this unique service to the birth families, the children, and the DHS.

In FFY 2015, as of June 05, 2015, there were 28 children placed in PFC homes; three children are still in PFC homes. The following table shows to what type of family the 25 children were discharged and if they were discharged within 30, 60, or 90 days after PFC placement.

Figure 60: PFC - PLACEMENT TYPE & LENGTH OF STAY

PFC – Post Placement Type & Length of Stay			
Post PFC Placement	1-30 days	31-60 days	61-90 days
Parents	5	0	0
Relatives	7	3	4
Hanai Relative/Kin	3	0	0
General licensed home	0	1	2
Emergency shelter	0	0	0
TOTAL	15	4	6

The following training opportunities were provided to PFC 0-3 families in order to complete their ongoing training requirements:

o "Talk Story 4" focused on safe sleep with a presentation by Michelle Rho from The Parent Line and Home Reach Program.
o Video: Growing a Learner: Creating a Learning Culture at Home. After viewing the video, resource caregivers completed a form, answering questions pertaining to what was learned. The form was submitted to the Program Coordinator I and the caregiver's licensing worker.
o "Talk Story 5" focused on the protective factors that strengthen families such as social and emotional competence of children, concrete support in

times of need, knowledge of parenting and child development, parental resilience, and social connections.
- o FPH Annual Conference.

    Project First Care Teen has been on hold this fiscal year for both Oʻahu and Maui. Since there are no PFC Teen homes, quarterly trainings have not taken place.

b. Ongoing Training
Effective January 1, 2013, the DHS initiated a mandatory Ongoing Training Requirement for all licensed resource families. After the initial licensing year (post-H.A.N.A.I. training), a minimum of six training hours per family is required annually or 12 hours over a two year licensing period. Ongoing training covers an array of topics and is primarily targeted at our CWSB resource and permanency families, but is also open to the CWSB staff, Judiciary, and other service providers such as Child Caring Institution (CCI) staff, and other partners. The Partners in Development Foundation-Hui Hoʻomalu Program (a collaboration of PIDF, FPH, and CCH) partners with local and statewide collaborations such as Foster Care Training Committees (FCTCs) on each island to provide the majority of ongoing training for resource families. These trainings are also open to resource families, the CWSB staff, the Judiciary, and other service providers such as CCI staff, and other partners.

As of March 31, 2015, Hui Hoʻomalu was involved in the planning and implementation of numerous resource family training opportunities in collaboration with various committees such as:

- o A FCTC provided two trainings in October: "Smart Courage Program: Stranger Danger of the 21st Century for Teens," presented by Kaleo Schneider, and "Helping High-Risk Youth Who Have Been Sexually Exploited," presented by Ret. Chief Nicholas Sensley, Jessica Munoz, Dr. Shantae Williams, and Clarence Vierra. Each of these trainings were worth two training credit hours. Families were trained on understanding the signs and risks of sex trafficking with a focus on early identification, intervention, and approaches to working with this particular population.

- o The Hawaiʻi Adoption and Permanency Alliances (HAPA) Conference in November entitled, "Strategies for Success in Adoptive Families" had guest speaker Paulette Bethel, PhD, CMC. Attendees could earn four training credit hours. This training focused on modeling different strategies for families on how to bring out their best and the best in the youth in their home. Chiyomi Chow (FPH) and Crystal Brown (former foster youth) also shared their personal experiences with adoption and permanency.

- o FCTC provided trainings entitled, "Creating a Healing Environment in Your Home" presented by Brooke Conway, Manager of the Education and Community Outreach at the Sex Abuse Treatment Center, a program of Kapiʻolani Medical Center for Women and Children. This training was worth two training credit hours. Families were trained on an

overview of child sexual abuse, the impact of trauma on child victims, how to respond to disclosures of sexual abuse, and creating a safe environment in the home.

o The HAPA Conference in April entitled, "Ages and Stages: The Influence of Adoption," featured guest speaker Sue Badeau. Attendees could earn five training credit hours. The training focused on the premise that adoption and permanency lasts a lifetime and affects children and families in different ways over the years. The presenter explored the impact of adoption across the developmental stages while sharing tips to help children manage their feelings and behaviors.

o EPIC 'Ohana and East Hawai`i HI H.O.P.E.S. Board held a training in May entitled, "Bridging the Gap: Resource Caregiver Training," presented by Dr. Kimo Alameda and the HI H.O.P.E.S. Youth Board. This training was worth 2.5 training credit hours. Attendees participated in an interactive training on how to improve their communication with foster youth.

i. **Hui Ho'omalu/FPH**

Family Programs Hawai`i, working in conjunction with the DHS and local partner agencies and organizations, provided three **Quarterly Trainings** in six locations statewide (O'ahu-2, East Hawai`i-1, West Hawai`i-1, Maui-1, and Kaua'i-1). Due to funding constraints, no quarterly trainings were offered on Moloka'i; however, as the DHS develops the ability to reach out to families via online trainings and other means, Moloka'i and Lāna'i families will be included in the trainings.

Relevant training is delivered on topics such as:

o Birth Family Work
o Cultural Competence
o Attachment and Loss
o Dealing with Challenging Behavior
o Special Education
o Child Safety
o Visitation/'Ohana Time

These quarterly statewide trainings are delivered in a family friendly atmosphere, be geographically accessible; provide supports such as child care, meals, and other incentives to encourage participation; and held in locations easily accessible by families and at convenient times for them (evenings and weekends). Families will be included in the planning and implementation of trainings to ensure relevance and connectivity.

Family Programs Hawai`i scheduled three quarterly trainings in the first, second and fourth quarters of FFY 2015. Attendees could earn two training hours per session. Family Programs Hawai`i's first quarter training, "How

to Manage Challenging Behaviors," was presented by Kathy Bentley, MA. This topic was frequently requested by families. Through this training, attendees learned:

o How children respond to stress and how it impacts their behavior;
o How hormones affect children;
o Effective communication techniques; and,
o Appropriate boundaries at various ages.

The second quarter training, "De-Escalation," was presented by Mary Frances McCarthy from Parent and Children Together (PACT). Through the training, attendees:

o Became familiar with the signs of escalation indicating that a youth may become violent; and,
o Learned steps for properly responding to anger, and practiced skills for working with a youth who is aggressive.

The fourth quarter training, "The Connection Between Relationships and Behavior" will be presented by Karen Watanabe Choi, MA, LCSW in June 2015. Attendees will:

o Increase their emotional awareness for both the child and caregiver;
o Learn how attachment affects brain development and behavior; and,
o Gain practical, creative ways to provide structure and fun.

Family Programs Hawai`i held a training on Moloka'i in August 2014. This training, entitled "Successful Futures: Helping Our Youth, Adolescents, and Young Adults Thrive," was presented by Dr. Stephen Choy and was worth four training credit hours. Through the training, families were able to:

o Identify the effects of trauma on the development of children and adolescents, and young adults;
o Develop strategies to assist children in overcoming the effects of trauma and improve behavioral and emotional functioning; and,
o Develop an environment that promotes healthy development.

Family Programs Hawai`i provided Maui families a training opportunity during their August 2014 Support Group. This training, presented by Sasha Hurd from Maui Youth and Family Services, discussed a workshop series called, "Making Proud Choices!" that is aimed at youth who are in out-of-home care. The program seeks to prepare youth to utilize the necessary skills to reduce risky sexual behavior. This training was worth 0.5 training credit hours.

An Annual Conference is held in five locations statewide (O'ahu, East Hawai'i, West Hawai'i, Maui, and Kaua'i). It is not economically practicable to provide a

conference on Molokaʻi and Lānaʻi; however, the DHS offers travel stipends to families who want to travel to a neighbor island to attend the conference.

Family Programs Hawai`i collaborates with the DHS on selecting topics for the Annual Conference, which is held in locations that are easily accessible by families and include child care, meals and other incentives to encourage participation.

In April 2015, FPH held the 8th Annual Conference for Resource Families entitled, "Hope and Health: Managing Stress, Emotions, and Behaviors for Caregivers and Children." Sue Badeau was the keynote speaker. Attendees could earn six training credit hours. The conference was held in Kauaʻi (4/13/15), West Hawaiʻi (4/14/15), East Hawaiʻi (5/15/15), Maui (4/17/15), and Oʻahu (4/18/15). For Molokaʻi and Lānaʻi. Airfare reimbursements were made available to families. As in previous years, this conference and childcare was free to all resource, adoptive, guardianship, and kinship families.

The following chart shows the number of attendees at the annual conference and the number of children who were registered for childcare on each island:

Figure 61: RESOURCE CAREGIVER CONFERENCE - ATTENDEES

Resource Caregiver Conference – Attendees					
	# of Families	# of individual Resource Caregivers	# of Service Providers	# of Children	
Kauaʻi	32	37	20	13	Kauaʻi
West Hawaiʻi	13	20	16	6	West Hawaiʻi
East Hawaiʻi	36	51	14	15	East Hawaiʻi
Maui	33	46	24	8	Maui
Oahu	96	148	49	77	Oahu

Through this conference, attendees learned:

o How the experience of trauma affects children across all developmental stages, impacting their emotions, behaviors, and overall well-being;
o How living with children who have experienced trauma often contributes to high levels of stress, secondary trauma, and other challenges for caregivers; and
o How caregivers can experience improved well-being for themselves when they learn basic strategies for self-care, stress management, and trauma-informed emotional and behavioral management for their children.

A current challenge is that there has been a decrease in the attendance at live trainings statewide due to the increase of interest in Foster Parent College and the lending library.

See below for listing of the various topics covered in SFYs 2014 and 2015. Each year will always include topics on adolescent and independent living issues. DVDs of many of these trainings are available for resource and permanency families to borrow.

In FFY 2014, the following training topics were provided:

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

   In FFY 2015, the following training topics were provided:

o "Successful Futures: Helping Our Youth, Adolescents, and Young Adults Thrive" (FPH Training - Moloka'i)
o "Making Proud Choices" (FPH Training at Maui Support Group)
o "Strategies for Success in Adoptive Families" (HAPA Conference)
o "How to Manage Challenging Behaviors" (FPH Quarterly Training – 1st Qtr)
o "Smart Courage Program: Stranger Danger of the 21st Century for Teens" (FCTC Training)
o "Helping High-Risk Youth and Youth Who have been Sexually Exploited" (FCTC Training)
o "De-Escalation" (FPH Quarterly Training – 2nd Qtr)
o "Creating a Healing Environment in Your Home" (FCTC Training)
o "Ages & Stages: The Influence of Adoption" (HAPA Conference)
o "Hope and Health: Managing Stress, Emotions, and Behaviors for Caregivers and Children" (FPH Annual Conference)
o "Bridging the Gap: Resource Caregiver Training" (EPIC 'Ohana and HI H.O.P.E.S Board Training)

- "The Connection Between Relationships and Behavior" (June: FPH Quarterly Training – 4th Qtr)

Independent Living (IL) topics/trainings in FFY 2014 included:

- "Better Start I: Interactive Career Exploration Workshop"
- "Better Start II: How to Pick A College / How To Pay for College / Resources For College." Youth were assisted in filling out their FAFSA.
- "An Introduction to: Making Proud Choices"
- "Teen Day VIII: Dream4Real"
- "Better Start III: Soft Skills and ILP Resources"
- "Teen Day IX: Dream4Real"

Independent Living (IL) topics/trainings in FFY 2015 included Teen Day X and XI "Dream4Real." Teen Day is an event to help guide current foster youth ages 14 and older. Attendees hear foster youth alumni share their stories, gain knowledge of the available resources, talk story with Family Court Judges, and connect with other foster youth. Resource caregivers, guardians, adoptive parents and service providers are invited to attend.

ii. **Non-Hui Ho`omalu FPH Trainings:**

Online Trainings will be available through Foster Parent College as coordinated by FPH. Since some families are not able to attend a "live" training, due to scheduling, childcare, traveling distance, or other factors, FPH is investigating the development of other online training opportunities and a video/book library for resource families to obtain training materials.

Due to the requirement that resource caregivers complete continuing training hours to maintain their license, there has been an increased use of the Foster Parent College and borrowing of DVDs from the FPH lending library.

During the first three quarters of FFY 2015, Foster Parent College Online Trainings had:

- 18 new individuals that joined. Total number of training hours completed was 100 hours (1st quarter)
- 13 new individuals that joined. Total number of training hours completed was 66 hours (2nd quarter)
- 14 new individuals that joined. Total number of training hours completed was 48 hours (3rd quarter)

Family Programs Hawai`i continues to expand its lending library, which was created in 2014. During the first three quarters of FFY 2015, the lending library had:

- 13 families that borrowed 17 DVDs for a total of 36 training hours (1st quarter)
- 15 families that borrowed 32 DVDs for a total of 83 training hours (2nd quarter)
- 11 families that borrowed 24 DVDs for a total of 44.5 training hours (3rd quarter)

Family Programs Hawai`i maintains an updated list of the DVDs in the lending library. This list is made available to families at support groups and trainings, and is provided in a resource packet that is distributed to families by FPH and PIDF during H.A.N.A.I. trainings. Families can also call the FPH Warm Line for more information and/or have the list sent to them. While books are still available for lending, there have not been any book requests at this point.

During FFY 2015, FPH worked out the logistics and funding issues to begin offering training opportunities through the Foster Care & Adoptive Community Training online site (www.fosterparents.com). This training option will begin in FFY 2016.

Posting and availability of the training videos online is planned to begin sometime in FFY 2016. Family Programs Hawai`i was unable to accomplish this task during FFY 2015 due to challenges with their website.

It Takes An 'Ohana (ITAO), a non-Hui Ho`omalu program of FPH, also created a virtual book club. This is a closed Facebook group for interested resource families. All the available books that are read are from the DHS Approved Ongoing Training List, allowing resource caregivers who read the books and complete the DHS Training Verification Form to receive training credits. The number of approved training credits is approved by the DHS and is determined by the number of pages per book. The first book, "The Boy Who Was Raised as a Dog", by Dr. Bruce Perry and Maia Szalavitz, was completed and resource caregivers could receive five training credits. The book club is currently reading its second book, "Are We There Yet?" by Sue and Hector Badeau, which is approved for seven training credits. As of June 2015, the book club has 39 members.

c. **Resource Family Evaluation of Training Efforts**

H.A.N.A.I. Training Evaluation: After each H.A.N.A.I. training session, participants complete a feedback evaluation form. A survey regarding the entire H.A.N.A.I. training is also completed by participants. These surveys review the site, training methods, and trainers' approach, and effectiveness in teaching the material. These results are compiled and reviewed annually with PIDF and CCH staff.

Ongoing Training Evaluation: Family Programs Hawai`i surveys families after each training session and compiles the results of the feedback to look for areas needing improvement as well as to get feedback on future training needs.

Annual Resource Family Survey: Partners in Development Foundation is responsible for administering the Annual Resource Family Survey sent to all licensed families statewide. The results of this survey are compiled and shared in a formal report to DHS and in a meeting with the partner agencies, CCH and FPH. Part of the Annual Resource Family Survey asks various questions pertaining to the H.A.N.A.I. pre-service training and ongoing training opportunities, such as:

o How helpful was the Pre-Service/Initial Training?
o What was the most helpful thing that you learned/experienced in pre-service?
o How many trainings have you attended within this past year? Please list the topic areas of the training events you have attended.
o If you have participated in the online FosterParentCollege.com training, please provide feedback on your experience and any suggestions you might have to improve the trainings.
o If you haven't attended any trainings, why?
o If you haven't attended any trainings what would encourage/motivate you to participate?
o Suggested topics for ongoing Resource Family training.

Partners in Development Foundation, CCH and FPH plan to continue seeking feedback from resource families on the training received as well as any other areas requested by the DHS. The feedback obtained will help Hui Hoʻomalu and the DHS coordinate and implement training opportunities that will best meet the needs of resource families.

3. **Local Conferences and Training through Law School and Judiciary**

There is ongoing and effective collaboration with the Family Court on Oahu through the Hawai`i Court Improvement Project (CIP) and the University of Hawai`i Law School Task Order. A multitude of trainings have been developed through this effective partnership, including *ʻOhana Is Forever* conferences and events which are organized, in part, by former foster youth in collaboration with the CIP. Activities and training have included: Hot Topic Conferences, IVAT (Institute on Violence and Trauma) Conferences, Annual Child Welfare Law Updates, and Teen Days. The CWSB staff, parents involved in active Zero to Three (ZTT) child welfare cases, service providers, resource caregivers, and legal professionals working in ZTT cases also have the opportunity to attend monthly workshops on child development and available community resources and services. The Law School has and continues to provide monthly training support for Imua Kākou (Voluntary Foster Care to 21) CWSB staff and service providers.

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

4. **Adoption Training and Preparation**

Family Programs Hawai'i Wendy's Wonderful Kids (WWK) Program employs a comprehensive training and preparation model for adoption that focuses social work services on the child or youth to be adopted, the prospective adoptive families and the team of service providers who work with the child or youth. Utilizing an evidence-based model for adoption preparation, the Wendy's Wonderful Kids program provides a consistent and supportive navigator for all parties involved in the adoption process:

The Child or Youth to be Adopted: A child or youth's readiness for adoption is an important predictor of the potential success of an adoptive placement. The WWK adoption model supports the development of a trusting and supportive relationship between the adoption worker and the child or youth to be adopted. Once a child or youth is identified as being in need of permanency, the WWK adoption worker performs an exhaustive review of the child's file to gain insight into the child's current and past strengths, challenges and level of functioning. The worker also initiates regular visits with the youth to develop a caring and trusting relationship with the youth. Child welfare research continues to demonstrate the critical role that such a stable, consistent adult plays in the lives of children and youth in foster care. By developing such a relationship with the child to be adopted, the WWK worker can learn firsthand about the wants and needs of the child or youth to be adopted and about his or her relational style. This type of information is then used to develop a match for the child, prepare the matched family to meet the child's needs and support the transition into the home.

The Prospective Adoptive Family: Wendy's Wonderful Kids works in collaboration with the PIDF Hui Ho'omalu Program to provide H.A.N.A.I. training to all families who pursue adoption of a child or youth from the foster care system. With this training, prospective adoptive families are introduced to core topics of foster care and oriented to the many service providers who work with children and families in the child welfare system. To supplement this standardized curriculum, WWK offers a monthly training and support group focused more specifically on core issues in adoption. This training and support group is open to all WWK families who have a child matched, who are awaiting a match, or who are discerning if adoption from the foster care system is the right route for them. Additionally, General License Foster Caregivers with the DHS who have expressed a desire to adopt through the WWK program are also invited to attend.

In addition to group preparation, the WWK model provides individualized preparation focused on managing expectations of the prospective parents, helping families understand the adoption process, and educating families about the child's specific needs. Attention is given to developing a trusting and open relationship between the WWK adoption worker and the prospective family in order to enhance placement stability. Following placement in the home, the WWK worker continues to meet with the family and child on a monthly or more-frequently-as-needed basis. This continuity in relationship with both the child or youth to be adopted and with the adoptive family allows the WWK worker to continue in the role of navigator and interpreter, supporting the establishment of clear communication, healthy boundaries and positive parenting practices in the adoptive family.

The Treatment Team: While permanency is one goal for every youth in the child welfare system, many other competing goals exist. WWK adoption workers must be advocates for permanency within a child or youth's treatment circle. Due to the complicated placement histories of many of the youth available for adoption from foster care, treatment teams are often wary of introducing permanency to a youth with severe behavioral issues. In much the same way that the WWK worker establishes trust and open communication with the youth and the prospective family, he or she also must prepare other professionals aligned with the case to support permanency efforts on behalf of the child and family.

5. **Hui Ho`omalu Staff Training**

   a. **Partners in Development Foundation (PIDF)**

   Partners in Development Foundation - Hui Ho'omalu staff have access to external trainings or conferences related to their positions. Staff attend all mandatory trainings as required by the DHS and/or PIDF. Continuous development of skills and knowledge that will enhance staff's job performance is encouraged. Approval to attend trainings is based on those that are deemed beneficial to quality service delivery as determined by the DHS, PIDF and/or Project Director and the availability of funds. Free training opportunities are offered regularly in the community and are shared with staff, as appropriate.

   All full-time staff (statewide) and part-time staff (on Oʻahu) participate in a one day PIDF orientation provided by the Human Resource (HR) office that gives an overview of the Foundation, it's mission, and programs. Human Resource policies and procedures, safety/risk management program and PIDF's Hawaiian cultural platform are shared and discussed with the new staff.

   New PIDF Hui Hoʻomalu staff are provided with an overall orientation to the Hui and either the Administrative or General Licensing unit. This orientation is coordinated and adjusted to meet the needs of the actual position being filled.

   Orientation: There is a two week orientation period for all full time staff (unless otherwise noted). Core items covered are:

- Introductory time with each staff member;
- Overview of the collaboration and contract;
- Overview of the DHS;
- Overview of Child Specific Licensing;
- Overview of Support Services;
- Visit and introduction to key individuals in partner agencies including the DHS;
- Overview of Child Abuse and Neglect;
- Overview of Foster Care;
- Client Grievance Procedure;
- Language Access and Civil Rights Compliance;
- Crisis Prevention Intervention;
- Mandatory Reporting;
- General Licensing Policies and Procedures manual;
- Utilization of the database;
- Overview of an intake;
- Shadowing several intakes;
- Conducting an intake with supervision;
- Overview of an initial visit;
- Shadowing of an initial visit;
- Conducting an initial visit with supervision -- Only for: Family Liaisons (FL), Community Liaisons (CL), Licensing Specialist (LS), Assistant Project Director (APD), Community Relations Manager (CRM), Program Coordinator I (PC-I), Program Coordinator II (PC-II);
- Overview of Resource Family recruitment;
- Shadowing of a recruitment presentation;
- Conducting a recruitment presentation with direct supervision or mentoring (Only for: Family Liaisons (FL), CL's, Administrative Assistant (AA), APD, PC-II;
- Overview of the General Licensing specific licensing process;
- Specific training on processing licensing documentation;
- Overview of H.A.N.A.I.;
- Train the Trainers for H.A.N.A.I.;
- Home Study template and expectations for a home study (Only for: APD, PC-I, PC-II, Clinical Case Manager (CCM), Community Liaison II (CL-II);
- Shadowing one or two home studies; and
- Conducting a home study with supervision (supervisor or assigned mentor staff at all interviews)(Only for: APD, PC-I, PC-II, CCM, CL-II).

On-call, part-time staff are trained in the above areas as pertinent to the specific position they are filling. Neighbor island staff receive some of the training via video conferencing

and conference calls. This is supplemented by shadowing a mentor on their island and direct and in-person training by their supervisor or designee.

Cultural Training: Through PIDF, staff is offered ongoing cultural trainings and learning opportunities with an emphasis on Hawaiian values and traditions. This includes an all-day annual cultural in-service for all staff, program specific training and individual consultation on specific case issues.

Hawai'i Employers Council (HEC) Training: Partner in Development Foundation supervisors have the opportunity to attend a series of training sessions aimed at increasing their supervisory knowledge and skills, as funding permits. Eight, two and a half hour sessions cover the following topics:

- Basic Supervision and the New Supervisor;
- Basic Employment Laws;
- Correcting Poor Performance;
- Investigation and Documentation;
- Performance Appraisal, Parts I & II;
- Sexual and Other Harassment Avoidance; and
- Interviewing.

Leadership Works Training: This workshop, created for supervisors, focuses on enhancing leadership skills, building teamwork, and program development. With a facilitator that was born and raised on the Big Island, the training blends Eastern and Western business practices, allowing one to easily incorporate the concepts into Hawai'i's cultural framework. The following topics are covered over eight days:

- How to develop personal patterns of great leaders that includes leading "island style;"
- How to establish a clear sense of purpose;
- How to apply principles that bond;
- How to implement and sustain smooth-running, high performance processes; and
- How to create an organization of empowered and committed people.

Partners in Development Foundation supervisors are sent to this training as funding permits.

An offshoot of the Leadership Works Training is a condensed, half-day workshop aimed at all levels of staff to increase their skills and knowledge in service delivery. Recognizing the value of this training, PIDF previously offered this free training to all staff and will continue to send staff to this training if it is available in the future.

Case Reviews: Five PIDF staff participates in CQI Case Reviews each fiscal year to increase their understanding of CWSB cases and enhance their skills and knowledge base.

Various staff attended the following trainings in FY15:

- `Ohana is Forever VIII: Ke Ola Hou: New Beginnings;
- Employee Engagement—supervisor training;
- Managing Change—supervisor training;
- Hawai'i Employers Council (HEC) Basic Supervision Certificate Series;
- PIDF Cultural In-Service;
- 2014 NFPA Conference - Overview and Recap;
- Child Welfare Law Update;
- FPH Training: How to Manage Challenging Behaviors;
- H-PEA Annual Conference—Evaluation Conference;
- SPAW Training;
- HAPA Conference: Strategies for Success in Adoptive Families;
- Teamwork and Service Island Style;
- Safe Sleep Training;
- Managing Employee Leaves;
- Hawai'i Child Welfare Quality Assurance Training;
- How to Provide Culturally Competent Services with the Marshallese;
- FCTC Training: Creating a Healing Environment in Your Home;
- Protective Factors Framework;
- NRCDR Data-driven Diligent Recruitment Webinar;
- Advanced Excel;
- Improving the Health of Transgender People in Hawai'i;
- Creating Vision with Your Leadership Style;
- Entering into Relationship: Steve Lopez and Nathaniel Ayers Story;
- IVAT conference;
- FPH Annual Conference; and
- Hawai'i Employers Council (HEC) "Get the Leadership Edge: A Leadership Development Series" trainings

National Conferences: Over the past several years, PIDF obtained grants to assist the program in meeting its goals through staff development training and consultation.

National Foster Parent Association (NFPA) Annual Conference: Through grants from the Hawaii Community Foundation, one PIDF staff had the opportunity to attend the NFPA Annual Conferences in June 2015. This four day conference provided information and cutting edge training in the areas of foster/adoptive care aimed at professionals as well as resource families.

Partners in Development Foundation recognizes the value of having staff attend national conferences such as the NFPA conferences. Through this conference, staff was introduced to a broader range of best practices that are being implemented across the country and were able to meet individuals who specialize in the areas of foster and adoptive care, specifically in the areas of recruitment, training and licensing. PIDF will continue to apply for grants to provide staff with this learning opportunity.

Documentation of Trainings
All trainings attended are documented in individual personnel files as well as included in the QAR reports for DHS.

6. **Catholic Charities**

   a. **Training Structure**

   Pre-service training includes the following topics:

   - Orientation to CCH, its mission, values, and goals;
   - Laws and policies regarding confidentiality (HIPAA);
   - Risk management and health issues (i.e., Bloodborne Pathogens, First Aid/CPR);
   - Working with collaterals and families;
   - Crisis prevention and nonviolent crisis intervention;
   - Mandated reporting re: child abuse and neglect;
   - Administrative issues, documentation requirements, reporting requirements;
   - Cultural characteristics and orientation to the population served;
   - CCH and Statewide Resource Families (SRF) policies and procedures;
   - DHS performance standards and monitoring; and
   - Language Access and Civil Rights Review

   b. **Ongoing/in-service training**

   The quarterly in service trainings build on what staff has learned in pre-service training, addressing other training needs as they come up. All direct staff receives annual refresher trainings in De-escalation, HIPAA, First Aid/CPR, and Bloodborne Pathogens.

   In addition to training sponsored by SRF, staff are encouraged to attend external training and conferences on topics related to their work. The staff on O`ahu has a greater number of training opportunities in the community than their neighbor island counterparts. However, through collaboration among agencies, the social service community has increased the number of workshops and conferences available over the last several years. Training costs and staff coverage are other barriers.

   Statewide Resource Families uses a multi-media approach to training which employs lectures, Powerpoint presentations, discussion, video presentations, live demonstrations,

role plays, and quizzes. All core pre-service topics have been transferred to Powerpoint. Training modules are periodically updated to include new research data or procedures when appropriate (statistics, trends, interventions). Participants complete an evaluation on each trainer for feedback. Adjustments are made to incorporate the feedback when appropriate.

All training is documented in individual personnel files as well as included in the quarterly training report for the DHS.

Seven CCH staff participated in CQI Case Reviews each fiscal year to increase their understanding of CWS cases and enhance their skills and knowledge base.

Various staff attended the following trainings in FY15:

- HIPPA and Confidentiality Annual Review
- General Dynamics of Sexual Abuse
- Mandated Reporting and Child Abuse and Neglect Annual Review
- Case Contacts and Documentation
- H.A.N.A.I. Refresher
- Cultural Competency
- Family Violence Summit
- FPH Training: De-escalation
- Employee Handbook
- Ethics and Code of Conduct
- Art of Innovation and Leadership Behavioral Expectations
- Transgender Cultural Competency
- Nurturing Self: Working and Building Stronger Teams
- Harassment
- Hawai'i Administrative Rules
- Hawai'i Revised Statutes
- Overview of Child Welfare
- Civil Rights Training
- Your Money, Your Goal
- Blood Borne Pathogens
- REACH Pushing Your Clinical Skills and Effectiveness to the Next Level
- IVAT
- FPH Annual Conference

7. **Family Programs Hawai'i (FPH)**

Training focuses on supporting and developing FPH staff's ability to carry out the requirements of their job with the highest quality possible.

a. **Training**

All staff participate in orientation training during the first three months of employment, which includes both agency and program specific information. Training is provided by the Human Resource office as well as supervisors and other Management Team staff. The general training includes the following:

- The agency's mission, goals and services
- In-depth cultural training: On-line course, video and two full-day in-person training (Knowing Who You Are)
- HR (including organizational chart)/Employee Handbook
- Finance training and expense reporting
- Technology training
- Confidentiality, including security of privileged information
- Mandatory reporting laws
- Enhancement funds
- Language Access and Civil Rights Review

In addition to general training, each employee receives additional training in clinical areas related to their program. The program-specific training is provided by the program supervisor or Clinical Director. This training includes:

- Program-specific procedures
- Documentation requirements
- Dynamics of working with a child/family who are exposed to Child Abuse and Neglect
- Domestic violence
- Working with youth in out-of-home placement
- First aid/CPR
- Crisis Prevention Intervention
- Safety procedures
- Clients' rights and responsibilities
- Client grievance procedure
- State language access compliance
- Other program-specific training

Family Programs Hawai`i strongly encourages staff training on a regular basis. Resource Family Support Services (RFSS) staff will attend all the training provided for resource caregivers and other relevant training in the community to increase their knowledge and skills and better support resource caregivers. While funds for training are very limited, a plethora of free trainings as well as webinars can be found.

In an effort to increase their understanding of the CWSB cases and enhance their skills and knowledge base, two FPH staff participates in CQI Case Reviews each fiscal year.

Various staff attended the following trainings in FY15:

- The General Dynamics of Child Sexual Abuse
- 'Ohana is Forever VIII: Ke Ola Hou: New Beginnings
- HAPA Conference: Strategies for Success in Adoption
- FPH Training: How to Manage Challenging Behaviors
- HPU Practicum Supervisors Training
- Implement a Positive Mindset in the Workplace
- FPH Training: Successful Futures: Helping Children, Adolescents, and Young Adults Thrive
- FPH Training: Making Proud Choices! In Out of Home Care
- FPH Training: De-Escalation
- FCTC Training: Smart Courage Program: Stranger Danger of the 21st Century for Teens
- FCTC Training: Helping High-Risk Youth Who Have Been Sexually Exploited
- FCTC Training: Creating a Healing Environment in Your Home

F. SERVICE ARRAY AND RESOURCE DEVELOPMENT

Item 29: Array of Services

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

Figure 62: IVB-2 SERVICE CATEGORIES AND FFY 2015 FUNDING

IVB-2 Service Categories and FFY 2015 Funding:				
Category	Percentage	Services	Location	Amount
Family Preservation	20%	Upper Puna Family Center	East Hawai`i	$189,217
Family Support	25%	FSS	Kauai	$118,261
		CCSS/VCM	Oahu	$118,261
Family Reunification	35%	Substance Abuse Counseling	Maui	$165,564
		Comprehensive Counseling and Support Services	Mau	$165,564
Adoption Promotion	20%	Post permanency support services (CFS)	Oahu	$80,000
		Resource Family Support-Warm Line	Statewide	$79,217
		Post permanency support services	West Hawai`i	$30,000
TOTAL	100%			$946,084

Core Services to Families & Individuals Number of individuals served				
	Intensive In-home	Reunification	Independent Living	Post-Permanency
Oahu	11,122	1,435	481	144
East Hawaii	1,092	428	58	4
West Hawaii	575	338	119	6
Maui	2,683	552	119	17
Kauai	620	366	60	5
TOTAL Statewide	16,092	3,119	837	176

Data Source: CWS POS contracts' SFY 2015 QARs

The numbers in this table are numbers of individuals, not families. These numbers include children and parents/caregivers who were engaged in these services.

Intensive In-Home: Included here are *FSS and VCM* service participants, as FSS and VCM are Hawaii CWS' primary family preservation services. Data for Title IV-E Waiver, Intensive Home-Based Services are not included because the program just began on Oahu in February 2015.

Reunification: CWS' statewide *CCSS* contracts are Hawaii's primary Reunification intervention and the only service counted here.

Independent Living Services: Although CWS young adults receive independent living-related education and services from a variety of sources and contracted services, included in the table above are only the numbers for youth who were served directly by Hawaii's contracted *Independent Living Services*. On July 1, 2014, statewide Imua Kākou (Voluntary Care to 21) contracted services began. The numbers for Imua Kākou are not included, they are reported in Section IX, C Extended Foster Care.

Post-Permanency Services are primarily provided in Hawaii by drop-in, self-referred, community centers, called *Neighborhood Places*.

The largest waitlists for services are with CCSS. This problem is concerning and not an easy one to solve. CWS has tried providing more funding to the contractors to hire more staff, but the contractors often run into barriers with their ability to find qualified candidates.

Another problem area is Post-Permanency Services. There is limited funding specifically for these services, and therefore are often tucked in with other service contracts. CWS struggles with both staffing and public awareness/outreach for Post-Permanency Services.

<u>Decision-making Process</u>

There have been no substantial changes to the IVB-2 contracts in this since the DHS made the major change in the delivery of IVB-2 funded services in FFY 2012.

The DHS received funding during the 2014-2015 Hawai`i State Legislative session for the procurement and support of two family centers on Kaua`i, for the period July 1, 2015 to June 30, 2017.   These family centers, previously funded by IVB-2 funds are now funded by the State. These services help to strengthen and stabilize families on the island of Kaua`i who are referred by the CWSB or other professional agencies, are victims of or are at-risk for child abuse and/or neglect, or are in crisis.

1. **Family Preservation – Hawai`i Island**

   The population in Puna has grown from 5,500 in 1970 to over 31,000 in 2000 and continues to grow at an accelerated pace. About one-third of the population growth is occurring in upper Puna, between Kea'au and Volcano. The Hawai`i County Department Planning estimates that the population of the Puna District will exceed 58,200 by the year 2020 [source: 2005 County of Hawai'i General Plan]. Upper Puna is also experiencing an increase in reported Child Abuse and Neglect cases.

   The Upper Puna Family Center provides the community with an accessible gathering place where families and children can seek support and guidance to help them remain an intact family unit free from child abuse and neglect. The Upper Puna Family Center recently moved to a new building in Puna which is a better space to service the community.

   Service Activities include: information and referral service; provision of mediation, family, and relationship counseling; resources to meet basic needs; community development to strengthen families and enhance child safety; collaboration with other service providers; advisory board and volunteer recruitment; outreach services; child care for families requiring childcare during activities and services provided.

2. **Family Support – Kaua`i**

   This service is part of an existing contract which provides the following services: assessment and referral activities; assisting the family identification the family's strengths and needs and assisting the family with the development of a plan to meet the family's needs; coordination of services; child related skill building activities; and parental life skills and support activities as related to child safety.

3. **Family Support – O`ahu**

This service is part of an existing contract, which provides the following services: assessment activities; development of an Individualized Program Plan; crisis intervention services which include assessment, counseling, role modeling, education specific to child development; assistive services like transportation; counseling services; outreach; child related skill building; and parental life skills and support activities

4. **Family Reunification – West Hawai`i**

The services in this contract help to strengthen and stabilize families with substance abuse problems in West Hawai`i, including services in Kau, and should include children in parenting activities where appropriate.

Service Activities include: assessment and coordination and linkage-comprehensive assessment or psychological evaluations; individualized program planning; case management; counseling services; parental life skills groups; and outreach services-home visits, hands-on instruction in parenting, practical life skills instructions, role modeling, budgeting and nutrition.

5. **Family Reunification – Maui**

The services in this contract help to strengthen families and children where parents or other primary caregivers have substance abuse and/or mental health needs that are referred by the CWSB or other professional agencies and the children are victims of or at risk of child abuse and/or neglect.

Service Activities include: assessment; crisis intervention services; individualized program planning; case management; counseling services; substance abuse education and/or treatment; parental life skills and child related skill building services

6. **Adoption Promotion – O`ahu and West Hawai`i**

The services in these two contracts help to strengthen and stabilize pre-permanency families and families that have adopted, assumed legal guardianship, or assumed permanent custody of a child. The families may be referred by the CWSb or other professional agencies, or may be self-referred.

Service Activities include: assessment; in-home crisis intervention services; individualized program plan; case management; counseling services; parent groups and training-the training component provides educational opportunities for permanency families and permanency professionals on permanency and parenting-related topics. The goals of the training component are to improve parenting skills, and to help professionals better assist permanency families; Permanency Information and Referral.

Item 30: Individualizing Services

The Department provides a rich array of accessible and individualized services designed to support the safety, permanency and well-being of children and families. Services are provided following an assessment of safety, strengths and risks. The contracts include requirements for Language Access for children and families. The Department is planning to increase culture-enriched services options through upcoming procurement. Community partners have been offering Hawaiian Values based parenting curriculum that introduce parents to a set of traditional Hawaiian values that reflect universal principle of positive parenting; this is one such example that the Department is interested in exploring.

Through contract reviews, the Department in partnership with HCWCQI will begin to collect specific information to assess performance in this area.

G. AGENCY RESPONSIVENESS TO THE COMMUNITY

Item 31: State Engagement and Consultation with Stakeholders Pursuant to CFSP and APSR

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

The CWSB's collaborators include the following:

- Consumers (birth parents, relatives, youth, and resource families);
- Court Improvement Project (CIP)
- Family Court Judges
- Family Court Attorneys
- GALs
- CASAs
- Family Drug Court
- Legal Aid Society of Hawai`i (LASH)
- Zero to Three Court
- Hawai`i Foster Youth Coalition
- HI H.O.P.E.S. (foster youth and former foster youth group)
- It Takes an 'Ohana (ITAO)
- Native Hawaiian Community Representatives
- Micronesian Community Representatives
- Tongan Community Representatives
- Samoan Community Representatives

- Filipino Community Representatives
- Faith-based Community Organizations
- Molokai Community Service Council
- Office of Hawaiian Affairs (OHA)
- Queen Liliuokalani Community Centers (QLCC)
- Journey to Success
- Catholic Charities Hawai`i (CCH)
- Parents and Children Together (PACT)
- Child and Family Service (CFS)
- Family Programs Hawai`i (FPH)
- YWCA of Hawai`i Island
- YWCA of Kaua`i
- Boys and Girls Club
- Maui Family Support Services
- Kapi`olani Child Protection Center
- Neighborhood Place of Kona
- P.A.R.E.N.T.S., Inc.
- The Salvation Army Family Programs
- Maui Youth and Family Services (MYFS)
- Central O`ahu Youth Services Association, Inc.
- Windward Spouse Abuse Shelter
- Insights to Success
- SAS Services
- Blueprint for Change
- Hina Mauka (substance abuse treatment program)
- Hale Kipa (social service agency for youth)
- Hope, Help, & Healing Kauai
- Lokahi Treatment Center
- Kids Hurt Too, Inc.
- EPIC 'Ohana, Inc.
- Catalyst Group
- Neighborhood Place of Puna
- Domestic Violence Action Center (DVAC)
- Children's Justice Centers (CJCs)
- Aloha Care Center
- Partners in Development Foundation (PIDF)
- Family Advocacy Programs (military social services)
- Law Enforcement
- State of Hawai`i, Department of Health (DOH)
- (including the Child and Adolescent Mental Health Division – CAMHD, the Developmental Disabilities Division – DDD, the Adult Mental Health Division, the Family Health Services Division, the Maternal and Child Health Branch, the Children with Special Health Needs Branch, and the Alcohol and Drug Abuse Division)

- State of Hawai`i, Department of Education (DOE)
- (including Hawaiian Charter and Immersion Schools)
- State of Hawai`i, Department of Hawaiian Homelands
- MedQuest Division (state health insurance provider)
- Office of Youth Services (OYS)
- HMSA (health insurance provider)
- Kaiser Permanente
- TriCare Health Insurance (military health insurance)
- Hawai`i Pacific Health
- Castle Medical Center
- Waianae Coast Comprehensive Health Center
- Kapi`olani Medical Center for Women and Children
- Straub Medical Center
- University of Hawai`i, School of Social Work
- University of Hawai`i, Law School
- University of Hawai`i, Maui College
- Hawai`i Families as Allies
- Mental Health America of Hawai`i
- Hawai`i Youth Services Network
- Coalition for a Drug-Free Hawai`i (CDFH)
- Fostering A Dream (FAD)
- Life Foundation
- Committee on Lesbian, Gay, Bisexual and Transgender Youth in the Juvenile Justice System
- Safe Spaces Committee (CAMHD)
- Project Laulima (CAMHD)
- Project Kealahou (CAMHD)
- Hawai`i Children's Trust Fund Coalition & Advisory Council
- Hawai`i Coalition Against Human Trafficking
- Hawai`i Coalition Against Domestic Violence
- Hawai`i Immigrant Justice Center

Some community collaboration activities are highlighted below:

1. The Committee on Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth in the Juvenile Justice System meets quarterly. A multi-agency collaboration led by the First Judicial Circuit's Senior Family Court Judge, R. Mark Browning other agencies involved with the committee include the: DHS, Judiciary, the Detention Home (DH), Court Appointed Special Advocate (CASA), Office of Youth Services (OYS), Office of Public Defender, HPD, Department of the Attorney General), Department of the Prosecuting Attorney, Department of Health, and Department of Education. The purpose of this Committee is to ensure that LGBT youth are afforded the safety, support, and legal rights

and protections that are due to all youth who enter Hawai`i's juvenile justice system. This effort focuses on ensuring that non-discrimination policies and procedures are in place, staff training and procedures for safety and support are implemented and that community partners also ensure the same protections for this high risk and at-risk youth population. A conference titled "Building Competency in Serving Lesbian, Gay, Bisexual, and Transgender Youth" was held on May 08, 2015. The conference had over 400 attendees and received high evaluations from participants. Through our participation on this Committee and the Safe Spaces Committee, we are able to be collaborative in our efforts and make progress in our own LGBTQ workgroup.

2. Beginning August 14, 2014, the Assistant Program Administrator position focusing on lesbian, gay, bisexual, transgender and questioning (LGBTQ) issues was filled. The primary purpose of this position is to plan, develop, implement, monitor and evaluate the LGBTQ program area and to incorporate LGBTQ-related proficiency, values, principles, policies and practices as it relates to child welfare services. This enables the CWSB to ensure better access to services for children, youth, and families. This position also focuses on promoting the well-being, needs, concerns, and issues of the LGBTQ children, youth, and adults through building effective collaborative and working relationships with the LGBTQ community and advocates.

   Best and evidence based practices were researched to reach the benchmarks of LGBTQ cultural competency agencies which include non-discrimination, collaboration and partnerships, addressing agency forms to use LGBT-inclusive language, staff training, staff advocates, agency environment and external communications, training, and support for resource families and child/youth services and referrals. To address and reach these benchmarks, a LGBTQ workgroup was created. Members of the workgroup include staff from several sections (O`ahu and Big Island), Staff Development, and staff from the Resource Home Licensing Unit; CAMHD, the Hawai`i Foster Youth Coalition, Mental Health America of Hawai`i, Family Programs Hawai`i, a pediatrician, the Department of Education – Special Education, EPIC `Ohana, the Life Foundation, the Domestic Violence Action Center, Hale Kipa, the Office of Youth Services, the Hawai`i Coalition Against Domestic Violence, Partners in Development Foundation, two resource care givers, and members of the LGBTQ community.

   The LGBTQ workgroup has met four times and have been working through subgroups on placement, resources, training, agency forms, and non-discrimination policies. The workgroup also assisted with the May 08, 2015 LGBT conference. The workgroup administered a 49 question Survey Monkey entitled, "LGBTQ Competency Assessment and Staff Attitudes" pre- and post- conference. There was great staff response as they were

informed that their participation would help in determining future training needs that would be needed by the DHS staff and our partners.

Building LGBT cultural competency is a process that, needless to say, is a challenge not only in Hawai`i but throughout our nation. We are all needing to learn more and to cultivate **allies** for these LGBT youth and families through our increased cultural competency.

3. **Community Safety Assessment (CSA) Committee.** Convened by the Family Court of the First Circuit, the goal of the CSA committee is to enhance the safety of families and communities, while ensuring perpetrator accountability when intervening in cases involving intimate partner violence. The CSA committee is comprised of 20 members from various government agencies and domestic violence (DV) advocacy organizations. The CSA committee examines institutional policies and practice to enhance the safety of DV victims.

4. **Domestic Violence Fatality Review (DVFR) Team.** The DVFR Team was established in 2006 by §321-471, Hawai`i Revised Statutes. The statute authorizes the Department of Health (DOH) to coordinate and conduct multi-disciplinary and multi-agency reviews of DV fatalities to reduce the incidence of preventable deaths. Though the CWSB participates in the DVFR, reviews are not currently conducted, pending the filing of the coordinator position.

5. **Violence Against Women Act (VGWA) State Planning Committee.** Since 1995, the State Attorney General has chaired the VGWA Planning Committee (VPC). The committee includes 14 representatives from criminal agencies and non-governmental victim services agencies who work collaboratively on a statewide level to improve the response to victims of DV, sexual assault, dating violence, and stalking.

6. **Hawaii Coalition Against Human Trafficking (HCAHT).** The HCAHT is a partnership of federal, state, and local government agencies and service providers. A member agency of the HCAHT, the DHS collaborates with other agencies to identify, investigate, and prosecute trafficking cases, provide services to trafficking victims, and increase public awareness of human trafficking.

7. **Family Court of the First Circuit's Response Protocol for Commercially Sexually Exploited Children (CSEC) Work Group.** Convened in January 2015, this workgroup is a collaboration of multiple governmental agencies, including the DHS. The purpose of the workgroup is to establish protocol to address sexual exploitation of children on O`ahu.

Consultation and Coordination Between Tribes and the State**?** See discussion regarding CFSR Item 9 (preserving Connections) in Section IV (Programs Supporting Permanency).

Item 32: Coordination of CFSP Services with Other Federal Programs

The Department continues to collaborate with other federal programs both at the administrative and case level to best ensure that children and families are served in the most integrated manner possible. Some examples of collaborations are:

- **Department of Education (DOE) Free Lunches Program:**   Through a partnership between DHS and DOE, children in foster care are automatically enrolled into the Free Lunches program at their respective schools.

- **Department of Education Stability Project:** Through a collaboration with DHS, DOE, the Court, the Court Improvement Project and HCWCQI, efforts are made for children to remain in their home school. A process for tracking and compiling of data is being refined to understand how well this is working. The DHS is seriously considering pursuing a MOU with the DOE to ensure the draft procedures are formally agreed to by all necessary parties.

- **Project Laulima:** Identifying a gap group of children with co-occurring mental health needs and developmental disabilities, DHS and Department of Health's Child and Adolescent Mental Health Division and Developmental Disabilities Division partnered to better meet the needs of children and youth through this partnership and collaboration, Project Laulima.

- **Project Kealahou:**   A Department of Health intervention, Project Kealahou provides three different kinds of services: 1) Direct services to girls, 2) Trainings for providers and families; and, 3) Macro-level support for organizations, including cross-agency collaboration, organizational assessments, and policy development to transform organizations to provide trauma-informed care services and environments.

H. FOSTER/RESOURCE AND ADOPTIVE FAMILY RECRUITMENT AND RETENTION

Item 33: Standards Applied Equally

Licensing rules apply uniformly to all licensed or approved foster family homes or child care institutions receiving title IV-B or IV-E funds. Hawaii's administrative rules that memorialize licensing requirements are contained in 17-1625 (resource caregivers) and 17-1627 (child care institutions). No waivers of licensing requirements are permitted. See discussion for Item 34 regarding licensing requirements in Hawaii's IV-E Improvement Plan.

Item 34: Requirements for Criminal Background Checks

All resource caregivers and child care institution employees must undergo a criminal background check; no waivers are permitted. The Hawaii administrative rules that apply are: 17-1625-17 (resource caregivers) and 17-1627 (child care institutions). Hawaii underwent a title IV-E review in 2014, which resulted in a Program Improvement Plan (PIP) that was successfully completed in 2015. The PIP improvements regarding licensing of caregivers did not address the need for criminal background checks, but rather pertained to defining the policies and procedures by which unconditional certificates of approval may be extended to give a resource caregiver more time to complete requirements so long as there are no risks to the health, safety, and wellbeing of a child.

Item 35: Diligent Recruitment of Foster and Adoptive Homes

Hawai`i was in substantial conformity with the systemic factor of Foster/Resource and Adoptive Family Recruitment and Retention in its 2009 CFSR. As in past years, in FFY2014, the CWSB continued to put forth targeted efforts to recruit and license Native Hawaiian resource homes, as the largest population of children in care continues to be Native Hawaiian. Hawai`i has also enhanced efforts to partner with other minority and ethnic community leaders to help their families and communities, and to recruit resource families.

The CWSB's primary focus continues to be placement with relatives, which is reinforced through legislation, policy and procedural clarifications, trainings, case reviews, enhanced family finding and relative notification efforts and 'Ohana Conferencing. The CWSB also has a contract with Hui Ho'omalu to provide targeted recruitment for Native Hawaiian general licensed homes, as well as general recruitment for resource caregivers. The contract also provides for licensure trainings and home studies for both general-licensed and child-specific (relative or kin) families. The Hui contract includes support services for the CWSB resource families and the CWSB permanency families. These contractors also partner with Wendy's Wonderful Kids and other agencies, stakeholders, and community partners for recruitment, trainings, and support services. Hawai`i CWSB also continues in its partnership with Casey Family Programs and Native Hawaiian community resources to organize and conduct statewide, Native Hawaiian 'Aha (community gatherings) in targeted locales to provide resources to sustain birth families and support recruitment of Native Hawaiian families.

The CWSB understands that maintaining positive relationships with resource caregivers is an important way to reduce turnover.

Data Source: DHS, Management Service Office

Although the total number of licensed resource homes statewide has dropped significantly since SFY 2006, this is not an indication of reduced capacity to properly house foster youth, since the number of children in foster care has also significantly dropped over this same period. One way to know if the CWSB is meeting its need for resource caregivers is to directly compare the number of children in foster care to the number of licensed resource homes. If the ratio of the number of children in foster care to the number of licensed resource homes were 1:1 at a particular point in time, that would mean that there was exactly one resource home for every child in foster care. Given that Hawai`i generally places sibling groups together in one home, that some youth in foster care need to live in facilities or DOH licensed therapeutic homes, that some resource homes have space for several foster children, and that children enter and exit resource homes throughout the year, Hawai`i does not need a 1:1 ratio. Figure 64 shows the ratio of children in foster care to resource homes over the past six years.

Figure 65: RATIO OF CHILDREN IN CARE TO LICENSED RESOURCE HOMES
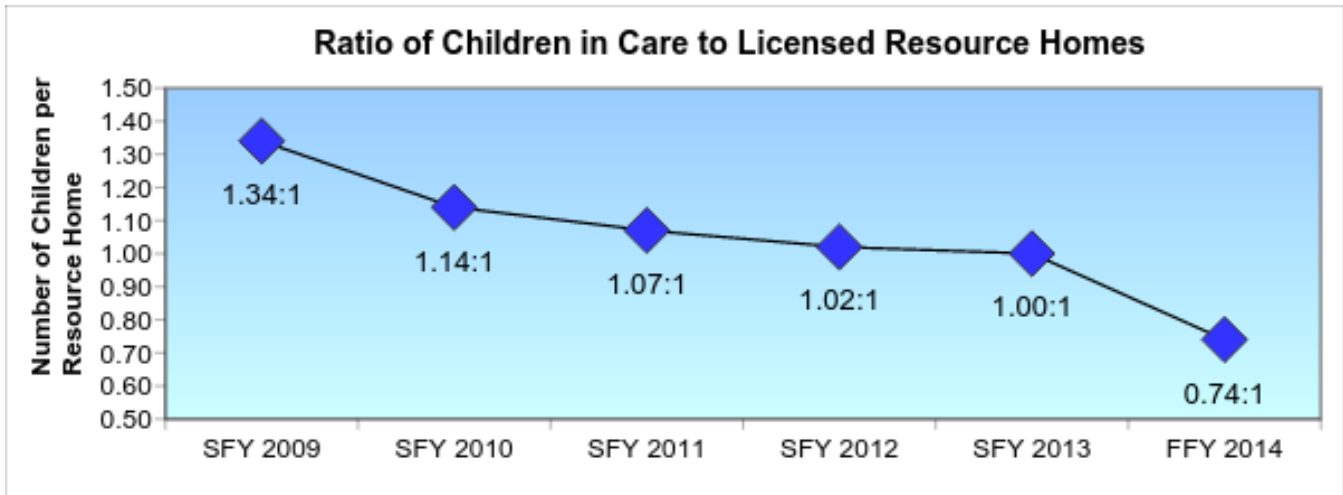
Data Source: DHS, Management Service Office

Please note: Because children exit and enter foster care throughout the year, the graph used the SFY annual monthly averages of number of children in foster care to calculate the ratios. If the ratios are calculated using the total number of children in foster care for the entire SFY, each year's ratio is not as impressive, but the improving trend across the years is similar.

Through the continued collaborative work of the CWSB, contracted service providers, and community stakeholders, a variety of recruitment efforts took place in SFY 2015 and will continue into SFY 2016. Some of these focused efforts are described below in more detail.

1. Faith-based efforts

Faith-based recruitment continues to be an integral part of the overall recruitment and awareness plan. Staff conduct presentations at churches, requests ads to be placed in church bulletins and bulletin boards, and host information tables at events like missions conferences and during services. Staff also maintain relationships with key faith-based contacts in the community and call upon them to assist in publicizing the need for more resource families to their congregation, in addition to providing support in other ways, such as supporting foster care events (coordinating donation drives, manpower, etc.) and by providing direct support to families in their congregation who foster. This natural support system also provides an effective means of recruitment as other families are able to interact with the children directly, which can encourage other families to do the same. Harvest Family Life Ministries is one of the key partners in the community whose goal is to recruit and support resource families. As they share their message of support and encourage churches to build ministries around foster care, this group also leads families to become licensed resource caregivers. Other faith-based contacts are also called upon to spread the word about a need for a resource family for a particular child who may need a home in the same geographical area as the church, or may even share the same faith.

See Attachment C, Diligent Recruitment 5-Year Plan, for more detailed information on statewide recruitment efforts with the faith-based community in SFY2014-15.

2. Native Hawaiian efforts

Staff continues to maintain a regular presence at Native Hawaiian community events and organization meetings. Hosting information booths at annual conferences such as the Council on Native Hawaiian Advancement, helps keep a focus on the need for more Native Hawaiian resource families. Ongoing collaborative relationships with Native Hawaiian community organizations such as Queen Lili`uokalani Children's Center (QLCC), and the Department of Hawaiian Home Lands (DHHL) also provide an avenue for awareness and for general support of families and children involved in foster care. For example, QLCC often opens its facilities for meetings and events, and the DHHL in West Hawai'i allowed staff to present and man an information booth at their event.

Partners in Development Foundation's Hawaiian Cultural Specialist also provides recruitment staff with additional and specific cultural guidance by directly working with staff members on their respective islands (including O'ahu) to assist them in further developing Native Hawaiian connections in their communities. In addition, he provides quarterly consults through in person meetings, teleconferences or video conferencing.

Staff also attends PIDF's annual cultural in-service and other community training events to expand their cultural awareness and understanding.

See Attachment C, Diligent Recruitment 5 Year Plan for specific information about recruitment efforts with the Native Hawaiian community in SFY 2014-15.

3. Utilization of Resource Caregivers, Alumni Foster Youth and Birth Families

Where appropriate, resource caregivers, alumni foster youth, and birth families are integrated into recruitment and retention efforts, often by sharing their experiences. Resource Caregivers and alumni foster youth have been asked to present at foster care information sessions, H.A.N.A.I. Pre-Service training, and other community and faith-based presentations. Resource Caregivers have also participated in media efforts, such as being featured in print ads in community-based newspapers to bring a familiar face to foster care with the contact number direct to the resource caregiver, being the voice on radio ads, sharing their journey in feature stories in the newspaper. They also make follow-up phone calls to families who are interested but might want more specific information on the fostering experience. Whenever possible, former foster youth are also tapped for presentations and

trainings because of their expertise and unique perspective. Including youth and resource caregivers who've had experience caring for teens has been especially important for the specific focus of recruiting more families to accept teens.

Partners in Development Foundation also has on staff former foster youth recruiters and resource caregivers who bring a wealth of experience to their roles. In SFY15, for the first time, PIDF hired a full-time Family Liaison that is a former foster youth who came into the system as a teen. Our East Hawai'i Community Liaison is a licensed resource caregiver with experience in fostering teens. In addition to our full-time staff, in SFY15, PIDF had on staff in a part-time capacity, two former foster youth recruiters (O'ahu) and three resource caregivers with teen experience (West Hawai`i and O'ahu).

Partners in Development Foundation staff have made contact with all HI H.O.P.E.S. boards statewide. This board, consisting of former foster youth, has been offered collaborative opportunities to help spread awareness about foster care and give the foster youth venues to share their vision/goals with the larger community.

See Attachment C, Diligent Recruitment 5 year Plan, for specific information about recruitment efforts for teen homes and utilizing Resource Caregivers and Alumni Foster Youth in SFY 2014-15.

National Reunification Month was recognized in May 2014. A family was chosen through the Oahu Family Drug Court staff and their story of reunification was the subject of a video created by the Oahu HI-H.O.P.E.S. board of former current and former foster youth. Queen Liliuokalani Children's Center again partnered with the CWSB on this event, along with the Family Court of the First Circuit. It was a very effective means of creating awareness around the issue of foster care and the role of reunification in foster care.

4. **Word of mouth referrals**

Word of mouth continues to be one of the highest sources of referrals. The 'Ohana Rewards program that rewards individuals with a $200 gift card for referring a family that becomes General Licensed has exceeded expectations, with most referrals coming from resource families. The program is shared with all groups and individuals who staff comes in contact with, and specifically with current Resource Caregivers at trainings, support groups, conferences, Resource Caregiver newsletters, and through direct mailing/emailing.

In SFY 2015, PIDF continued to inform individuals of the 'Ohana Rewards program through multiple venues. Presentations, specifically on 'Ohana Rewards, occurred at FPH's Support Groups, quarterly trainings, and the FPH Annual Conference to target current Resource

Caregivers. The quarterly "Building Connections" Resource Advisory Committee newsletter contains information on 'Ohana Rewards in each edition. This newsletter is sent out to all current DHS licensed resource families, the CWSB staff and is posted on the DHS website. Partners in Development Foundation, FPH and CCH staff are also provided with copies that are distributed within the community and is made available at various recruitment events. Partners in Development Foundation Family Liaisons and Community Liaisons continue to have information on 'Ohana Rewards available when they are recruiting. Presentations on 'Ohana Rewards also occurred at several of the CCH H.A.N.A.I training sessions. As of June 2015, PIDF has licensed nine families that have been referred through its 'Ohana Rewards program.

This table shows in which areas the 9 'Ohana Rewards families were licensed.

Figure 66: `OHANA REWARDS LICENSED HOMES

`Ohana Rewards Licensed homes	
Island	Number of 'Ohana Rewards Licensed homes
O'ahu	3
East Hawai'i	4
Kaua'i	1
Maui	1

5. Web-based media

Another frequent source of referral is internet searches. In SFY 2015, web search was, and continues to be, the most common method of referral. In response to this, PIDF has made a concerted effort to step up web presence to maximize exposure. Google ads were purchased for the first time to maximize search engine optimization and drive as many people to http://www.pidf.org/programs/hui_hoomalu/about that searched for any variation of "foster care Hawai'i". Once visitors land at the webpage, they have the capability of:

- o Viewing videos featuring a transitioning teen, a reunified birth family, and a long-time resource family;
- o Requesting more information;
- o RSVP'ing for an information session; and
- o Starting the licensing process by filling out the initial inquiry form.

In addition, social media outlets like Facebook and twitter were developed to help drive visitors to our website, increase our exposure, and provide more avenues for information on

foster care to be in front of potential resource families. All of these efforts have driven web-based referrals significantly up.

Inquiries Received from Web Search:									
	TOTAL	E. Hawaiʻi	W. Hawaiʻi	Kauaʻi	Maui	Lanaʻi	Molokaʻi	Oʻahu	Oth/Unk
Web Search	**275**	21	21	14	27	0	3	175	14
TOTAL:	**792**	77	56	49	69	0	15	502	24

See Attachment C, Diligent Recruitment 5 year Plan, for specific information about Web-based recruitment efforts in SFY 2014-15.

Despite recruitment efforts, barriers remain that keep some families from fostering, including financial struggles, having to take in multiple family members for economic reasons, and working multiple jobs. Therefore, new and innovative recruitment strategies are continually being implemented, as it is pertinent to keep the issue at the forefront of the community to assure that the message of the need for more families reach as wide a range of people as possible.

One CWSB goal is to have a pool of resource homes that reflects the ethnic diversity of youth in foster care in Hawai`i. Figure 68 shows the number and percentage of youth in foster care in FFY 2014 by ethnicity, and how those percentages compare with percentages of resource homes by ethnicity. Figure 68 also indicates that the CWSB's collective efforts have proven effective in finding relatives and recruiting general licensed homes to reflect the ethnic diversity of the children in care.

Excluding "Unable to Determine" and "Missing or Invalid," there are 20 ethnic groups listed in Figure 68. One of these has no foster children and six have no resource caregivers. This indicates that Hawai`i likely has enough resource caregivers of these ethnic backgrounds to meet the needs of the foster child population with the listed backgrounds. Figure 67 above indicates that in terms of raw numbers, Hawai`i has enough resource caregivers to meet the demand for homes.

There are eleven ethnic groups where the percentage of resource caregivers is lower than the percentage of children in care: Native American, Black, Chuukese, Hawaiian or Part-Hawaiian, Kosraean, Laotian, Mixed (not Part-Hawaiian/Not Part-Hispanic), Marshallese,

Pohnpeian, Tongan, and Vietnamese. Since most resource homes house more than one child, and children enter and exit care throughout the year, it is definitely possible for a lower percentage of resource caregivers in a particular ethnic category to be able to house all the children in care of the same ethnic background, assuming those placements meet the individual needs and best interests of the children.

Regarding children and families of mixed heritage, it is likely that the difference in percentages between children in foster care and resource caregivers is due to how the data is collected (whether one is asked their primary ethnicity or with which ethnic group he/she identifies most versus being asked to state one's ethnic background). Also, all workers who collect and report this data are certain that many more children and caregivers are of mixed ethnic backgrounds than they report, because so many just choose one. Because of these reasons, the CWSB is not currently focusing specific recruitment efforts on this group.

There is some concern about the lack of Tongan and Chuukese resource families. Partners in Development Foundation is making concerted recruitment efforts to these communities in SFY 2014 and SFY 2015, as well as to the Native Hawaiian community and other Pacific Island groups.

Considering the great efforts put forth to reach and then maintain the current high percentage of Native Hawaiian resource caregivers, and the serious concern about the disproportionality of Native Hawaiians in the foster care system, the CWSB has decided to focus on reducing the number and percentage of Native Hawaiian youth in foster care. This is Hawai`i's preferred method to help the percentages of Native Hawaiian foster youth and Native Hawaiian resource caregivers come closer to each other. A brief description of the Native Hawaiian Work Group can be found in the report: *Section III. Program Overview, Part 1. Safety, A. Program and Services Descriptions, 4. Most Vulnerable Populations, d. CWSB Native Hawaiian Work Group.*

Figure 68: MULIT-ETHNIC REPORT OF CHILDREN IN FOSTER CARE AND THEIR RESOURCE CAREGIVERS

Multi-Ethnic Report of Children in Foster Care and their Resource Caregivers For FFY 2014				
Q` **Ethnicity**	**Children in Foster Care**		**Resource Caregivers**	
	Count	Percentage	Count	Percentage
Native American	23	1.05%	12	0.5%
Black	69	3.15%	70	2.9%
Cambodian	0	0.00%	3	0.1%
Chinese	13	0.59%	27	1.1%
Chuukese - Federate States of Micronesia	33	1.51%	0	0.0%
Filipino	151	6.89%	315	13.2%
Hawaiian or part-Hawaiian	1071	48.90%	762	31.9%
Hispanic/Spanish origin	65	2.97%	113	4.7%
Japanese	19	0.87%	138	5.8%
Korean	1	0.05%	14	0.6%
Kosraean - Federated States of Micronesia	4	0.18%	0	0.0%
Laotian	1	0.05%	1	0.0%
Mixed [Not part-Hawaiian/Not part-Hispanic	308	14.06%	67	2.8%
Marshallese - Republic of the Marshall Islands	20	0.91%	0	0.0%
Oher Pacific Islander	14	0.64%	39	1.6%
Pohnpeian - Federated States of Micronesia	3	0.14%	0	0.0%
Samoan - American Samoa & Independent State	54	2.47%	59	2.5%
Tongan	9	0.41%	0	0.0%
Unable to Determine	36	1.64%	79	3.3%
Vietnamese	1	0.05%	0	0.0%
White [Caucasian]	295	13.47%	656	27.5%
Missing or Invalid	0	0.00%	33	1.4%
Total	**2190**	**100%**	**2388**	**100%**
Total Resource Caregiver Families			1863 Resource Families	

Data Source: DHS, Management Services Office

*Please Note: Because resource families are often made up of more than one care-giving adult, and those adults are not necessarily of the same ethnic background, one resource family is sometimes counted in two different ethnic categories, thereby causing the total percentage to be more than 100%.

Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Hawaii's ICPC Administrator is on the staff of the CWSB's Program Development Office. Data is collected and deadlines are monitored by the ICPC Administrator.

In FFY 2014, Hawaii had 256 ICPC referrals (from Hawaii and incoming from other states). In FFY 2015, up to September 17, 2015, Hawaii had 252 referrals. Hawaii completed 92% of home studies in a timely (60 days) fashion in SFY 2015. When final reports were not completed within 60 days, preliminary reports had been completed and send out by that time.

Challenges to timely completion include missing or pending documentation; and delays due to trials, appeals, and objections from relatives or resource caregivers.

SECTION VII. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE

1. **Current Situation**

CWSB's past relationships with the National Child Welfare Resource Centers and Child Welfare Implementation Centers have helped inform the CWSB practice and supported many programs and initiatives. Hawai`i looks forward to building similar relationships with the three national technical assistance centers, newly funded by the Children's Bureau. These centers are designed to build the capacities of local agencies and courts to meet federal standards and requirements, improve child welfare practice and administration, and achieve better outcomes for children, youth, and families. The CWSB will participate in a Child Welfare Capacity Building Collaborative teleconference in June 2015. The collaborative is committed to continually improving its training and technical assistance. In June 2015, Hawai`i participated in a pre-planning meeting to prepare for the on-site assessment process, which will help to determine strengths and needs and to develop a plan to enhance our capacity.

2. **Anticipated Requests**

In FFY 2015, Hawai`i may request Training and Technical Assistance in the following areas:

- Disproportionality;
- Early Childhood (0-5) Mental Health Assessment and Treatment;
- Creating a Culturally-Informed service array;
- Educational Stability;
- Runaway and Missing Youth; and
- Well-being Assessments.

B. STRATEGIC PLANNING COMMITTEE

1. **Overview**

Since 2007, the DHS has collaborated with Casey Family Programs to establish and provide on-going support the CWSB Strategic Planning Committee (SPC). The mission of the SPC is to safely reduce the number of children in foster care. The savings realized from a decrease in the foster care population will be reinvested in programs designed to strengthen and support vulnerable families. The objectives of the additional support will be improved education, employment, and mental health outcomes.

The SPC meets quarterly and has designed and supported the initiatives described below.

2. **Community Gatherings (`Aha)**

Beginning in July 2010, the SPC has worked with cultural communities that have a growing presence in the CWSB workload and placement in foster care. The CWSB has held cultural community gatherings on all islands to increase collaboration, partnership and shared knowledge. These gatherings will continue in SFY 2016.

Hawai`i's ongoing `Aha activities include community engagement strategies such as the Men's Circles, which started in Hilo in 2014; an `Aha focusing on domestic violence and sexual abuse in the native Hawaiian community on Maui; an 'Aha with the military family advocacy programs on O`ahu; and parent engagement training for Native Hawaiian families.

3. **Child Welfare Waiver Demonstration Activities (Title IV-E Waiver Demonstration Project)**

The SPC's larger purpose includes educating state and local policy makers regarding existing fiscal barriers and some flexible funding strategies that can contribute to positive outcomes for children and families. The award of the a Title IV-E Waiver in SFY 2014 was the impetus for this new initiative for the SPC which intends to be central to the planning and smooth implementation of the waiver demonstration projects.

Please see the description of the proposed Title IV-E Waiver for a more complete understanding and desired outcomes in *Section III. Program Overview*, *Part 4. Systemic Factors, F. Collaboration and Responsiveness to the Community, 3. Child Welfare Demonstration Projects* of this report.

C. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION

The Administration for Children and Families (ACF) Children's Bureau (CB) Regional Office conducted its fourth primary Title IV-E foster care eligibility review in July 2013. The purpose of the review was to: (1) determine whether Hawai`i's DHS was in substantial compliance with Title IV-E foster care eligibility requirements; and (2) validate the basis of the State's financial claims to ensure appropriate payments were made on behalf of eligible children.

The review team, comprised of both state and federal representatives, reviewed 80 cases. Results indicated that 74 cases (93%) met the eligibility requirements for the six-month period under review, and six cases (8%) were found to be in error. Hawai`i exceeded the allowable error rate of 4 cases (5%) for substantial compliance. The required Program Improvement Plan (PIP) was

developed in consultation with the CB Regional Office staff, with a timeline not to exceed one year beginning on April 1, 2014 and ending on March 31, 2015.

As part of the PIP, the CWSB engaged various state agencies and community partners, including the Judiciary and the Department of Health (DOH), to implement changes necessary to improve Hawai`i's foster care eligibility program. CWSB changes included:

- Revising the CWSB procedures;
- Revising the Title IV-E Eligibility manual;
- Developing new training curricula;
- Revising the family court report format;
- Developing new computer codes and screens, and new data reports;
- Developing procedures for monitoring and reviewing IV-E claims; and
- Revising Purchase of Service contracts to reflect accurate methods of reimbursements.

Changes were also required in some of the practices and procedures of the CWSB's community partners. The CWSB has continued to work on its agreement with the DOH regarding more timely submission of claims for their Child Placing Organization. The Department of the Attorney General has revised the Deputy Attorney General training manual. The Judiciary revised its CPS Bench Book to ensure that the judicial determinations court orders required for Title IV-E claiming contain the correct language within the required timeframe. Both the CWSB and the Judiciary have informed and trained their respective staff members and/or its judges regarding these changes.

The CWSB completed the PIP on March 31, 2015, and is awaiting the approval of completion from the CB Regional Office.

Federal law requires that a second review be conducted during the second Adoption and Foster Care Analysis and Reporting System (AFCARS) reporting period that immediately follows the approved completion date of the PIP. However, as Hawai`i has implemented the Waiver Demonstration Project, the secondary review will be postponed until the Waiver Demonstration Project is completed.

SECTION VIII. CHILD ABUSE PREVENTION AND TREATMENT ACT (CAPTA) PROGRESS REPORT ON STATE PLAN

A. OVERVIEW

CAPTA funding has been and will continue to be used in the upcoming fiscal year to carry out Hawai`i's CAPTA State Plan by supporting Family Strengthening Services (FSS). FSS is part of Hawai`i's Differential Response System (described above in *Section III, Part 1*), consistent with the goals and objectives of the CFSP.

There are no significant changes from Hawai`i's previously submitted CAPTA plan. The State CAPTA Liaison Officer remains the same. Her contact information is below.

<div align="center">

Hawai`i State CAPTA Liaison Officer
Kayle Perez
Child Welfare Services Branch
Social Services Division
Department of Human Services
810 Richards Street, Suite 400
Honolulu, HI 96813
kperez@dhs.hawaii.gov

</div>

There are no changes in State law that could affect Hawai`i's eligibility for the CAPTA State Grant.

B. STATEWIDE CITIZEN REVIEW PANEL

The Hawaiian name for the Hawai`i CRP is **Nā Kupa Alo Ana O Hawai`i.** Nā Kupa Alo Ana O Hawai`i representatives work and live in different communities throughout the State. The 11 Representatives come from Hawai`i Island, Maui, Lana`i, O`ahu, and Kaua`i.

It is with great sadness that we report that one of our panel members, Clifford Noel Kauila Ho passed away on November 21, 2014 in Kona, Hawai`i. Kauila was the Executive Director of Neighborhood Place of Kona and a very active Nā Kupa Alo Ana O Hawai`i panel member. In 2012, Kauila participated in the workgroup on Family Partnership and Engagement as part of CWS Program Improvement Plan. Kauila voluntarily assisted CWS in the statewide training of CWS staff and community partners in this area and spoke on Engagement of Fathers and why engaging fathers early on is important. He was very active in Nā Kupa Alo Ana O Hawai`i's work group on Engaging Fathers. Kauila brought a lot of knowledge and passion to Nā Kupa Alo Ana O Hawai`i and his presence at the table is missed by all.

In April 2015, Nā Kupa Alo Ana O Hawai`i brought on two new members, Jaque Kelley-Uyeoka from O`ahu and Judy Adviento also from O`ahu who is a former foster youth.  Ms. Adviento, received support from her employer to participate in Hawai`i CRP. Ms. Princess "Sassy" Johnisa Lean left the CRP as she struggled to participate in meetings as a panel member.

With the support of the DHS administration, the DHS flies the neighbor island CRP members to O`ahu every other month and all panel members meet from 10-4 at the Queen Liliu`okalani Children Center, who continues to host all our meetings. Teleconferences are held on the months the CRP does not meet face-to-face. These teleconference are one hour in length and the focus on what the various work groups are doing and what needs to happen before the next face-to-face meeting. The DHS also flew in panel members on the Engaging Fathers work group to O`ahu to meet on this project. Various members on the Caseworker Visit work group flew to various neighbor islands to complete the focus groups with CWS social workers on caseworker visits with child.

Nā Kupa Alo Ana O Hawai`i currently manages multiple projects:

1. Evaluation of Hawai`i's CWSB's intake system Project:  Surveyed two mandated reporter groups - the Department of Education and the National Association of Social Workers, Hawai`i to assess client satisfaction with the central hotline reporting system.

2. Engaging Fathers Project: Analyze CWS caseworkers' success in locating and identifying fathers and determining whether caseworkers have been successful in engaging fathers in their cases. This group completed a review of the CQI cases looking at Well-Being Outcome 1: Families have enhanced capacity to provide for their Children, Item 13: Child and Family Involvement in Case Planning and Item 15: Caseworker visits with Parents

3. Caseworker Visits with Children Project: Capture strengths and barriers to quality monthly caseworker visits with children by facilitating discussion with caseworkers to identify systemic challenges to improve quality visits with the children in their cases. This group completed statewide focus groups with CWS staff in the area of caseworker visits.

Completion of these three projects are expected to be finalized by December 2015. Future projects are already in discussion which promises to have impact. Nā Kua Alo Ana O Hawai`i continues to have a positive working relationship with the Hawai`i Child Welfare Services and is making significant progress in improving the lives of children and families involved in the child welfare system.

C. CHILD FATALITIES

1. Death in Hawai`i CWS Cases

Figure 69: CHILDREN WHO DIED IN ACTIVE CWS CASES

Children who Died in Active CWS Cases			
SFY 2012 -2013, FFY 2014 & FFY 2015 a/o 6/30/2015			
SFY 2012	**SFY 2013**	**FFY 2014**	**FFY 2015**
5	2	2	2

*(Row label: **Number of Children**)*

Data Source: DHS, Management Services Office

The APSR had been reporting on data for the State Fiscal Years (SFY). This report is on data for Federal Fiscal Year (FFY) 2014.

During FFY 2014, in Hawai`i, there were two child deaths who were active with the DHS and died due to child maltreatment. In both cases, the deaths were due to physical abuse and neglect by the biological family that occurred before the children were reported to the CWS for the harm. In the first case, the child was under the care of grandparent as the parents were homeless at the time. A child care sitter also had access to the child. This case was confirmed for physical abuse by an unknown perpetrator. In the second case, neglect by parents was confirmed. The infant was left unattended and fell resulting in a skull fracture. The parents chose to take the child off life support following surgery as the prognosis for the child was extremely poor.

There were two child's deaths that occurred up to June 2015 due to child maltreatment. In the first case, a call was received by the Medical Examiner's office to report that a child was brought to the hospital by the step-father for suspicious injuries. While in the emergency room, the child's condition deteriorated and the child was pronounced dead. Physical abuse and neglect by mother and step-father was confirmed. Subsequently, the step-father was arrested on a murder charge. In the second case, a married couple from another country was visiting Hawaii. While in the hotel room, mother gave birth and attempted to flush the infant down the toilet. A maid found the infant still in the toilet. Subsequently, the medical examiner reported that the infant was born alive and died due to homicide and asphyxiation. Physical abuse was confirmed.

Each death case is thoroughly reviewed by the Child Protection Multi-Disciplinary Team for case planning and also by the CWSB Program Development Office (PDO) to determine if any rules or CWSB policies or procedures require modification as a result of the deaths. As a

result of PDO's reviews of death cases, the CWSB developed new policies, procedures and tools for cases with unidentified/unknown perpetrators to ensure greater safety for Hawai`i's children. The CWSB staff trainings for unknown perpetrator cases was completed in FFY 2014.

The information that Hawai`i uses to count and compile data on child deaths is from the CWSB CPSS internal data system, and only includes cases that have been active during the reporting period. Child fatality data from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and the State's Medical Examiners' Office is used when compiling the DOH Child Death Review data for all deaths in the State. This data is separate from the CWSB data reported to NCANDS. The DOH child death data is significantly older than the reporting period for the APSR. At last check, the DOH Child Death Review had completed compiling their data for 2009.

Regarding Hawai`i's Child Death Review Program, the DHS Deputy Director decided to discontinue the DHS' funding to the DOH Child Death Review nurse coordinator position in December 2013, due to a lack of DOH staffing for the project. The DOH tried to get additional funds for this position from the Hawai`i State Legislature, but was not successful. The position was eliminated. The Hawai`i Child Death Review is also under the State of Hawai`i's DOH statutes. The DOH did not provide a final report of the Child Death Review Program. There are efforts to revive the panel, and DHS funds are designated to support the new Child Death Review Program. Discussions between the DOH and the Children's Justice Centers have started to offer support from the Children's Justice Act funds to assist the DOH with trainings with their continued efforts to restart their Child Death Review Program.

2. **CAPTA Fatality and Near Fatality Disclosure Policy**

Currently, when information about a child fatality or near fatality is requested to be released to the public, and the harm was due to CWS-confirmed abuse or neglect, Hawai`i at a minimum provides:

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. Information about previous reports of child abuse or neglect that is pertinent to the abuse or neglect that led to the child fatality or near fatality;
e. Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
f. The results of any such investigations, and

g. The services provided by the state and actions of the state on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

D. CHILD PROTECTIVE SERVICES WORKFORCE

1. **Overview**

To provide an accurate portrait of our workforce, the CWSB conducted a survey of all its staff members in May 2015. This section presents the results of this survey.

2. **Numbers**

a. **Staff**

As of May 2015 the CWSB had 409 funded positions, 337 employees and 72 vacant positions. Based on these figures, the CWSB is currently functioning with only 82% of the required staff, as shown in Figure 69.

Figure 70: CWSB STAFF POSITIONS AND VACANCIES

CWSB Staff Positions and Vacancies						
	June 2010	**June 2011**	**April 2012**	**May 2013**	**May 2014**	**May 2015**
Total Number of CWSB Staff Positions	Over 500	444	417	428	411	409
Number of Vacant CWSB Positions	unknown	91	103	94	93	72
Percentage of Vacancies	unknown	20%	25%	22%	23%	18%

Data Sources: DHS Directories, Past APSRs, April 2012 CWSB Workforce Survey, May 2015 CWSB Workforce Survey, & Direct Staff Inquiry

b. **Caseload**

Based on the May 2015 active case assignments in CPSS, the average caseload per assessment worker is approximately 24 cases. There is, however, a wide range among workers regarding caseload. The average caseload per case manager, permanency worker, hybrid case manager/permanency worker, and tribrid assessment worker/case manager/permanency worker is approximately 13.5 cases. A comparison of these averages to prior years can be seen in Figure 70 below. Intake workers do not carry caseloads. 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.

Hawai`i CWSB Average Caseload (past four years)		
Month and Year	Assessment Worker Average	Case Manager/Permanency Worker Average
May 2012	41 Cases	21 Cases
May 2013	28 Cases	15 Cases
May 2014	20 Cases	15 Cases
May 2015	24 Cases	13.5 Cases

Data Source: DHS, Management Services Office

c. **Positions**

The staff breakdown of positions for May 2015 is shown in Figure 71.

Figure 72: HAWAI`I CWSB STAFF BREAKDOWN

Hawai`i CWSB Staff Breakdown May 2015		
Position	Number of Current Staff	Number of Vacancies
Secretaries and Clerks	45	5
Aides (transport clients and supervise visits)	50	14
Assistants (process client paperwork, including medical coverage and payments, and support case workers)	45	10
Eligibility Workers (determine Title IV-E eligibility)	8	0
Caseworkers (Intake Workers, Assessment Workers, Case Managers, Permanency Workers, and Licensing Workers)	146	40
Line Supervisors	25	1
Administrators	18	2
TOTAL	**337**	**72**

Data Source: May 2015 DHS Directory, May 2015 Workforce Survey, & Individual Inquiry

3. **Gender**

Throughout the nation, there are far more women employed in the field of social services than men. Hawai`i's CWSB workforce follows this trend as well. In January 2013, 67% of the DHS workforce was female and 33% was male. The May 2015 CWSB-internal survey showed that CWSB employees were 78.86% female and 16.4% male. The increased gender discrepancy for the CWSB is not surprising, as caring for children has been women's responsibility, both culturally and historically, and within most current societies.

The DHS consistently includes men on interview and evaluation committees for hiring new employees in order to help ensure (1) that male applicants are treated fairly; (2) that male applicants see that there are men employed in the DHS; and (3) that the male perspective is fully incorporated into the hiring process.

Within the CWSB, administrators, supervisors, and caseworkers all make regular efforts to combat any potential bias in the CWSB services due to the gender inequity of staff. For example, in Hawai`i's Engaging Fathers' initiative, several male staff and male community members were at the core of designing and implementing the new policies, procedures and the CWSB staff training.

4. **Age**

The age distribution of the CWSB staff is shown in Figure 73. When asked "What age range do you fall into?" this was the employees' cumulative response.

Figure 73: AGE RANGE OF CWS STAFF IN MAY 2015

Age Range in Years of CWS Staff May 2015
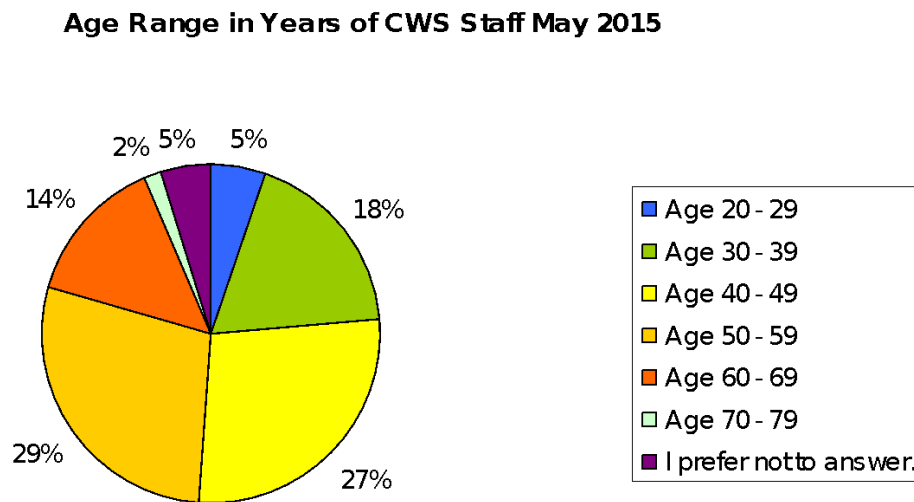
As of May 2015, the CWSB had no employees under age 20 or over age 79. The largest percentage of the CWSB staff (28%) fell into the 50-59 age range, followed by the 40-49 age range (27%).

In looking at Figure 73, it is clear that just under half of the CWSB staff is between 50 and 79 years old. The Hawai`i CWSB is aware of the potential problem of numerous retirements within the span of a few years, causing mass exodus of vast institutional knowledge. The CWSB is currently preparing the future leaders in numerous ways, including:

- Having younger staff participate in our Management Leadership Team meetings;
- All of our focus groups involving staff at all levels;
- Policy workgroups involving staff at all levels;
- Contract application (RFP) evaluation teams involving staff at all levels;
- Targeted "transfer-of-knowledge" trainings, where senior staff teach younger staff specific skills, methods, or practices, crucial to the CWSB functioning; and
- Support for staff to attending outside conferences and trainings.

5. **Education**

All staff positions within the CWSB require a high school diploma or a GED. All caseworker positions (intake, assessment, case management and permanency) require a minimum of a Bachelors Degree and some experience in human services. Higher level caseworker positions require increased years of relevant professional experience and a degree related to social work. In addition to the other caseworker requirements, entry-level intake workers are required to have worked in CWSB for a minimum of three years. A Masters Degree in social work or a related field is not required, but is preferred for higher level caseworker positions and supervisors. The 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 the CWSB staff are discussed in *Section III. Program Overview*, *Part 4. Systemic Factors, Section D. Staff and Provider Training*.

Figure 74 shows the highest levels of education of CWSB staff in May 2015.

Highest Level of Education All Hawai`i CWSB Staff May 2015	
Diploma or Degree	**Diploma or Degree**
GED or HS Diploma	23%
Associates Degree	10%
Bachelors Degree	32%
Masters Degree	34%
Doctoral Degree	1%
TOTAL	100%

Data Source: May 2015 Hawai`i CWS-Internal Workforce Portrait Survey

Figure 74 demonstrates that one third of the CWSB workforce has at a minimum a baccalaureate degree and another third of the workforce have masters or doctoral degrees.

It is helpful to separate out the educational background of the CWSB Caseworkers (Intake Workers, Assessment Workers, Case Managers, Permanency Workers, Licensing Workers, and Eligibility Workers) as shown in Figure 75. It is also interesting that 58% of Hawai`i's CWSB Line Supervisors and Administrators have MSWs. This is a slight increase from 54% in SFY 2014.

Highest General Education Level CWSB Caseworkers May 2015	
Highest General Education Level	**Percentage of Caseworkers**
HS Diploma + Extensive Experience	1%
Bachelors Degree	40%
Masters Degree	58%
Doctoral Degree	1%
TOTAL	100%

Data Source: May 2015 Hawai`i CWSB-Internal Workforce Portrait Survey

Figure 75 shows that 99% of caseworkers have a college degree, and more than half have a masters or doctoral degree.

Highest Child-Welfare-Related Education Hawai`i CWSB Caseworkers May 2015		
Highest Child-Welfare-Related Education	**Caseworkers**	
	Number	Percentage
Some high school courses	5	2.00%
Some college classes	50	20.04%
Bachelors in a related field	71	28.97%
Bachelors of Social Work	22	9.97%
Masters in a related field	23	9.38%
Masters of Social Work	72	29.38%
Doctorate in a related field	1	.40%
Doctorate in Social Welfare	1	.40%
TOTAL	245	100%

Data Source: May 2015 Hawai`i CWS-Internal Workforce Portrait Survey

6. **Retention**

The CWSB has a remarkable retention rate. Survey results indicate that 61.5% of Hawai`i CWSB staff has been with the CWSB for six or more years. Figure 76 demonstrates the longevity of our workers, as well as a newer trend of hiring workers with 10% of staff reporting working in the CWSB for one year and 7% employed within the last 6 months.

Figure 77: HI CWSB STAFF RETENTION
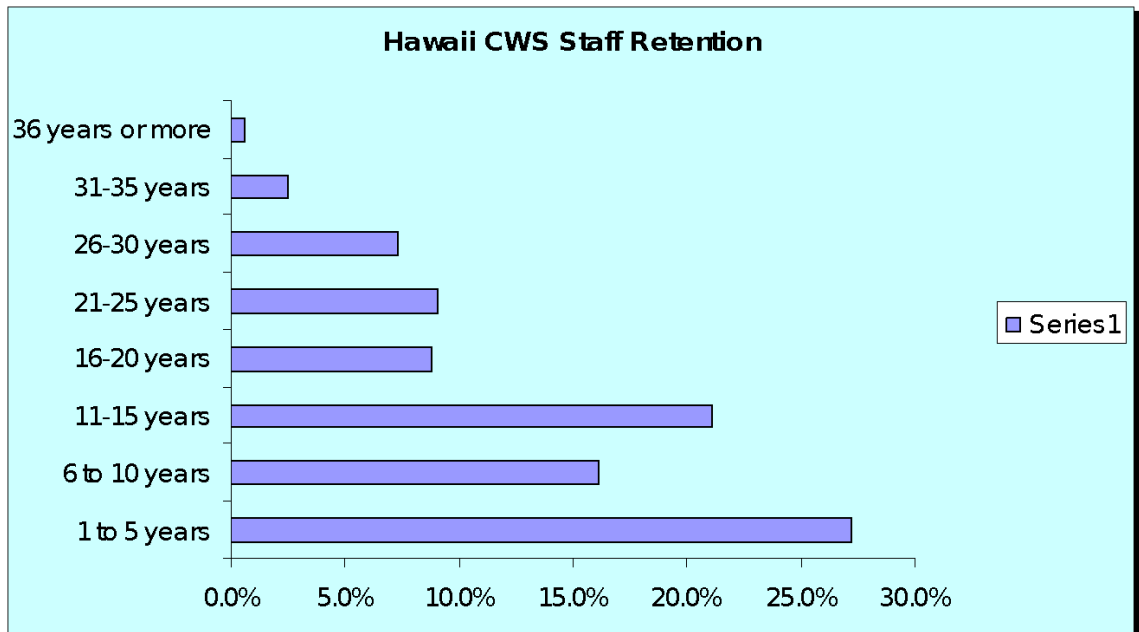
Data Source: May 2015 Hawai`i CWS-Internal Workforce Portrait Survey

It is important to note that Hawai`i's retention numbers may continue to be artificially skewed to the high end due to a Reduction in Force (RIF) that occurred in 2009. The RIF laid off the great majority of employees who had been working with the CWSB for two years or less. As expected, there was also very little hiring during the years that followed the RIF, due to positions having been abolished and a hiring freeze. As Hawai`i has been recovering from the global recession and RIF, hiring has resumed, as can be seen in Figure 76 which shows 23 employees hired within the last 6 months and 32 staff with one year of employment in CWSB. At first glance, it may appear concerning that there are so many unseasoned employees at the CWSB, however, considering the number of retirements DHS expects within the next decade (due to the age of staff – see Figure 72) it is essential to the continued success of Hawai`i CWSB and the successful transfer of institutional knowledge that high numbers of new workers are hired now.

7. **Ethnicity**

Figure 78 displays the ethnic breakdown of Hawai`i's diverse staff. This is how the staff was asked to report their ethnic background: "*Which category best describes your ethnic background? Please choose one answer only. If you have multiple ethnicities and you are part Native Hawaiian, please indicate Native Hawaiian. If you have multiple ethnicities and are not part Hawaiian, please choose the ethnicity that you primarily identify with. (This may be the one that you list first when describing your background.)*"

Figure 78: CWSB STAFF ETHNICITIES (SELF REPORTED)

CWS Staff Ethnicities (Self-Reported) May 2015
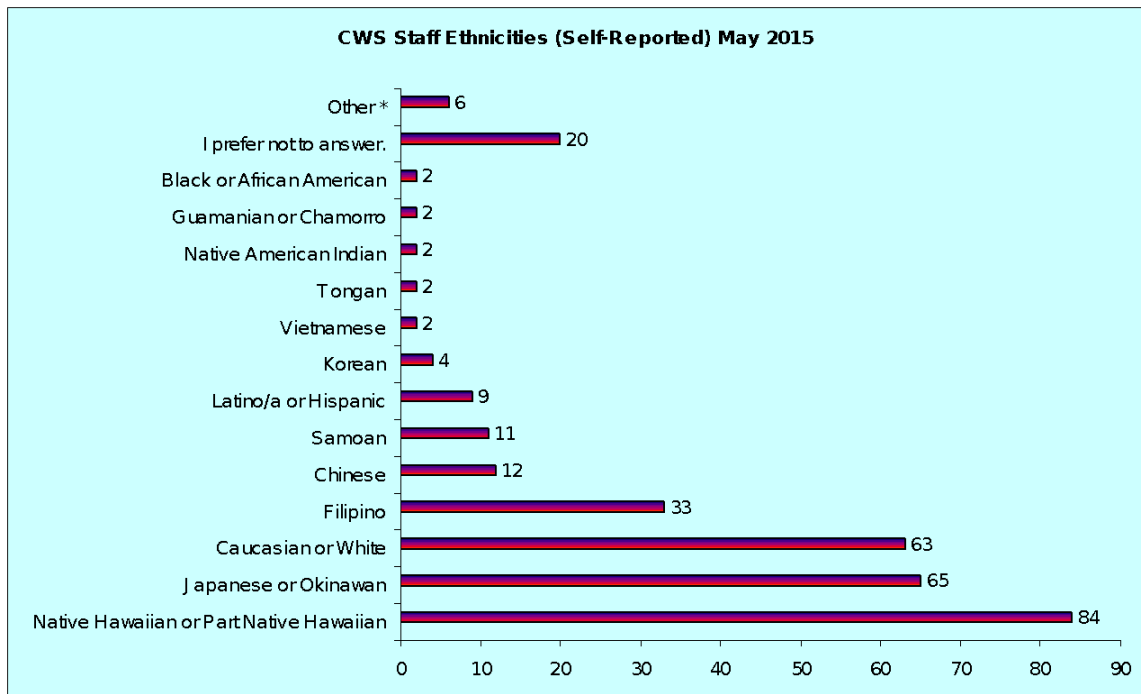
Data Source: May 2015 Hawai`i CWSB-Internal Workforce Portrait Survey
 *Mexican, Pohnpeian and some who identified as Portuguese

Regarding ethnicity, one of the CWSB's greatest concerns is having its staff reflect the cultures and ethnic backgrounds of the people it serves. The CWSB staff has a large proportion of Native Hawaiian and Part Native Hawaiian staff which mirrors the numbers we see in children who are in the CWSB's care.

The CWSB is proud of its diverse staff and know that this cultural diversity enriches the work in innumerable ways. The varied insights and perspectives that are given full voice in determining policy and practice have allowed the CWSB in Hawai`i to grow in exciting and innovative ways. Hawai`i's 'Ohana Conferencing model, Hawai`i's relative placement success, 'Aha (community gatherings), and Hawai`i's 'Ohana Time initiative are all

achievements that are reflective of a workplace community that gives weight to the range of cultural experience and perspectives of its staff.

E. JUVENILE JUSTICE TRANSFERS

The DHS recognizes the need to closely track foster youth who enter and exit the juvenile justice system. The DHS understands that it is important to the well-being of foster youth to make these transitions as non-traumatizing as possible and to assist them with adjusting to the new setting. The CWSB has made it a priority to cultivate collaboration between CWSB caseworkers and juvenile facility staff so that they can plan, coordinate, and communicate effectively and regularly for the benefit of youth.

CWSB and the Office of Youth Services (OYS) continue to work together to enhance this partnership. OYS has staff representatives who participate in the following collaborations:

1. The Committee on Lesbian, Gay, Bisexual, Transgender Youth in the Juvenile Justice System;
2. DHS CWS LGBTQ workgroup;
3. Family Wrap Hawai`i (an intervention to meet the needs of children and families with complex needs, increase collaboration and creative planning with families, State agencies, and community providers to reduce children's time in foster care); and
4. Project Kealahou.

The collaborations include other agencies, such as the Child and Adolescent Mental Health Division (CAMHD), who also provide services to foster youth to address their physical and mental health needs. All participating organizations collaborate for better coordinated efforts and outcomes.

Figure 79 shows the number of admission into the Hawai`i Youth Correctional Facility (HYCF) during SFYs 2009-2013, and FFY 2014. This number includes DHS foster youth and non-DHS foster youth.

Average Daily Population for FFY 2014 was approximately 60 youth. The average daily population has remained relatively stable since SFY 2012. The average age of these youth is 17.2 years. The average length of stay is 10 months.
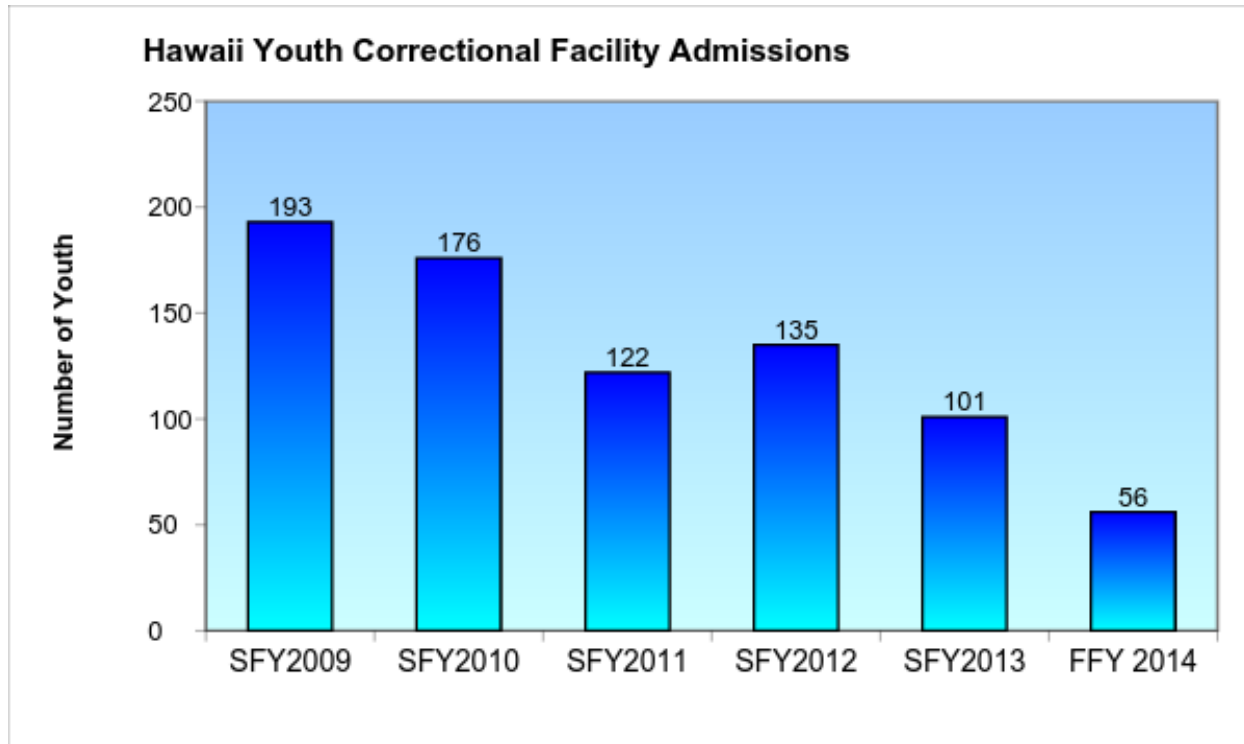
Data Source: OYS Executive Director

Figure 80 shows the number of foster youth at HYCF and the Detention Home during SFYs 2009 – 2013 and FFY 2014. Figure 80 and the distribution of their lengths of stay during FFY 2014.

Figure 80: FOSTER YOUTH IN DETENTION CENTERS

Foster Youth in Detention Centers						
	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013	FFY 2014
Foster Youth in Detention Home [DH]	31	25	20	10	15	31
Foster Youth in HYCF	50	32	18	10	15	9
Total Unduplicated	72	50	30	19	28	36
Percentage of Total Foster Youth	2.4%	1.9%	1.3%	80.0%	1.3%	1.7%

Data Source: DHS, CPSS

During FFY 2014, 36 youth [unduplicated count] were in a detention facility. The following figures show the range of length of stay for the 36 youth during FFY 2014 based on the data extracted on June 7, 2015. Length of stay was calculated based on entry and exit dates. For youth who had not exited, the date of June 7, 2015 was used to calculate length of stay.

Length of Stay in Detention Centers, FFY 2014											
# of Months	1	2	3	4	5	6	7	10	12	13	18	24
Number of Foster Youth	12	4	5	3	2	2	2	2	1	1	1	1
% of Total [36]	33%	11%	14%	8%	6%	6%	6%	6%	3%	3%	3%	3%
Cumulative %	33%	44%	58%	67%	72%	78%	83%	89%	92%	94%	97%	100%

Data Source: DHS, CPSS

Figure 82: NUMBER OF CHILDREN AND LENGTH OF STAY IN DETENTION FACILITIES
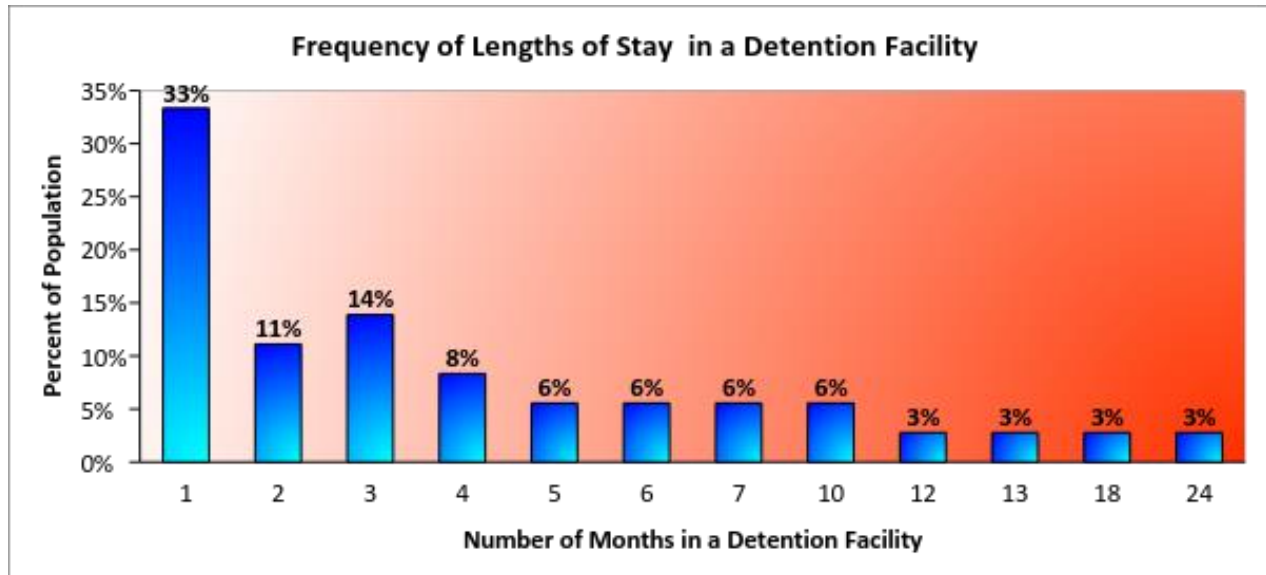
Data Source: DHS, CPSS

Compared to SFY 2013, the FFY 2014 population shows an increase in the number of youth who have been incarcerated, but a decrease in the length of their stay. Although, the total population rose slightly from 28 to 36, the percentage for those in for three months of less rose from 54% to 58% and the percentage of youth incarcerated for 12 or months fell from 18% to 12%.

F. DOMESTIC VIOLENCE

The DHS funds an array of domestic violence (DV) services designed to promote survivor safety and independence, strengthen child resilience, and hold batterers accountable to make positive behavioral changes to end violence. The services are trauma-informed and ensure that services are available to underserved and special populations.

Services include the following:

DV Shelter and Support Services provides 24-hour DV hotline services in response to crisis calls, information and referral assistance, emergency shelter services, outreach, community education, assistance in developing safety plans, individual and group counseling, transportation, and other supportive services for adults and children in shelters, including transition planning and follow-up services for DV survivors and children exiting the shelter. Effective January 1, 2015, transitional housing services were added to the continuum to address the challenges many survivors face in securing permanent housing due to the prohibitive cost of housing in Hawai`i, the financial limitations of single parent households, and poor rental history that may result from their frequent moves.

Teen Dating Violence Prevention and Intervention Services responds to helpline crisis calls specifically for this target group, as well as case management services, outreach, school and community based education, and safety planning. This program also supports the efforts of youth groups that conduct community awareness activities through rallies and the creation of multi-media informational materials, such as videos and posters.

Legal Services and Advocacy are available for: (1) immigrants who have experienced DV, (2) DV shelter residents, and (3) those who are eligible for but are not currently residing in a DV shelter. These legal services enhance the survivor's ability to achieve safety, stability, independence, and empowerment to escape abusive relationships by providing assistance with protective orders, divorce, custody, paternity, child support, immigration status, and advocacy for housing, employment, and other barriers as needed.

DV Services for Families provides group and individual counseling, advocacy, and support services for survivors and children to promote safety, strengthen resilience, and address the impact of domestic violence exposure on children. This service also provides batterer intervention services to hold batterers accountable and provide batterers knowledge and skills to end violence in the home.

The CWSB continues to collaborate with DV service providers, DV advocates, and the Hawai`i Coalition against Domestic Violence to identify DV service needs, community resources, and barriers, particularly for underserved communities, which include: (1) those in rural areas with limited access to services, (2) immigrants, (3) those who identify as LGBTQ, (4) people with disabilities, and (5) people who struggle with substance abuse or mental health challenges. Meetings are held to improve communication, enhance service delivery, and inform future service procurements.

Figure 83: CONTRACTED DV SERVICES PROVIDED FFY 2014 - 2015 A/0 6/30/2015

Contracted Domestic Violence Services **Provided in FFY 2014**					
DV SERVICE	**COUNTY**				**Statewide**
	HONOLULU	HAWAI`I	MAUI	KAUAI	TOTAL
DV Shelter and Support Services					
# of Individuals Served in DV Shelters	583	397	352	123	1,455
# of Shelter Days Utilized	21,553	10,698	8,692	3,438	44,381
# of DV Hotline Calls Received	1,824	663	1,190	959	4,636
Teen Dating Violence Prevention and Intervention Services					
# of Presentations	224	29 (all neighbor islands)			253
# of Teen Helpline Calls	26	0	0	0	26
# of Youth Provided Counseling and Advocacy	220	0	0	0	220
# of Youth Who Participated in Information and Education Activities (not available by county)					10,241
Legal Services and Advocacy					
# of Immigrants Served	82	7	1	6	96
# of Individuals in or eligible for DV Shelter Served	81	76	18	70	245
DV Services for Families					
# of Survivors Served	194	100	70	30	394
# of Children Served	276	48	84	58	466
# of Batterers Served	53	69	48	5	175

Contracted Domestic Violence Services **Provided in FFY 2015 [a/o 6/30/2015]**		
DV SERVICE	**COUNTY**	**Statewide**

	HONOLULU	HAWAII	MAUI	KAUAI	TOTAL
DV Shelter and Support Services					
# of Individuals Served in DV Shelters	687	325	233	137	1,382
# of Shelter Days Utilized	23,711	7,633	6,065	4,323	41,732
# of DV Hotline Calls Received	1,678	600	990	1,100	4,368
Teen Dating Violence Prevention and Intervention Services					
# of Presentations					256
# of Teen Helpline Calls					42
# of Youth Provided Counseling and Advocacy					290
# of Youth Who Participated in Information and Education Activites					5,169
Legal Services and Advocacy					
# of Immigrants Served	98	16	1	3	118
# of Individuals in or eligible for DV Shelter Served	NA	86	21	75	182
DV Services for Families					
# of Survivors Served	244	146	101	44	535
# of Children Served	458	105	105	85	753
# of Batterers Served	71	68	58	3	200

Data Source: Quarterly Activity Reports (QARs) for CWSB POS DV Providers, FFY 2014 & FFY 2015 through 06/30/2015.

*Number of neighbor island presentations is estimated based on number of schools serviced.

SECTION IX. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM, EDUCATION AND TRAINING VOUCHERS, AND EXTENDED FOSTER CARE AND EXTENDED ASSISTANCE

A. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM

1. **Overview**

   The CWSB policy requires that every foster youth, aged 16 and over, who is under the DHS' placement responsibility, be engaged in the development of an individualized independent living transition plan (ILTP) that identifies needs and services to help the youth prepare for and make a successful transition to young adulthood. Because the DHS recognizes that youth benefit from problem-solving and life skills development and preparation early on, particularly during the critical middle school years, it recommends that planning for independent living begin at age 12. DHS contracts for services to support this effort.

   The requirements contained in Section 475(5)(H) of the Social Security Act regarding the development of a transition plan with the youth within the 90 days preceding the youth's 18th birthday have been implemented in policy, practice, and in purchase of services (POS) contracts with our independent living (IL) services and Youth Circle providers. Youth-driven transition plans are part of the scope of services provided during the Youth Circle. The addition of the components of federally required transition plans serves to enhance Hawai`i's practice.

   Contracted IL services are available statewide to assist in IL transition plan development and linkage to services.

   The target population for these services is youth aged 12 to 18 under the DHS' placement responsibility and youth aged 18 to 21 who were formerly under the DHS' placement responsibility. To ensure broad and equitable treatment for eligible youth who are "likely to remain in care," the DHS has implemented the operational definition as those youth aged 12 or older for whom the DHS has foster custody, youth who have been in foster care for two or more years and those for whom parental rights have been terminated. The eligible population also includes youth who, after attaining 16 years of age, have left foster care for kinship guardianship or adoption. The CWSB procedures and contracts currently allow service to this population when it is requested by the youth and authorized by the legal caregiver.

Services are also available to otherwise eligible youth who have emancipated from other states' foster care systems.

Services are available statewide through POS contracts in all counties. The CWSB staff is procedurally required to refer youth 12 and older who are "likely to remain in care". Referrals may also be accepted from the youth, resource caregiver or other agency, and are cleared by the DHS staff to ensure eligibility. The DHS periodically provides IL POS providers with lists of potentially eligible youth to facilitate the providers' outreach to staff and eligible youth.

2. **Current Independent Living Service Components**

Below are the components of the IL array of services for FFY 2014. These are also being provided during FFY 2015.

a. **Youth Aged 12-15**

For eligible foster youth aged 12 – 15 who are likely to remain in foster care until emancipation, the focus is on age-appropriate and developmentally appropriate skills. Delivery is primarily through group sessions which focus on:
o Self-image, and self-esteem;
o Goal setting, problem solving, and decision-making; and
o Communication and interpersonal skills.

b. **Youth Aged 16 and Older**

For foster youth, aged 16 and older, and former foster youth, aged 18 and older, the focus is on skills needed for daily living. Delivery is through group and individual sessions. These sessions provide:

- Individualized assessment and referrals;
- Educational support in high school, college, and vocational school;
- Training in employment readiness;
- Individualized IL plan, which is developed with youth;
- Training in daily living skills;
- Linkage with community resources;
- Housing assistance; and
- Training in financial literacy.

c. **Independent Living Partner Services**

In addition to the five IL POS contracts that serve all of the islands, the CWSB has other POS contracts that provide statewide services to the teen and young adult population to

help meet some goals of Hawai`i's Chafee/IL plan. Non-IL-specific contracts provide these needed services: 1) the creation of the formal plan to aid a foster youth to successfully transition from foster care to an independent young adult, and 2) the collection and preparation of the National Youth in Transition Database (NYTD) data.

- The IL contract provider refer foster youth for Youth Circles for the development of the federally-required transition plan, before the 18th birthday;
- The Youth Circle contract provider accepts referrals for the development of the transition plan, and collaborates with the youth to develop the plan;
- SHAKA generates and displays a list of youth for whom the transition plan is required and tracks which plans have been completed;
- The IL Providers work with the DHS and SHAKA staff in the collection and entry of data into the SHAKA system as needed for compliance with the National Youth in Transition Database (NYTD) requirements.

EPIC 'Ohana, Inc, which is contracted to provide 'Ohana Conferences and Youth Circles statewide, also has staff who work with the CWSB and SHAKA staff to locate former foster youth and help them complete the NYTD surveys at the necessary intervals.

3. **Plans for Future Independent Living Services**

The current POS IL contracts have been in effect since July 1, 2010. With funding from Casey Family Programs, the CWSB contracted with an external consultant to conduct an analysis of Hawai`i's existing IL services with recommendations for future changes and enhancements. The report was completed in December 2012. Based on the information in the report, the CWSB began the redesign of statewide IL services from the Summer of 2013, as a collaborative effort with the engagement the youth, community partners and other stakeholders. The CWSB is in the active procurement phase, with new services to begin in SFY 2017. The CWSB will procure IL and Extended Foster Care (aka Imua Kakou-IK—See Part C.) together for SFY17 to provide an enhanced and seamless system of care for foster youth and former foster youth.

Key recommendations from the report are listed below and will be used to enhance services and in merging IL and IK.

a. Establish a Master Collaborator via procurement to coordinate all IL/IK contracts, services, resources, and assist with standardization and monitoring of services that are being provided. This contracted Master Collaborator will work with the Department to implement other key recommendations from the report.

b. Establish a statewide task force or collaborative work group to focus on the needs of foster youth in care and in transition to young adulthood.

c. Develop partnerships and collaborations with other public and private entities to identify and leverage funds to meet youth's needs related to social capital, culture, housing options, child care, parenting, education, employment, medical insurance, mental health services, financial services, and other related services.

d. Create a statewide website to inform resource caregivers, foster youth, social workers, providers about available services.

e. Develop quality assurance standards for the provision of services, which hold IL – IK providers, social workers, resource caregivers accountable for ensuring that youth receive needed services and support.

f. Provide services related to maintaining connections or rebuilding connection with the youth's birth family prior to leaving care.

4. **Chafee Funded Housing Support**

During SFY 2014, as in prior years, reviews of service reports from ILP providers indicated that the providers had not been using Chafee funds for housing support. Although the service activity reports indicate that some youth had been provided with assistance in obtaining transitional housing, the providers had not included charges for these services in their invoices and activity reports to the DHS.

Housing support for former foster youth in the form of an emergency grant or rent support is an optional component in the ILP contracts. The DHS allows ILP providers to expend up to 10% of the total ILP contract amount on transitional housing support for youth formerly in foster care. Funding for ILP programs is limited, especially given the broad scope of services. The State's dedicated and resourceful ILP providers often reach out to other community resources for additional funding to enhance that provided by DHS. Funding for emergency housing is one area in which the community has been responsive. Local trusts and charitable organizations have provided limited funds, while the University system has occasionally made dorms available on a limited basis.

Although no direct expenditures of funds for housing were made under these contracts, 199 youth were provided with assistance and linkage in obtaining housing after exiting foster care during SFY2014.

5. **Coordination and Linkage with Other Federal and State Programs**

The Hawai`i Youth Services Network (HYSN) is the local Transitional Living Program grantee. The DHS, as a member of the HYSN, receives updates and information from HYSN and provides the same to staff or other agencies. Hale Kipa, our ILP POS provider on Oahu,

is also a member of the HYSN. The participation of these entities ensures that the youth voice is presented and that information they receive is shared with other youth.

The ILP POS contracts require that providers facilitate information sharing, referrals and participation in related and appropriate programs with other Federal and State programs. Figure 83 provides data on youth referred or linked to services, including number of youth and the types of services. Liaison with community resources and public agencies include:

a. Providing referral/linkage to health and health-related programs, including Department of Health smoking, drug and pregnancy prevention, abstinence programs.

b. Providing assistance, information, referral, or linkage to services to assist in the completion of high school.

c. Providing assistance and linkage in obtaining housing after exiting foster care.

d. Providing referral/linkage to Workforce Investment Act (WIA) programs and other employment readiness programs and assistance with development of and exploration of vocational/employment options.

Figure 84: IL STATEWIDE - REFERRAL AND LINKAGE SFY 2014

Independent Living Statewide Referrals and Linkage		
Number of Foster Youth and Former Foster Youth Provided with:	**SFY 2014**	**SFY 2015**
Referral/ linkage to health and health-related programs, including Department of Health smoking, drug, and pregnancy prevention or abstinence programs.	268	307
Assistance, information, referral or linkage to services to assist in the completion of high school.	121	138
Assistance and linkage in obtaining housing after exiting foster care.	199	216
Referral/linkage to employment readiness program, including WIA programs	175	159
Assistance by this provider with development of and exploration of vocational/employment options	324	309
Total number of youth served by IL services statewide in SFY 2014	1087	837

Note: This information is reported for State Fiscal Year 2014 & 2015. (SFY 2014 = 07/01/13-06/30/2014). Due to various systemic challenges, we were not able to report out in the FFY 2014 format. We anticipate reporting this information in the FFY format for the next APSR.

The table above includes only linkage services provided through CWS' traditional Independent Living Program (ILP) contracts. For all of SFY 2015, in addition to the ILP contracts, Hawaii had Imua Kakou services for former foster youth aged 18-21. Those services are not included in the table above. The addition of Imua Kakou is the main reason the total number of young adults served by IL services statewide is lower in SFY 2015 than it was in SFY 2014.

See Subsection C. Extended Foster Care (aka Imua Kakou) and Extended Assistance.

6. **Human Trafficking**

In May 2014 the CWSB convened a work group of CWS staff, service providers, and other government agencies to develop protocol for CWS staff and our community partners to ensure that trafficked children and youth are correctly identified and receive appropriate services and protections. The goals of the workgroup are to:

a. Provide CWS staff and providers with training to understand human trafficking and its indicators, legal issues/implications, and appropriate responses;
b. Provide a screening tool to help staff and providers identify children who are being trafficked;
c. Develop policy and procedures to guide staff and providers in providing appropriate responses, services, and protections for trafficked children and youth;
d. Identify and develop community resources for services and supports to address the needs of the children and youth; and
e. Implement a tracking system to better assess service needs and outcomes.

On September 29, 2014, Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act, was enacted. This law requires Title IV-E agencies to consult with other agencies who have experience working with at-risk youth to develop and implement policies and procedures to identify, document, and determine appropriate services for any child or youth in the placement, care, or supervision of the Title IV-E agency who is at-risk of becoming a sex trafficking victim or who is a sex trafficking victim. The law also requires states to develop and implement protocols to locate children missing from foster care, address factors that contributed to their absence, and assess their experience while absent, including whether the child is a sex trafficking victim. While this law validates the purpose of the CWS work group, it has also provided an impetus to accelerate efforts.

In January 2015, the Hawai`i Coalition Against Human Trafficking (HCAHT) and the Family Court of the First Circuit began parallel efforts to collaborate among various agencies to address human trafficking. The HCAHT addresses sex and labor trafficking of adults and children statewide, and Family Court addresses the commercial sexual exploitation of children on O`ahu. Both efforts are targeted to complete their efforts by the summer of 2015 and provide the CWSB additional opportunities to collaborate with other agencies to ensure

that the CWS protocol fits within the overall framework. It also enhances the ability of the CWSB to establish Memorandum of Agreements to ensure that the protocol will be implemented as designed.

Initial human trafficking training was provided to CWS staff and our community partners on `Oahu in September 2014 and on Hawai`i Island in March 2015. Additional statewide training is scheduled for September 2015, and will address human trafficking and the CWS Human Trafficking and Missing Children protocol.   Implementation is planned for October 1, 2015.

Also, see Section VI. Systemic Factors   Other Related Law: Public Law (P.L.) 113-183, 1. Sex Trafficking of Children.

7. **Medical Coverage**

Please see the section above in *Part 3. Family Engagement & Child Well-Being, A. Program and Service Descriptions, 2. Heath Care Services, d. Medical Benefits for Former Foster Youth.*

Through the commitment of the DHS Director, medical coverage was made available to former foster youth in Hawai`i, starting in October 2013.  This was before the implementation of the extended coverage provisions of the federal Affordable Care Act (ACA).  Beginning in October 2013, former foster youth were eligible to receive medical coverage through Hawai`i's Department of Human Services Med Quest Division's QUEST program which provides health coverage through managed care plans for eligible lower income Hawai`i residents. With the implementation of ACA extended health care benefits in January 2014, coverage became available up to age 26 years, for young adults formerly in foster care nationwide. The HI HOPES Board was critical in their advocacy and in working with the DHS Director and administration to extend medical coverage until age 26. They are currently in their 2015 campaign, "Powered to 26" to increase awareness of the law, which provides medical coverage up to age 26 for young people who emancipated from foster care, or who entered guardianship or adoption after age 16.

After exiting foster care, young people are eligible to receive individual Early Periodic Screening Diagnosis and Treatment (EPSDT) coverage, up to age 21, in accordance with Hawai`i's Medicaid or Medicaid managed care requirements. In preparation for the youth's exit from foster care, the CWSB sends a notification form to MQD that a youth is exiting foster care and medical coverage should automatically continue until age 26. The youth is also notified about the MQD requirement that the youth's contact and address information on file with MQD be regularly updated. The MQD sends the young adult correspondence mail

at the next eligibility period. Continued medical coverage for former foster youth will be automatic as long as the correspondence is not returned because the young adult no longer resides at the same address. If there is a lapse, the young adult can contact the local MQD eligibility office or reapply for continued coverage.

Hawai`i does not use Chafee funds to create trust funds.

8. **"E Mākua `Ana" ("Becoming an Adult") Youth Circles**

The Youth Circle (YC) is a facilitated 'Ohana Conferencing (family group decision-making) process that is available for foster youth and former foster youth, aged 14 or older. The circle's purpose is to celebrate the young adult's emancipation and bring together his/her supporters, family, friends, community members, teachers, and service providers who can help the young adult develop and enact a plan for his/her future independence. The circles are solution-focused and youth-driven. This service is provided by EPIC 'Ohana, Inc. and is funded by the DHS. Youth Circles can help to:

a. Reduce homelessness among emancipated youth;
b. Connect youth to their circle of support, which may include the families from whom they were removed;
c. Give youth the opportunity to gain more information about further education, training, financial assistance, housing options and other social services; and
d. Encourage youth to dream big while giving them the tools and supports to achieve their dream.

Youth Circles are a major support for engaging youth in developing the Departmental-required independent living transition plans for youth in care aged 14 years and older. This is also the major venue for the development of the transition plan within 90 days preceding the youth's 18th birthday, as federally required. Youth for whom this transition plan is required are identified by SHAKA, which generates a list of foster youth approaching 18. This list is accessed by the DHS social workers.

The YC is also one of the methods used to help the youth understand the importance of good credit through an exploration of the youth's own credit history, as revealed in credit reports from national credit reporting agencies.

Number of Youth in Youth Circles & Number of Youth Circles				
	SFY2012	**SFY2013**	**FFY2014**	**FFY2015 [3/4]**
# of Youth with Youth Circles	160	179	168	230
Total # of Youth Circles	341	301	283	248
Average # of Circles per Youth per Year	2.13	1.68	1.68	1.08

Data Source: EPIC 'Ohana, Inc.

For several years, the number of Youth Circles per youth per year averaged around two per year. In recent years there has been an increase in the number of youth participating in circles, but a slight decrease in the average number of youth circles per youth. CWS is exploring this trend with youth, staff and the provider, seeking ways to ensure that eligible youth take full advantage of this valuable process.

For more discussion about Youth Circles, please see above *Part 2. Permanency, A. Program and Service Descriptions, 3. Relative Placement Efforts, e. Youth Circles.*

9. **Hawai`i Foster Youth Coalition / CWSB Youth Advisory Board**

The State funded HIFYYAC contract was initiated as of January 1, 2014. The new contract includes a youth/young adult advisory board component provided by the HI HOPES (Hawai`i Helping Our People Envision Success) Board of EPIC and a peer outreach component to facilitate positive development for current and former foster youth.

EPIC subcontracted with Family Programs Hawai`i (FPH) for the outreach and youth development piece.

EPIC developed the youth advisory council by building on the established network of HI HOPES youth leadership boards on Oahu, East Hawai`i, West Hawai`i, Kaua`i and Maui that

were created as part of the Hawai`i Youth Opportunities Initiative. Hawai`i is a co-investment site with the national Jim Casey Youth Opportunities Initiative. The roles of the boards are to advocate, educate and collaborate to improve outcomes for foster youth. The HI HOPES Boards were critical in the advocacy for the medical coverage to 26 in Hawai`i. They were extremely successful in their advocacy for the passage of state legislation in 2013 and the subsequent development and implementation of Extended Foster Care (aka Imua Kakou) and Extended Assistance in July 2014.

Through the Hawai`i Youth Opportunities Initiative, the HI HOPES Boards, in collaboration with Jim Casey YOI, Hawai`i Community Foundation, the DHS, and other partners provide a "matching assets/savings account" for former foster youth after age 14, who were emancipated, reunified, adopted, or came under a legal guardianship.

DHS and CWS believe that the youth voice is a critical component of any process or program that can affect youth. Along with the Hawai`i Youth Opportunities Initiative, EPIC supports the HI HOPES boards in presenting the young people's voice in areas of advocacy, policy, systems improvement, services and legislative education. Through this support, the HI HOPES members are prepared and able to respond to the DHS' requests for input and participation. They are key in major conferences involving the DHS, the Judiciary, and other stakeholders. Youth participation in ongoing DHS groups, such as the LGBTQ and CQI committees, ensures that their voices/perspectives are heard. The HI HOPES members also help to increase public awareness about the foster youth population through outreach to other sectors in the community, including education, employment and housing.

Family Programs Hawai`i, drawing on its programmatic expertise in working with this population, developed the outreach and supportive services that will increase protective factors for current and former foster youth. FPH developed a sustainable peer outreach and support network. The program provides geographically-based youth outreach and engagement, group recreational activities, skill-building events, and social media communication supporting positive youth development and peer mentoring and support. Youth actively participate in the development of the program and planning the activities, develop leadership skills, and gain a sense of belonging. Family Programs Hawai`i is also currently collaborating with Dr. Steven Choy and Argosy University to develop a peer mentoring program.

10. **National Youth in Transition Database**

Hawai`i is pleased to report that the NYTD survey has been fully incorporated into SHAKATown, the youth portal for SHAKA. From SFY 2013 on, EPIC, HI H.O.P.E.S., and UH Maui College-SHAKA partnered with DHS on the outreach to former foster youth to

support their participation in the NYTD survey process. HI H.O.P.E.S. continues to work with the CWSB to locate and engage the next cohort for survey completion. Survey participants are offered a State-funded incentive of $50 to complete the survey. EPIC/HI HOPES are exceptional in finding, engaging, and working with the former foster youth to complete the NYTD surveys.

Purchase of Service ILP providers are also partners with the DHS in NYTD compliance. Contractual requirements include their participation in collecting and sharing data regarding NYTD elements. Currently, the quarterly activity reports for the programs include aggregate data. From SFY 2012, as part of the compliance with NYTD requirements, ILP providers were given the ability to input data regarding individual services provided to youth directly into SHAKA.

The CWSB's partnership with the SHAKA technical and design team has been vital to Hawai`i's increased ability to easily comply with NYTD requirements. SHAKA staff has taken the lead in understanding the NYTD requirements, guiding the data collection, and finally submitting the necessary data in the proper format.

B. HIGHER EDUCATION BOARD ALLOWANCE BENEFITS AND EDUCATION AND TRAINING VOUCHERS

1. Overview

The basic components of both the State-funded higher education board allowance for former foster youth pursuing higher education and the federally-funded ETV program remain the same as previously reported. In SFY 2011, there was a change from hard-copy paper applications to on-line applications via SHAKATown, the youth portal in the CWSB's on-line database. Despite some initial challenges, this process has been largely successful for both youth and the CWSB staff. A remaining problem lies in the complexities of connecting the CWSB's two data systems to eliminate the need for double entries.

The higher education board allowance program is 100% State funded. The benefit of $676 per month (which is the same as the Hawai`i's foster board monthly payment for older youth in care) is available for a total of 60 benefit months between the young adult's 18th birthday and 27th birthday, if other eligibility criteria are met. The initial eligibility factor is that the youth emancipated from foster care at age 18, or exited care at age 16 or older through adoption or the award of legal guardianship or permanent custody to an individual[s]. Youth must apply before their 22nd birthday; attend an accredited institution of higher learning (academic or vocational); sign an application/agreement; provide documentation of enrollment, attendance, and grades; and make progress toward completing their chosen

program. After the end of each academic session, the youth must provide grade reports and sign a new agreement for the next session. Youth must also file the Free Application for Federal Student Aid (FAFSA) and apply for scholarships and grants, such as the local Bradley and Victoria Geist Scholarship.

Education and Training Voucher (ETV) funding is available to assist IVE eligible former foster youth pursuing higher education in accordance with federal guidelines. This is in addition to the State-funded higher education allowance payment. The ETV Program is administered by the State. Based on the amount awarded by DHHS/ACF, a CWSB Administrator within Program Development determines how much is available for each CWSB Section per semester. The amount of ETV funding is finite and all the students who are eligible may not be able to receive funding. The maximum ETV benefit payment any one student can receive in one academic year is $5,000. The CWSB staff evaluates the ETV applications, which include a budget, in order to determine the student's need and recommended award. This recommendation is approved or disapproved by the Supervisor and/or Section Administrator.

Higher education benefits and ETV procedures and requirements are part of the CWSB procedures and are shared with all CWSB staff, contracted IL/IK providers, It Takes an 'Ohana (a support organization for resource caregivers and youth in foster care), EPIC 'Ohana Youth Circles, HI HOPES and other stakeholders. The information is available on-line at the Department's IL webpage and on the SHAKATown homepage. Youth can go to any of these organizations for assistance with completing the application. Support for youth in higher education is also available through contracted IL providers.

See Subsection C. for Extended Foster Care (IK) and Extended Assistance.

2. **Accomplishments and Progress**

The DHS higher education assistance program has been a tremendous success and benefit for youth formerly in foster care. With this additional support, many young adults have been able to complete 2-year and 4-year programs while a few have even attained advanced degrees. The number of participants reached a recent high of 447 in SFY 2013. The average number of youth receiving benefits during a month varies with lower numbers during the summer and peaks during the fall semester. Throughout the years 2007 - 2013, the students receiving benefits roughly averaged 40% new students and 60% returning students.

The SHAKATown on-line application and review process remains one of the most important and effective recent accomplishments for the higher education assistance and ETV programs. This has increased access and availability of the benefit, as well as efficiency in the

application process since all documentation and review is on-line. Youth were involved in testing and refining the on-line application process and are overwhelmingly in support of this process.
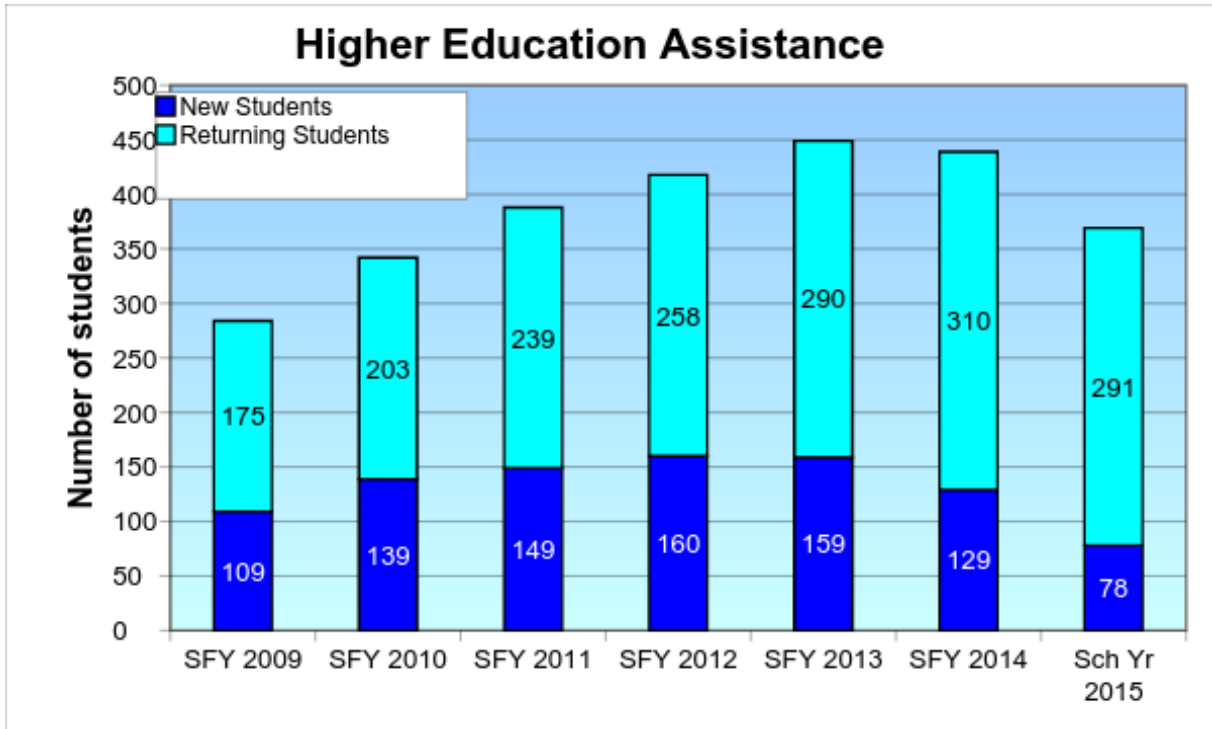
Data Source: DHS, CPSS

Figure 87: HIGHER EDUCATION ASSISTANCE

Higher Education Assistance							
	SFY 2009	SFY 2010	SFY 2011	SFY 2012	Sch Yr 2013	Sch Yr 2014	Sch Yr 2015
New Students	109	139	149	160	159	129	78
Returning Students	175	203	239	258	290	310	291
Total Students Per SFY	284	342	388	416	449	439	369
Unduplicated Program to Date	876	1,015	1,164	1,324	1,483	1,612	1,690

Data Source: DHS, CPSS

CWSB believes that this increase in assistance is linked to the concerted efforts of IL Providers, EPIC staff, other community service providers and organizations, and CWSB staff to help foster youth and former foster youth become more knowledgeable and aware of the benefits available to them. Although, there was a decrease in participation during School Year 2015, this was

anticipated and is seen as an indication that the Department's and the community's outreach and support remains effective. The implementation of *Imua Kakou*, the extended foster care program, enabled eligible youth to "transfer" from the higher education assistance program to *Imua Kakou* and to receive financial support under the extended foster care program until age 21. After exiting from *Imua Kakou*, the young adult can return to the higher education assistance program for the duration of their eligibility.

Figure 88: Education and Training Vouchers
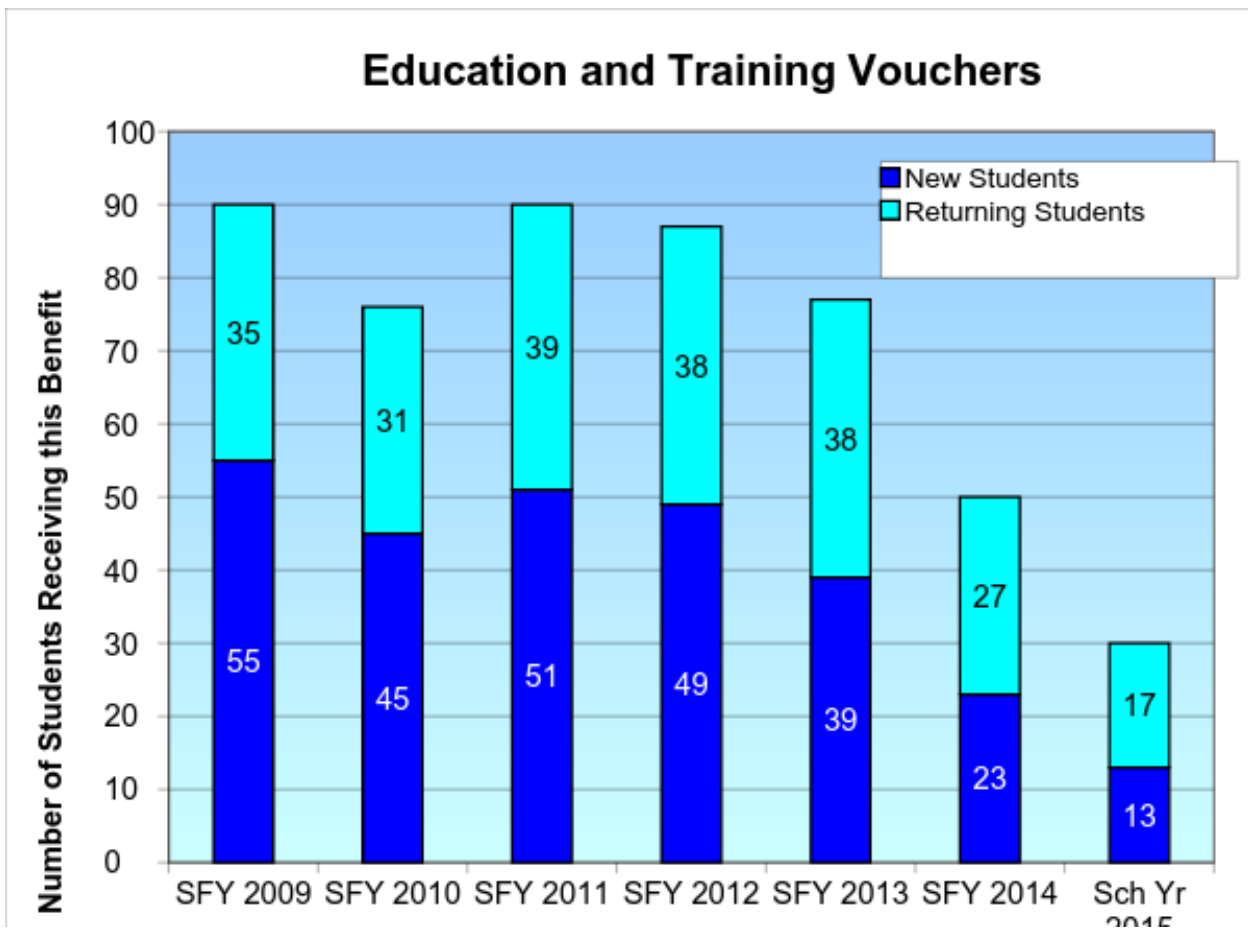
Data Source: DHS, CPSS

Education and Training Vouchers (ETV)							
	SFY 2009	SFY 2010	SFY 2011	SFY 2012	SFY 2013	SFY 2014	Sch Yr 2015
New Students	55	45	51	49	39	23	13
Returning Students	35	31	39	38	38	27	17
Total Students per SFY	90	76	90	87	77	50	30
Unduplicated Program to Date	137	182	233	282	321	344	357

Data Sources: DHS, Annual Report for SFY 2013; SHAKA Data Analyst

Figure 88 shows the number of ETVs awarded for SFYs 2009 through 2013 and School Year 2015. The ETV funding for Hawai`i has plummeted from a high of $259,302 for FFY 2006 to only $125,303 for FFY 2013. Unfortunately, the decrease in funding has resulted in lower awards per student. Despite this trend of decreasing Federal support, DHS has continued a practice of broad outreach and support for students, as demonstrated by the expansion of the state funded higher education allowance program and efforts to supplement the CFCIP ETV funds with additional state funds. Reporting ETV data per school year is more consistent with the youth's usual academic school year than using the Federal Fiscal Year timeframe. This aligns the ETV application/award cycle with the State's Higher Education Board Allowance application cycle and the State fiscal year.

C. EXTENDED FOSTER CARE (aka IMUA KĀKOU) AND EXTENDED ASSISTANCE PROGRAMS

1. Overview

Title IVE foster care, adoption, and guardianship assistance is available in Hawai`i to age 21 to young adults through: (a) the Imua Kākou – Young Adult Voluntary Foster Care program, if the young adult exited foster care at age 18 or 19 while under the Foster Custody or Permanent Custody of the Department; and (b) the Extended Assistance program, if the young adult was adopted or placed under a legal guardianship while in foster care per an

Adoption or Guardianship Agreement at age 16 or older. Under the Hawai`i Revised Statutes, Child Protective Act, HRS 587A-4, and the Young Adult Voluntary Foster Care Act, HRS 346-392, Foster Custody is defined as "the legal status created when the department places a child outside of the family home with the agreement of the legal custodian or pursuant to court order, after the court has determined that the child's family is not presently willing and able to provide the child with a safe family home, even with the assistance of a service plan." Thus, the Imua Kākou program considers applicants who have exited foster care at age 18 or 19 while under a Voluntary Foster Care Agreement or court ordered Temporary Foster Custody, Foster Custody, or Permanent Custody. The Imua Kākou program also considers applicants adopted or placed under legal guardianships while in foster care per an Adoption or Guardianship Agreement at age 16 or older, if the adoption or legal guardianship is determined to be disrupted. CWSB policies and procedures define Adoption or Guardianship Disruption to mean that "there is sufficient evidence to conclude that the young adult is no longer receiving any financial support from the adoptive parents or legal guardians." Part V: Payments, Section 8: Extended Adoption or Permanency Assistance.

Figure 89: YOUNG ADULTS RECEIVING IMUA KAKOU OR EXTENDED ASSISTANCE

Young Adults Receiving Imua Kakou or Extended Adoption/Permanency Assistance (IVE & Non-IVE) 2014 - 2015											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
IK	15	29	40	53	60	68	81	84	86	84	79
EAA	1	2	2	2	2	2	2	2	2	2	2
EPA	2	6	7	7	7	7	7	6	7	7	7
total	18	37	49	62	69	77	90	92	95	93	88

In order to maximize the number of IVE eligible young adults in the Imua Kākou program, state law and CWSB procedures require that the young adult's foster care case under the parent's name closes in the Child Protective Services System (CPSS), before an Imua Kākou case can be opened in CPSS in the young person's own name. Young adults who enter the

Extended Assistance program continue in their Adoption or Permanency Assistance payment cases. All young adults who are currently in the Extended Assistance program are non-IVE dating back to the initial Adoption or Guardianship Agreement. Young adults who are not IVE eligible may also receive foster care or extended assistance as long as they otherwise qualify under State program requirements. State funds cover these individuals.

Figure 90: PERCENTAGE OF TITLE IV-E CASES 2014 - 2015

Percentage of Title IV-E Cases (Young Adults) 2014-2015											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
IK	40%	52%	53%	64%	63%	71%	64%	69%	66%	65%	61%
EAA	0	0	0	0	0	0	0	0	0	0	0
EPA	0	0	0	0	0	0	0	0	0	0	0

Once a young adult is determined by the CWS Liaison to qualify for the Imua Kākou program, the CWS Liaison meets with the young adult to have him/her sign himself into care by signing the Voluntary Care Agreement. The case is then scheduled for a hearing so that the court can make a best interest finding to enter Imua Kākou. For the Extended Assistance program, young adults and their adoptive parents or legal guardians must sign an Extended Adoption/Permanency Assistance Agreement after the DHS determines eligibility. There is no court oversight or case management service for young adults in the Extended Assistance program; these cases are for payment only.

Young adults in the Imua Kākou and the Extended Assistance programs receive foster care or adoption/permanency assistance at the monthly age-tiered rate of $676. Young adults in both programs may receive additional financial assistance if they apply and qualify for Education & Training Vouchers and also Difficulty of Care payments. The DHS provides young adults in the Imua Kākou program with the following additional assistance: (a) case management services and support from the Imua Kākou case manager; (b) clothing purchase reimbursements and vouchers totaling up to $600 per year for themselves and for each of their children living in their care; (c) bus pass reimbursement; and (d) foster care assistance for their children living in their care at the monthly age-tiered rate of $576 for each child age

0 – 5 years old and $650 for each child age 6 – 11 years old. In April 2015, there were 13 children for whom Imua Kākou board payments were made to the young adult parent. Young adults in the Extended Assistance program, who were placed under a legal guardianship while in foster care per a Guardianship Agreement at age 16 or older, receive the clothing allowance.

Figure 91: PERCENTAGE OF TITLE IV-E "INFANT/CHILD" PAYMENTS 2014-2015

Percentage of Title IV-E "Infant/Child" Payments 2014-2015											
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May
IK	N/A	100%	100%	100%	100%	100%	78%	90%	83%	77%	67%

2. **Program Outreach**

To ensure a successful launch of the Imua Kākou program, the DHS held trainings and information sessions with the DHS staff, Judiciary, resource caregivers, community providers, Guardians ad Litem, and current and former foster youth.

To assist in this effort to help as many former foster youth as possible in their transition to adulthood, the DHS contracted with service providers, such as Epic `Ohana Inc. who provides consultation to the DHS and outreach to the community and current and former foster youth regarding CWSB initiatives like the Imua Kākou and Extended Assistance programs, MedQuest and Youth Circles. Youth Circles are one way young people learn about Imua Kākou and other available resources. Epic `Ohana also produced a Public Service Announcement, available for viewing on YouTube, SHAKATown.com (the Hawai`i state network community for current and former foster youth), and www.imua21.org, featuring former foster youth who explain the benefits of the Imua Kākou program. Epic `Ohana also provides a "youth voice," through the Hawai`i Helping Our People Envision Success (HI H.O.P.E.S.) youth board, to comment on initiatives like the Imua Kākou program at various events, such as the annual `Ohana is Forever conference and bi-annual Teen Day events attended by current and former foster youth and child welfare professionals.

The DHS also contracted with Hale Kipa, the Salvation Army of Hawai`i, Maui Family and Youth Services, and Hale`Opio to provide case management and Independent Living services to Imua Kākou young adults and other former foster youth. Independent Living workers,

Imua Kākou case managers, and CWS Liaisons help current foster youth to qualify for Imua Kākou and to complete applications. Imua Kākou case managers reach out to each Imua Kakou applicant regardless of whether they qualify for Imua Kākou or even finish the application. If an applicant who exited foster care at age 18 or 19 while under foster custody or permanent custody of the DHS begins but does not complete an application, or completes an application but is not participating in a qualifying activity, service providers will help the young adult to find an activity to participate in and assist the young adult in completing the application. If the applicant was adopted or placed in legal guardianship at age 16 or older while in foster care, the Imua Kākou case managers will contact the applicant to explain the DHS' determination and to inform the applicant of other available resources like the Extended Assistance program. The DHS CWS Liaison will then refer the young adult to the Extended Assistance program. Other ineligible applicants may be contacted by Imua Kākou case managers and referred to the Higher Education program, Independent Living Program, or community resources.

Figure 92: IMUA KAKOU APPLICATIONS JULY 01, 2014 TO JUNE 02, 2015

IK Applications July 1, 2014 to June 2, 2015					
Total	New (Not yet submitted)	Submitted	Returned	Eligible	Ineligible Referred
271	46	10	2	121	92

3. **Education and Employment Conditions for Eligibility**

Education and employment conditions are the same for the Imua Kākou and the Extended Assistance programs. CWSB policies and procedures require that activity be verified at application and at least every six months by having young adults submit documents supporting activity participation. The Extended Assistance program verifies eligibility every four to six months. The Imua Kākou program verifies eligibility on a monthly basis during monthly visits. If workers cannot confirm continued eligibility, payments are withheld until eligibility is verified. Data for the following will not be available until the FFY 2016.

a. **Secondary Education or Equivalent Credential Program**

Foster children who are still completing secondary education may continue in foster care and to receive foster care maintenance payments until the earlier of their 19th birthday or high school graduation, so those foster children do not enter Imua Kākou until after graduation (or their 19th birthday). In contrast, foster children who are instead participating in a program to receive a general equivalency diploma cannot receive foster care maintenance payments past their 18th birthdays. Therefore, foster care case workers assist these young people with applying for Imua Kākou just before their 18th birthdays to ensure a smooth transition. A number of 19 and 20 year olds already in Imua Kākou are also working towards earning their general equivalency diplomas.

b. Post-Secondary or Vocational Education

Hawai`i provided eligible former foster youth with higher education assistance before Imua Kākou and Extended Assistance through the state-funded Higher Education Program. However, not all young adults in vocational programs qualified to receive financial assistance from the CWSB until the Imua Kākou and Extended Assistance programs began on July 1, 2014. Institutions in this category do not need to be accredited, which increases the number of eligible young adults in this category. Young adults attending post-secondary or vocational institutions are required to make efforts to remain productive during Summer and Winter breaks, but payments will not stop if they do not participate in an activity during any break. Young adults can still access state Higher Education Program financial assistance after leaving the Imua Kākou or Extended Assistance programs.

c. Program or Activity to Promote or Remove Barriers to Employment

Hawai`i chose to leave this category very broad. As of June 2015, this category includes life skills workshops, employment training, resume writing and active job search, finance and budgeting workshops, employment/self-employment for less than 80 hours per month, internships, volunteer work, court-ordered community service, non-court ordered residential treatment, out-patient substance abuse treatment and classes, and babysitting. This category is mainly used as a starting point for getting young adults into Imua Kākou. Once young adults are in Imua Kākou, case managers work with them to obtain more stable employment and to pursue their educational goals. Independent Living service providers have helped tremendously with this effort by developing financial literacy and job skills workshops and creating volunteer positions in their organizations. Many of the other Imua Kākou young adults whose primary activity falls under another category concurrently participate in "Removing Barriers." This method of case planning has so far been successful in keeping young adults productive and eligible for the program.

d. Employment for 80+ Hours per Month

13.7% of young adults entering the Imua Kākou program, and 11% of young adults entering the Extended Adoption and Guardianship Assistance program, are employed in one or more jobs for at least 80 hours per month.

e. Medical Condition

Approximately 1.9% of young adults in the Imua Kākou program, and no young adults in the Extended Assistance program, qualify under this category. The number of young adults in this category is low because foster children with qualifying medical conditions already receive services and financial assistance through the CWSB until their 21st birthdays without having to come into Imua Kākou or Extended Assistance. Payment is equal to the current board rate. Former foster children who continue to receive financial assistance and services from the CWSB are not encouraged to enter Imua Kākou or Extended Assistance, because it could mean disrupting community services and/or benefits, other federal and state financial assistance and benefits, or placement (e.g. caretakers may be eligible to receive Difficulty of Care payments, which is not likely to be paid while in Imua Kākou). Other current and former foster youth with medical conditions are welcome to apply. And although, these young adults are not required to participate in any other category while receiving Imua Kākou or Extended Assistance payments, young adults in Imua Kākou are encouraged to be productive because of the positive effect that it may have on their health and well-being.

4. Imua Kakou and Extended Assistance Payments

a. Imua Kākou

Young adults are eligible to receive Imua Kākou payments from the date they sign the Voluntary Care Agreement placing themselves into Voluntary Foster Care. Imua Kākou payment for young adults and the children living in their care is made directly to young adults living in approved Supervised Independent Living Settings but is distributed by the case manager, or courtesy worker, at the monthly in-person visits. Imua Kākou payments are equal to the current board rate. Payment for non-IVE young adults residing on the Continental US is sent by certified mail to young adults each month after continued eligibility is verified. Payments may be withheld if continued eligibility cannot be confirmed. Payments terminate on the day young adults exit Voluntary Foster Care. Payments for young adults' children will also terminate for children who no longer reside in the care of their young adult parent.

b. Extended Assistance

Young adults in Extended Assistance receive payment from the day they and their adoptive parent(s) or legal guardian(s) sign the Extended Adoption/Permanency Assistance Agreement. These young adults are not eligible to receive payments for their children, but they can receive Difficulty of Care payments for themselves while residing in the home of adoptive parent(s) or legal guardian(s) and while the adoptive parent(s) or legal (guardian(s) is providing that extra care.

5. **Imua Kākou Placements**

100% of IV-E eligible young adults in Voluntary Care live in approved Supervised Independent Living Settings. The DHS does not license homes for young adults in Voluntary Foster Care. The DHS and Imua Kākou case managers provide guidance and assistance to secure and maintain housing and also educate young adults on improving their housing situation. Often times, while in the process of assisting young adults to qualify and apply for Imua Kākou, Imua Kākou case managers also find themselves assisting young adults to find an appropriate place to live. The case manager might accompany the young adult to the placement option and assist with applications, references, and fees, if possible. The case manager will visit the placement, and any new placement, and assess safety according to the CWS policies and procedures. The CWS Liaison approves each placement based on this information. The case manager then works with the young adult to develop a plan and a goal for a better placement and then documents this information in the Housing section of the Imua Kākou case plan. The case plan also includes emergency housing plans. Young adults do not become ineligible for Imua Kākou based on their current housing situation, but they may become ineligible if they do not comply with the case plan goal to work towards securing a safer placement. No young adult has been denied entry or been terminated for placement issues. Other data for this will not be available until FFY 2016.

6. **Health Care**

100% of young adults in the Imua Kākou and Extended Assistance programs have healthcare insurance of some kind, i.e. Medicaid/MedQuest or private insurance through an employer, spouse, adoptive parent, or legal guardian. Those young people who apply for but who do not qualify for Imua Kākou or Extended Assistance may also receive help, but through the Independent Living providers, to obtain health care insurance. Other young adults are at least referred to the Hawai`i MedQuest Division.

7. **Judicial Oversight**

There is no judicial oversight for Extended Adoption or Guardianship Assistance cases. Judicial oversight for Imua Kākou is established at the initial hearing where the court makes the finding that it is in the young adult's best interest to enter Voluntary Foster Care. If the young adult does not appear in-person or by phone at this initial hearing, the court may continue the hearing, but not longer than 180 days after the date the Voluntary Care Agreement was signed. Hawai`i's Family Courts have dismissed three petitions as of June 1, 2015. A dismissed petition does not prohibit the young adult from qualifying for Imua Kākou in the future.

Judicial Review Hearings are held at least every 180 days to review the Imua Kākou case plan, to check on the young adult's well-being, and to make a finding that the young adult continues to be eligible for the program. The young adult may waive his/her appearance unless the judge orders the young adult to appear, but the CWS Liaison and the Imua Kākou case manager are required to attend. Young adults receive a $20 gift card in appreciation for attending their hearings. Approximately half of all young adults attend their review hearings in person, and approximately 25% attend by phone.

Permanency Hearings are held in conjunction with Judicial Reviews every 12 months. At these hearings, the judge determines the services needed for the young adult to transition to independence and makes the appropriate permanency finding and orders.

Interested parties may request additional hearings, if necessary. Young adults can request court appointed counsel to represent them at hearings. No young adults have yet requested an attorney. Young adults can also request to speak to the Judge outside of the hearing and informally outside of court.

8. **Monthly Visits**

The CWSB understands that all young adults in Imua Kākou require monthly in-person visits with the case manager or CWS Liaison. It becomes difficult for the CWSB when young adults reside on the mainland United States, but the CWSB has been working with Los Angeles County, where two of Hawai`i's young adults are residing, to provide case management services. LA County has an extended foster care young adult who attends college in Hawai`i for whom the CWSB is providing case management for, and LA County is willing to reciprocate those services. There is one other Imua Kākou young adult living on the mainland, but no ICPC is in place for that case. Hawai`i case managers continue to provide support by meeting each month with young adults through Skype.

100% of young adults living in Hawai`i who are receiving Imua Kākou payments are making the monthly in-person visits. Monthly Imua Kākou payments are withheld for the months of no contact. 45 consecutive days of no contact with the CWS Liaison or Imua Kākou case manager, or 45 consecutive days of non-compliance with the case plan, can result in a Material Non-compliance finding by the court and program termination. Two young adults were terminated from Imua Kākou for non-compliance.

Imua Kākou case managers are trying their best to engage young adults, and many case managers meet with young adults on a weekly basis. Visits may occur at the young adult's

residence, the case manager's office, or anywhere the young adult chooses to meet. On a few occasions, case managers have actually gone out in the community to physically search for young adults in places where the young adult is known to frequent. But most young adults look forward to meeting in-person each month with their case managers to "check in," talk about case progress and general well-being, submit documents supporting continued eligibility, and for Imua Kākou payments, which are distributed after monthly visits.

9. **Case Plans**

Young adults receiving Extended Adoption or Permanency Assistance receive financial assistance only and do not have case management services or case plans.

Case planning for young adults in Imua Kākou begins with the Casey Life Skills Assessment and an Imua Kākou Circle, which is similar to a Youth Circle. Imua Kākou case managers may use additional tools, for example, the Hope, Engagement and Well-being Poll and the Kuder Career Assessment, to help with case planning. The information gathered is used to complete a lengthy case plan within 60 days of the signing of the Voluntary Care Agreement. We do not have much data on the number of case plans completed within 60 days from the signing of the Voluntary Care Agreement because most of the initial case plans were not uploaded to the SHAKA system, so the case plans were not available for review. However, the CWS has connected with CWS Liaisons and Imua Kākou case managers state-wide at least monthly by teleconference to review Imua Kākou applications, young adult legal status, case progress for each young adult, and to address any issues or concerns. The CWSB has also contracted to have a selection of case plans reviewed each month. Case plan reviews occur as new or updated plans are uploaded to SHAKA.

Each Imua Kākou case plan consists of a 3-page case plan summary to the court that includes the young adult's primary activity, concurrent activity, and contingency plan to remain eligible for the program. The 15 pages following the summary includes the following sections: (a) Permanency Goals; (b) Housing; (c) Education; (d) Employment; (e) Health; (f) Independent Living Skills; (g) Supportive Relationships and Connections; and (h) Young Adult Engagement. The CWS Liaison, Imua Kākou case manager and the young adult must sign the court summary portion and the case plan acknowledging that they each reviewed and agree with the case plan's content. The Young Adult Engagement section includes, among other information, the young adult's participation in developing the case plan. The case plan can be as simple or as detailed as the young adult wants, but each section must be completed, e.g. the case manager can report that the young adult does not want to pursue higher education, but that portion of the Education section may not be left blank. Case plans are updated during the monthly in-person visits.

10. **90-Day Transition Plans**

100% of young adults in Imua Kākou have 90-Day Transition Plans in compliance with federal requirements. The Imua Kākou case plan that the young adult helps to develop within the first 60 days of entering Voluntary Foster Care also serves as the 90-Day Transition Plan as it contains all the federal requirements. Case managers are required to update the case plans at each monthly in-person visit with the young adult so that the plan will always be updated within the 90 days before the young adult exits care for whatever reason and also for the Judicial Review hearings.

11. **Permanency and Termination of Imua Kākou Services**

Permanency goals for young adults in Imua Kākou are Independence, Adoption, and Guardianship of an Incapacitated Person. In Hawai`i, guardianships of minors automatically end when the minor reaches age 18, but if the young person is incapacitated due to a medical condition, an individual may petition the court for Guardianship of the Person, or the young person may be referred to the Office of the Public Guardian. No young adult has yet exited Imua Kākou pursuant to a legal guardianship, however, one young adult was adopted soon after entering Imua Kākou. When a young adult is adopted or placed in guardianship due to incapacity while in Imua Kākou, that young adult's Imua Kākou case will close. The young adult and his/her family may then apply for Extended Assistance if the child is under age 21.

As of June 2, 2015, the Family Court terminated 27 Imua Kākou cases. This number does not include the young adults whose cases closed before the initial court hearing, all of who fell out of contact with the CWS Liaison and case manager immediately after signing the Voluntary Care Agreement. In 100% of these cases (4 cases), in accordance with the CWSB policies and procedures, the CWS Liaisons waited until the young adult had been in material non-compliance for 45 consecutive days from the signing of the VCA before closing the case.

Of the 27 Imua Kākou court termination cases, 24 young adults emancipated at age 21 with a permanency goal of Independence, one young adult was adopted while in Imua Kākou, and two young adults were terminated for being non-compliant. Young adults under the age of 21 who are terminated from Imua Kākou can always reapply for the program if they meet all the qualifications.

12. **Future Plans for Imua Kākou**

The DHS is in the process of developing policies and procedures to deal with human trafficking issues and prevention.

SECTION X. FINANCIAL INFORMATION

A. TITLE IV-B, SUBPART 1

1. As of June 30, 2014, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2014.

2. The State of Hawai`i has not in the past used and has no plans in the future to use Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments.

3. As of June 30, 2014, 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 2014.

4. The State of Hawai`i 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.

B. 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 2014**

   The FFY 2014 State and local share expenditure amount for the purposes of Title IV-B, Subpart 2 was $6,953,630. As the State struggles with the recovery from the economic recession, funds continue to be limited for social services programs. CWSB response has been to prioritize critical service programs that essential to the health and safety of families and children.

Figure 93: STATE AND LOCAL EXPENDITURE AMOUNT FOR TITLE IV-B-2

State and Local Expenditure Amount for Title IV-B-2						
	FFY 2009	FFY 2010	FFY 2011	FFY 2012	FFY 2013	FFY 2014
Expenditure	$9,268,162	$7,127,516	$7,687,773	$8,771,245	$8,234,486	$12,790,979

Data Source: DHS SSD Support Services Office Expenditure Reports

C. TITLE IV-B FUNDS AND MAXIMIZING TITLE IV-E FLEXIBILITY

Two of the initiatives funded through the Title IV-E Waiver Demonstration Project – Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS) – enhance and expand upon the family support and preservation efforts that are partially funded by Title IV-B dollars. Hawaii's Differential Response System, which includes Voluntary Case Management (VCM) and Family Support Services (FSS), has been partially funded by Title IV-B monies. CRT is an additional Differential Response option. The focus of CRT is the same as the focus of VCM and FSS: strengthen families to safely keep children out of foster care. CRT is different from VCM and FSS in that it works with the highest intensity cases (ones that would have otherwise necessitated immediate foster care) within hours of the call to CWS' Intake Hotline. IHBS serves a subset of the CRT families, i.e., those that require intensive crisis therapy in the family home in order to keep the children out of foster care. VCM and FSS provide services that are similar to IHBS, but in a less intensive fashion with lower risk families.

The Post-Permanency Services that are funded through Title IV-B dollars dovetail beautifully with the Title IV-E Waiver Demonstration Project initiative called SPAW. The Safety Permanency, And Wellbeing (SPAW) intervention is designed to break down systemic barriers to permanency and expedite adoption and legal guardianship for children in foster care who need forever families. Post-Permanency Services support these adoptive and legal guardianship families to succeed and thrive. SPAW also may ease the burden on Post-Permanency Services by making sure that all parties involved are working together to support the child and family, and by identifying natural and community supports for the family, prior to adoption or legal guardianship.

D. CFS-101

Please see the attached files for CFS-101, Part I; CFS-101, Part II; and CFS-101, Part III.

ATTACHMENTS

A. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER

1. 2014 Citizen Review Panel Annual Report

2. Response Letter to the 2014 Citizen Review Panel Annual Report

B. CFS-101 PART I, II, AND III

C. DILIGENT RECRUITMENT FIVE YEAR PLAN

1. Table of All DHS Update Meetings in Which Specific Recruitment Needs are Addressed

2. Table of All Recruitment Efforts Statewide Outlining Efforts and Results Wherever Possible

3. Table of All Mass Media Efforts Statewide

4. Table of the Referral Sources of All Inquiries Statewide

5. Table of the Referral Source of All Licensed Homes Statewide

6. Dr. Denise Goodman – Recruitment Consult Proposal

7. Child Specific Recruitment Process

8. Training Plan

D. INSERTED AS PLACEHOLDER

E. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED

Annual Reporting of Education and Training Vouchers Awarded

Name of State: **HAWAI'I**

	Total ETVs Awarded	Number of New ETVs
Final Number: **2013-2014 School Year** (July 1, 2013 to June 30, 2014)	50	23
2014-2015 School Year* (July 1, 2014 to June 30, 2015)	30	13

Comments:

       Attachment E shows the number of ETVs awarded for School Year 2013 – 2014 and 2014 – 2015. The ETV funding for Hawai`i has plummeted from a high of $259,302 for FFY 2006 to only $125,303 for FFY 2013. Unfortunately, the decrease in funding has resulted in lower awards per student. Despite this trend of decreasing Federal support, DHS has continued a practice of broad outreach and support for students, as demonstrated by the expansion of the state funded higher education allowance program and efforts to supplement the CFCIP ETV funds with additional state funds. Reporting ETV data per school year is more consistent with the youth's usual academic school year than using the Federal Fiscal Year timeframe. This aligns the ETV application/award cycle with the State's Higher Education Board Allowance application cycle and the State fiscal year.