

State of Hawai'i  
Department of Human Services  
Division of Social Services  
Child Welfare Services Branch



Child Welfare Title IV-E Waiver  
Demonstration Project Proposal  
Fiscal Year 2013

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## **BUILDING on HAWAI'I'S CHILD WELFARE SUCCESSES:**

### **HAWAI'I'S PLAN for TITLE IV-E WAIVER DEMONSTRATION PROJECT**

#### **1. INTRODUCTION**

The State of Hawai'i is comprised of eight main islands O'ahu, Maui, Moloka'i, Lana'i, Kaua'i, Kaho'olawe, Ni'ihau and Hawai'i Island (hereafter referred to as the "Big Island"), and politically divided into the following four counties: Honolulu County (Island of O'ahu), Maui County (Islands of Maui, Moloka'i and Lana'i), Kaua'i County (Islands of Kaua'i, Ni'ihau) and Hawai'i County (Island of Hawai'i). Each County has its own Mayor and City Council in charge of its residents. Travel among the islands is by commercial airlines and most intra-island travel is either by car or county-operated buses.

Hawai'i is a diverse State in both its geography and demographics. Of the more than 1.2 million residents, there is no single majority ethnic group. The four predominant ethnic groups in the State (based on the U.S Census and based on race alone or in combination) are Caucasians, Japanese, Filipino, and Native Hawai'ians, followed by Chinese, Koreans, African Americans and Samoans (Hawai'i-DBEDT, 2005).<sup>1</sup> Examining the distribution of the ethnic populations by County, Caucasians, Filipinos and Native Hawai'ians appear in higher proportions in the Neighbor island counties outside of Honolulu County, whereas Japanese, African Americans, Koreans, and Samoans have a higher representation in Honolulu County.

Hawai'i is also a unique state that has a State-administered child welfare system, made up of four counties across the islands. In November 2012, there were 1,138 children in foster care in the State of Hawai'i, of which 53% (n=603) had been in foster care for 1 year or more. While Native Hawai'ians and Other Pacific Islanders make up only 26% of Hawai'i's population<sup>2</sup>, an alarming 53% of children in Foster Care in the State were either Native Hawai'ian (50%) or Other Pacific Islanders (3%).

The City and County of Honolulu, which is on the island of O'ahu, is the capitol and largest city in the State of Hawai'i. The City and County of Honolulu includes the major urban district of Honolulu as well as several rural districts on the leeward coast and north shore of the island of O'ahu. It is also the center of the State government, the major commerce center of the State and home to a population of 953,207 people according to the 2010 U.S. Census, making it the tenth-largest municipality in the United States. On O'ahu, a total of 694 children were in foster care in November 2012 with nearly 52% (n=359) of these children being in foster care for 1 year or longer.

The Big Island is twice the size of all the neighboring islands put together with a total area of 5,086 square miles and is primarily rural with the exception of the county seat in Hilo and the primarily tourist area of Kona. It is the youngest and only county with a mixed terrain of snowcapped mountaintops, tropical forests and lava desserts, roaming pastures to steep cliffs and uninhabited valleys and mountainsides yet to be developed. The island's largeness creates isolation and access issues for the County's children and their families.

The availability of public transportation on the Big Island is very limited making access to services very difficult to residents. The only means of transportation for the Big Island residents is through the Hele-On Bus which is free for riders but under utilized due to infrequent stops and limited routes. The Hele-On bus services traverses the island from east to west (or between Hilo to Kona) and takes over two

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<sup>1</sup> Hawai'i State Department of Business, Economic Development & Tourism (DBEDT), 2009. State of Hawai'i Data Book 2009.

<sup>2</sup> Hawai'i State DBEDT, April 2011, "Population by Major Race Categories Alone or in Combination by County and Census Tract, State of Hawai'i: 2010"

hours each way, making only three round trips each day during daytime hours only. Consequently, adults who need to utilize the bus will have to leave their families and children early in the morning and return late evening leaving many children and youths unsupervised and vulnerable to risky and unsafe surroundings and circumstances. The lack of adequate supervision for many of Hawai'i County children can lead to family stress, neglect, community disconnectedness, unhealthy family relationships, and even low educational attainment.

The unemployment rate on the island of Hawai'i is also very high. In January 2009, the island of Hawai'i had an unemployment rate of 8.4%, which exceeded the national unemployment rate of 7.6% of that same month.<sup>3</sup> With an estimated population of 185,079 in 2010, one in three of the Big Island residents are under age 18. Almost one-quarter (24.5%) of Hawai'i county's children live in poverty, by far the highest rate in the state and it has increased by 6% since 2008. On Hawai'i island there were 246 children in foster care in November 2012 with 59% (n=146) who had been in foster care for 1 year or longer.

The Big Island also has the highest teen birth rates (births per 1,000 girls age 15-19) in the State of Hawai'i. In 2011 alone, Hawai'i County's teen birth rate of 52% greatly surpassed the birth rate of the County of Honolulu (38%), Maui (45%), and Kaua'i (40%).<sup>4</sup> Consequently, social services to assist many of these teen moms are in great need on the Big Island. Hawai'i County also has the highest number of Native Hawai'ians who tends to be younger, have larger families and have the highest poverty rates of all racial groups.

When comparing all four counties of the State of Hawai'i, the County of Hawai'i was severely impacted by the downturn in the state economy with high rates of unemployment, poverty, teen pregnancy, children in foster care and was designated as a medically underserved area and population with a high rate of uninsured residents.

The island of O'ahu and the Big Island have been selected for this proposed initiative because these islands have the largest numbers of children and youth in the child welfare system and we can test these interventions in both rural and urban communities.



<sup>3</sup> Big Island Buzz (2009). "Big Island Unemployment rate for 2009 Around 8.4%", March 2009. From website: [www.bigislandbuzz.com](http://www.bigislandbuzz.com) 2009/03.







<sup>4</sup> Hawai'i Health Statistics 2011, University of Wisconsin Population Health Institute. County Health Rankings 2011. From website: [www.countyhealthrankings.org/Hawai'i/health-factors-rankings](http://www.countyhealthrankings.org/Hawai'i/health-factors-rankings)

The state has been engaged in a broad array of successful child welfare reforms and has impressive data to substantiate its progress. Hawai'i is known throughout the nation for its successful collaborative work with its diverse ethnic populations, its community partners and its culturally informed models of practice. It would like to build on its many successes and better integrate safety, permanency and well-being at both the practice and policy level.




The proposed demonstration described in this Title IV-E Waiver application will focus on two specific groups of children and youth that we believe can be better assisted. We will be implementing an enhanced crisis response system for "*short stayers*" (those entering care for less than 30 days); and a new array of interventions will begin with children who have been in foster care for two months, with the intent of reducing their length of stay in foster care. We are designing these services to prevent future long stays and thus are calling this group, *long stayers*. Existing services will continue for all children and youth in care.

## 1.1 PURPOSE OF THE PROPOSED DEMONSTRATION

The goals of this demonstration for children entering the system (or at risk of entering the system) are to:

-  insure the safety of all children;
-  reduce the number of children and youth entering foster care;
-  reduce the number of re-entries and placements;
-  reduce the trauma associated with such removals;
-  improve the child's well-being;
-  strengthen families.

The goals of this demonstration for children and youth in foster care for over two months are to:

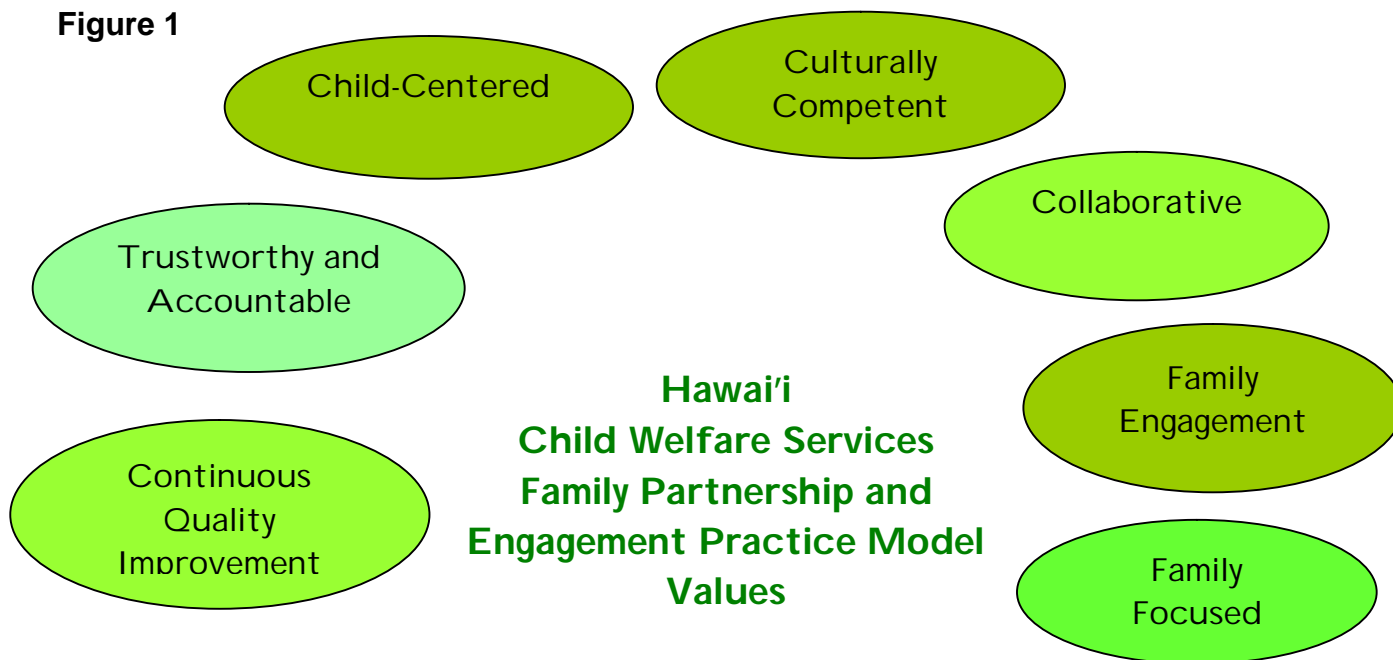
-  reduce their overall time living in foster care;
-  move to permanency more quickly; and
-  improve the well-being of all children in the foster care system.

We are proposing these demonstrations for the islands of O'ahu and the Big Island.

### **Hawai'i's Strengths and On-Going Progress**

See Figure 1 below which describes Hawai'i's Practice Model and Values.

**Figure 1**





Since 2005, Hawai'i's Department of Human Services (DHS) has been actively developing and implementing many significant child welfare reforms and innovations. These include:

- (1) Improvements to the Differential Response System (DRS) that diverts families to appropriate support services and an enhanced intake system;
- (2) Increased focus on relative/kin placements;
- (3) Revisions and improvement of Hawai'i Revised Statutes;
- (4) Improvements in permanency planning and outcomes (e.g. work with the drug courts, educational stability initiatives with the Department of Education (DOE), and the Jim Casey Youth Opportunity Initiative for youths exiting the system).

Of particular note:



The State of Hawai'i was ranked among the top ten states nationwide for performance in servicing children who are abused or neglected by the National Foundation for Governmental Accountability. These outcomes include reducing abuse; reducing abuse in foster care; increase of permanent families and safe homes; returning children home quickly and safely; increase forever families; family connections for today and tomorrow; establishing hopes and homes for teens; fostering good education, decreasing number of children in foster care, and using of rapid response system.

-  In 2012, the National Children's Bureau honored the State with the prestigious award in recognition of consistently strong performance in adoption and achieving permanency.
-  The state was ranked first in the nation for having the highest percentage of children/youth placed in foster care with relatives.

**See Appendix A for a complete list.**



## **1.2 PROBLEMS AND ISSUES TO BE ADDRESSED**

Hawai'i's economy is dependent on its number one industry, tourism and when it experienced a severe downturn in its tax base in 2009, the Child Welfare Services Branch (CWSB) experienced a Reduction in Force (RIF) and a hiring freeze which resulted in a 40% reduction of staff in the CWSB. Cuts to the budget also resulted in cuts to the purchase of service contracts with its private providers.

Hawai'i's recent data reflects a decrease in its foster care re-entry rate for two consecutive Quarters (4<sup>th</sup> Quarter (4/12 – 6/12) 8.3% and 1<sup>st</sup> Quarter SFY 2013 (7/12 – 9/12) 7.5%, well below the national standard of 8.6%. However, Hawai'i is aware of the increase in foster care re-entry in the previous years. (SFY 2007- 13.9%, SFY 2008 – 8.7%, SFY 2009 - 9.4%, SFY 2010 – 9.9%, SFY 2011 – 9.1%, SFY 2012 – 10.2%). Therefore, Hawai'i has tailored the new proposed services with the IVE-Waiver demonstration projects to also address the issues of re-entry into foster care. With current services, program improvement plans and Title IV-E waiver projects, Hawai'i is hopeful that it will continue to be on a positive trend in reducing foster care re-entry.

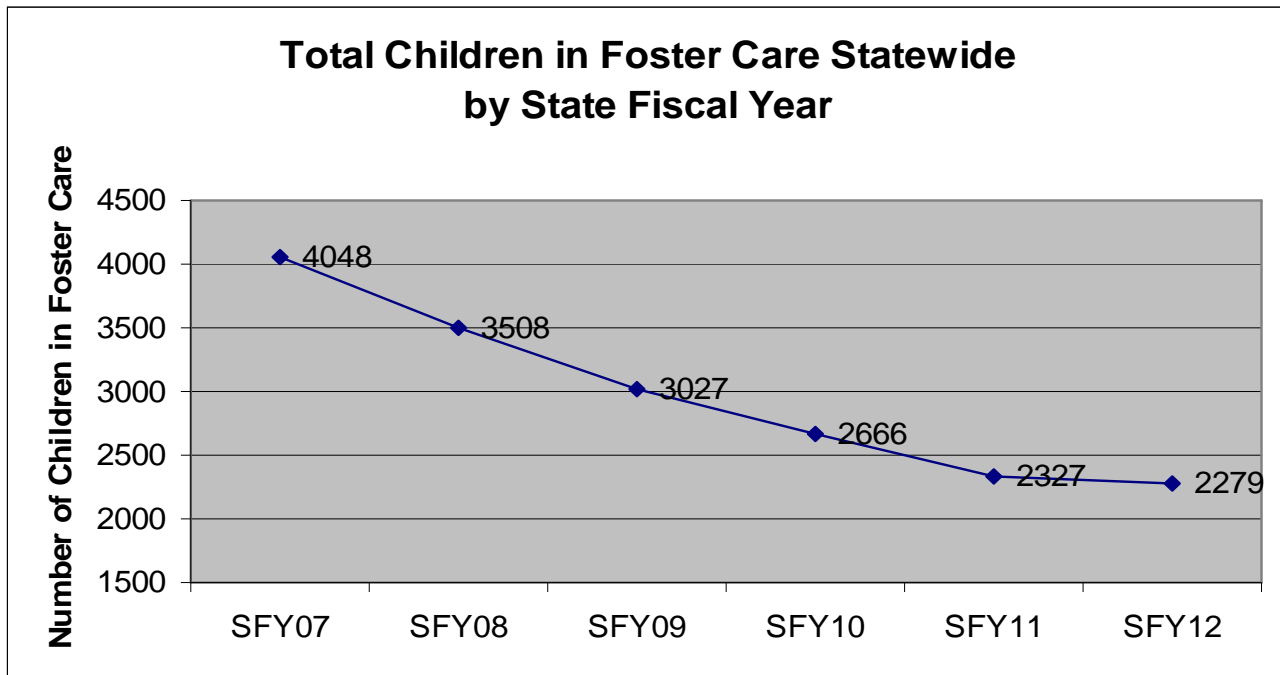
Hawai'i was approved by the Casey Family Programs to receive contracted services from the American Public Human Services Association (APHSA) in the area of Organizational Effectiveness. Consultation work with APHSA will focus on supporting Hawai'i's Title IV-E Waiver Application. Hawai'i's has chosen the area of using data to inform practice and re-entry into foster care has been selected as the practice area.

Despite the budget cuts and the RIF, the CWSB was still able to reduce the number of children in foster care substantially, because of the innovations that had been developed and implemented prior to the cuts and on-going staff efforts. Statewide, from FY07-FY12, there was a drop in the number of children in care from 4,048 to 2,279, a 43.7% reduction (See Figure 2 – 5). The key factors that are likely responsible for the decreasing trend in the number of children in foster care include:

-  the implementation of the Differential Response System (DRS).
-  an increased array of community-based family strengthening and child abuse and family poverty prevention services, the increased engagement of the Native Hawai'ian community and an increased collaboration with key stakeholders, including birth parents, relatives, current and former foster youth and resource caregivers.



**Figure 2**



However, since the FY2011, there has been an increase in the number of children entering foster care statewide (See Figure 3).

**Figure 3**

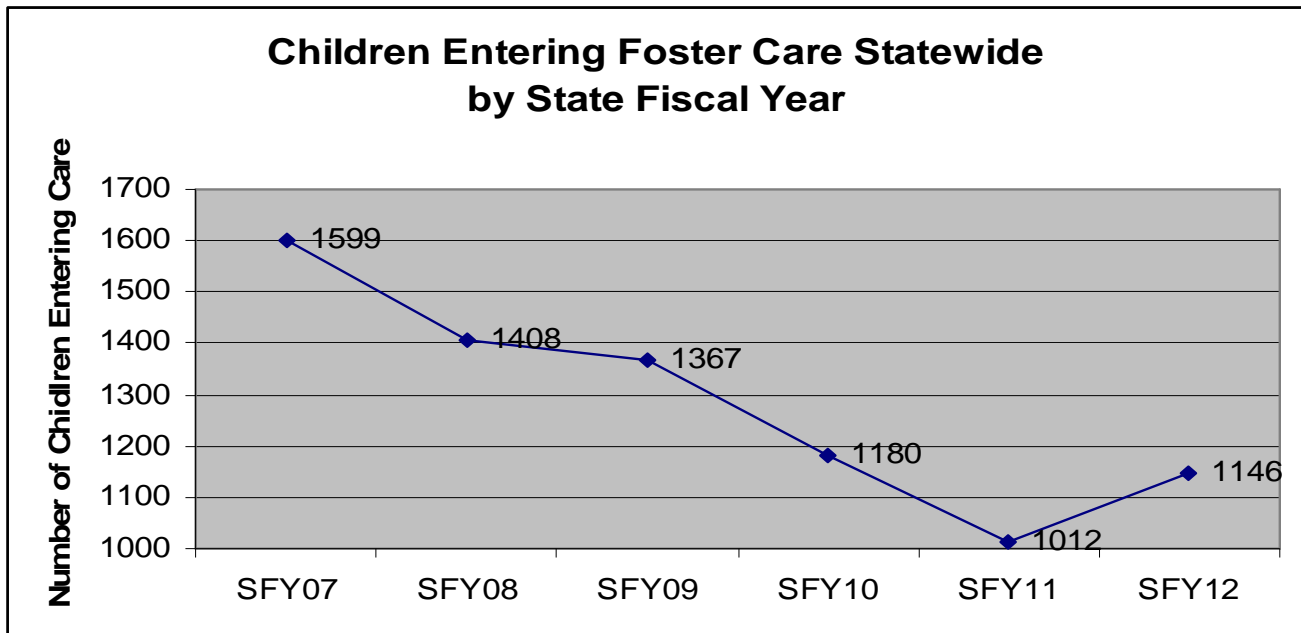


Figure 4

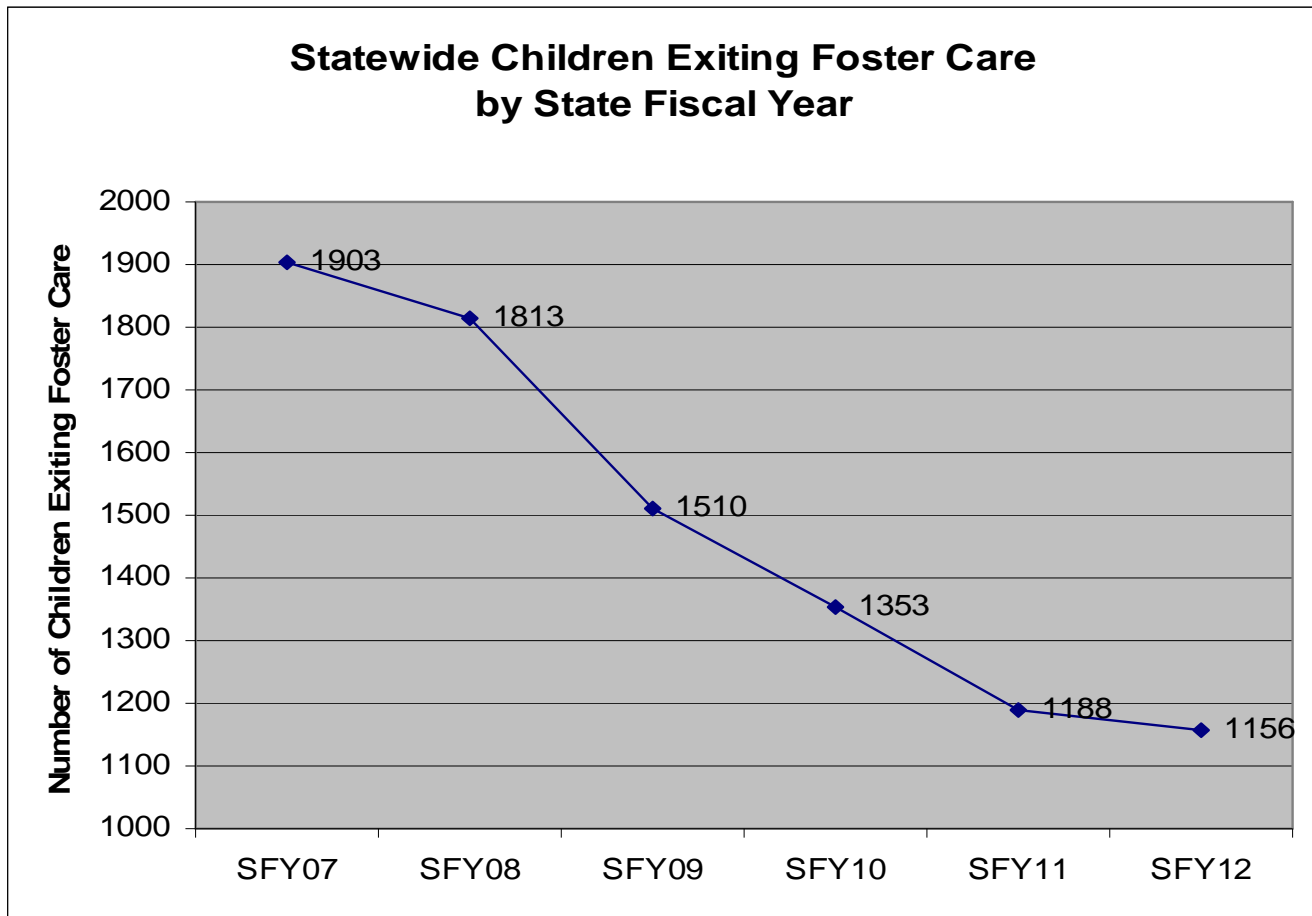
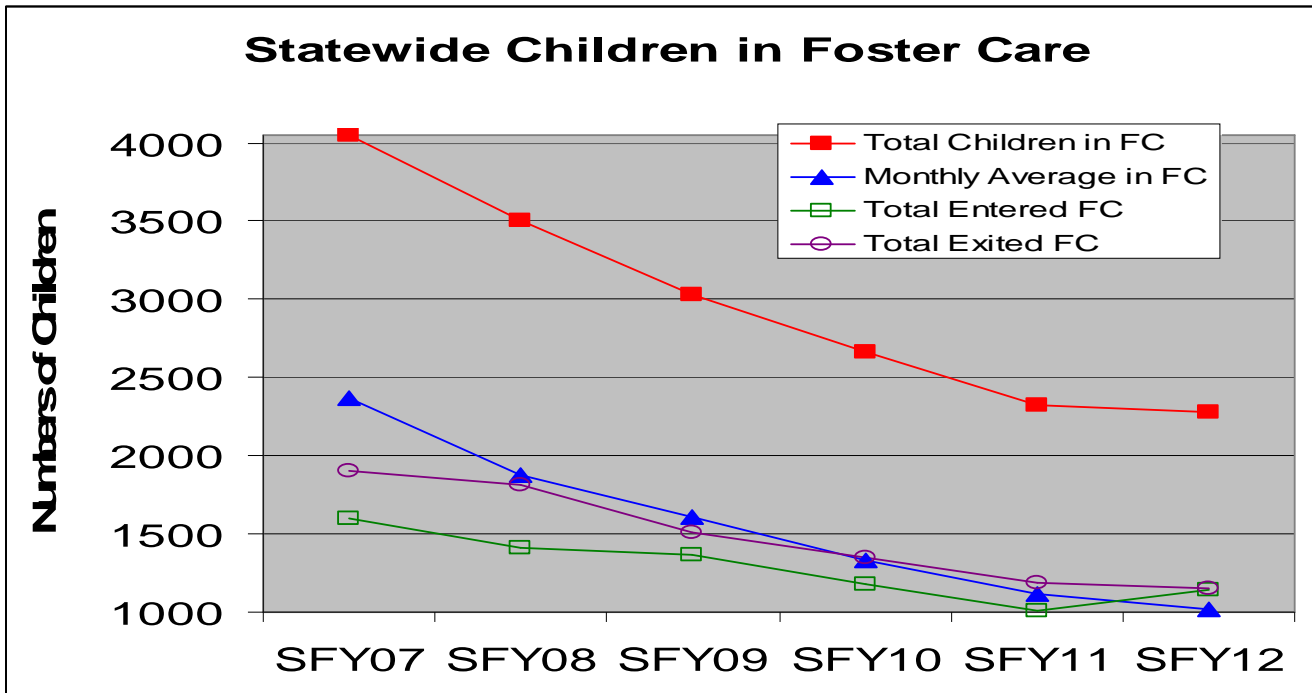
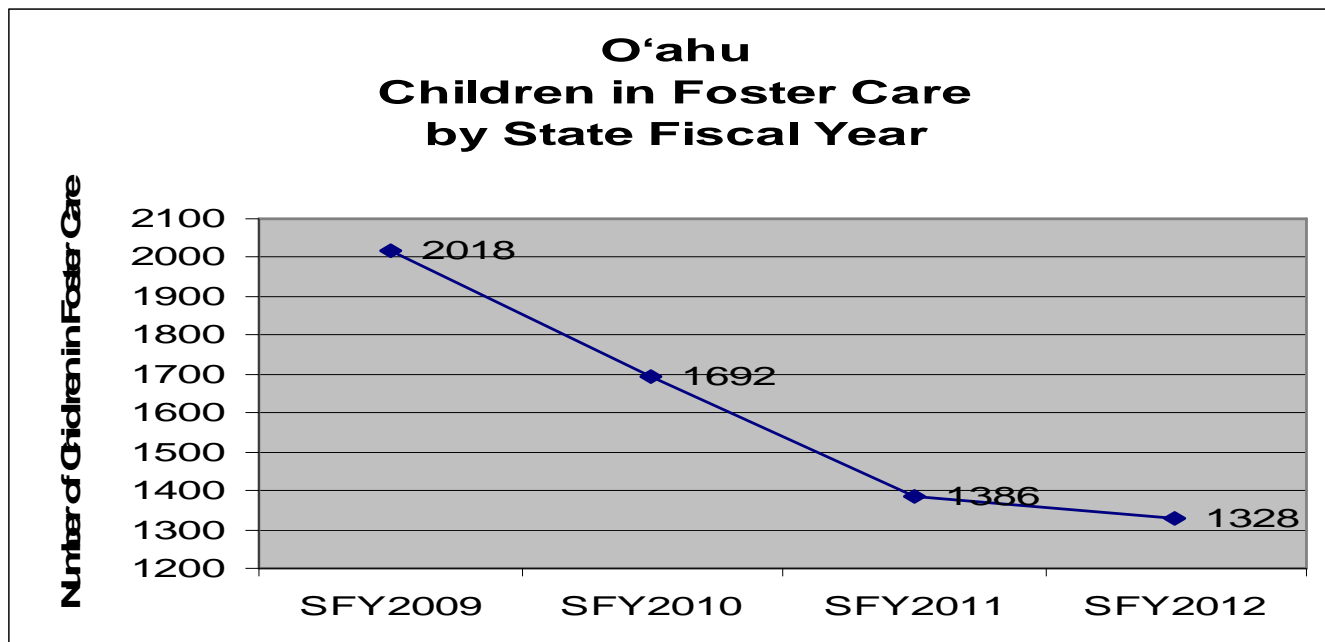


Figure 5



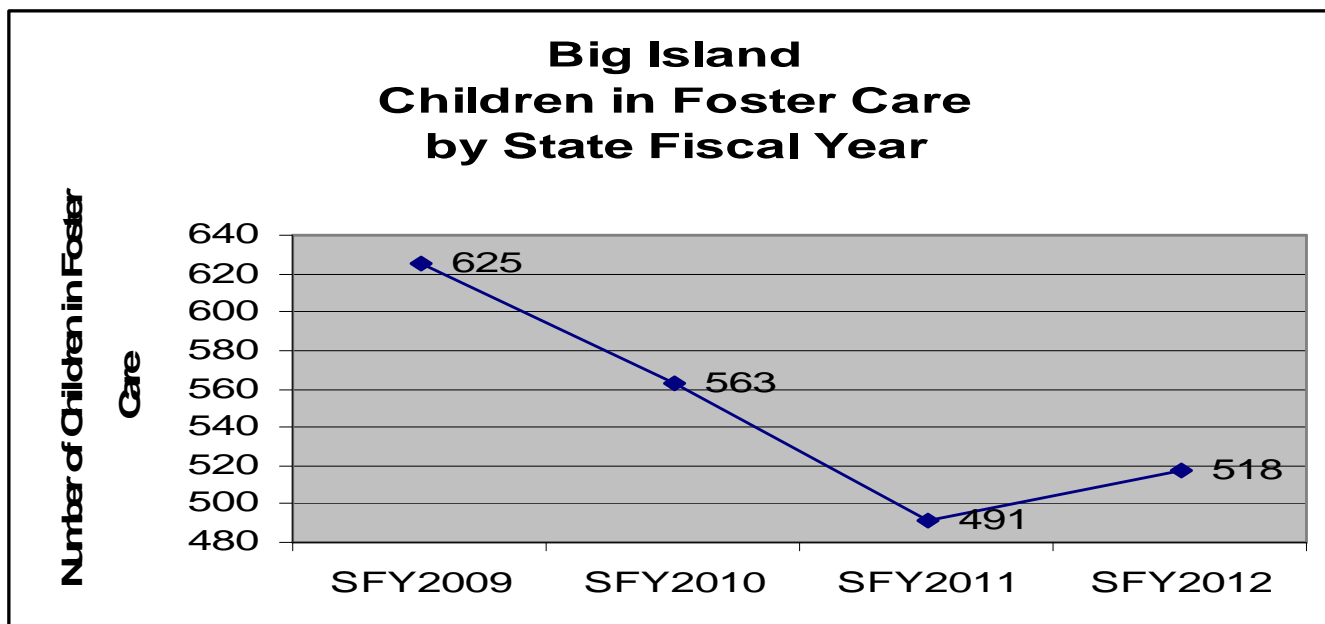
For O'ahu, the number of children in care dropped from 2018 for SFY09 to 1328 in SFY12, a 34.2% reduction (See Figure 6).

Figure 6



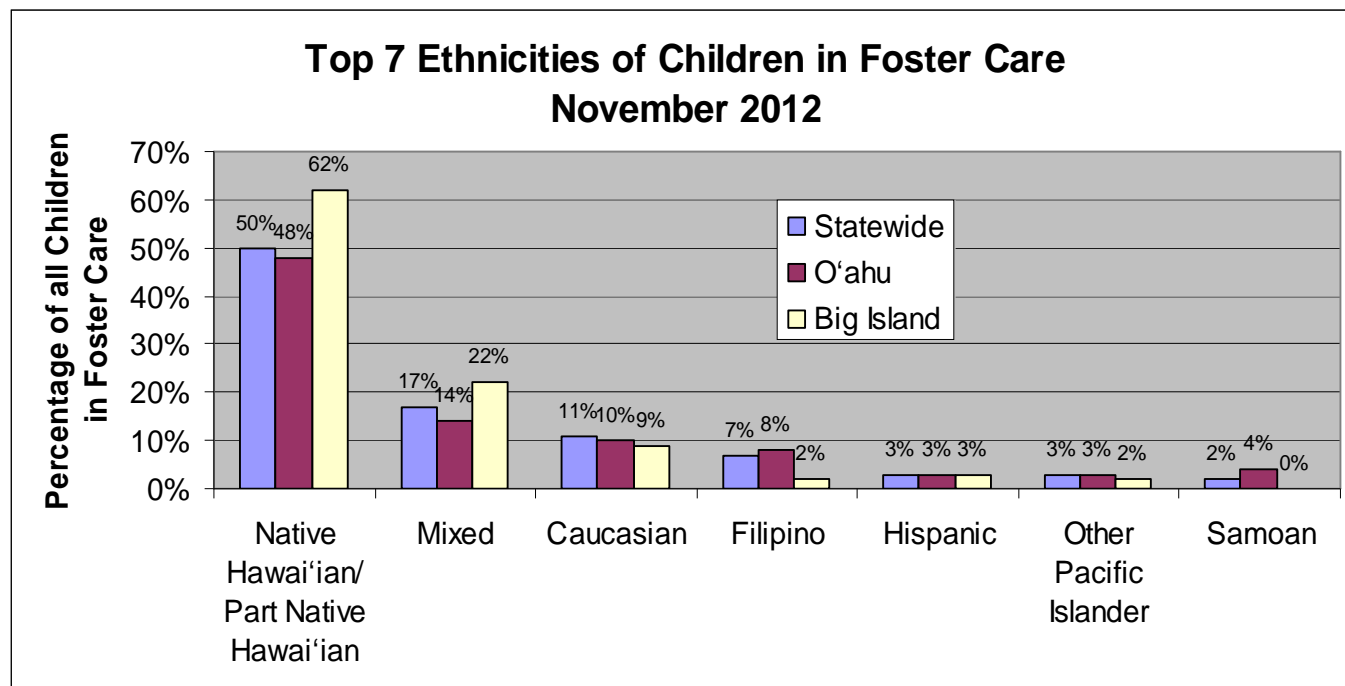
For the Big Island, the number of children in foster care in SFY09 dropped from 625 to 491 in SFY11, which is a reduction of 21.4%. However, in SFY12, 518 children were in foster care, a 5.5% increase over SFY11. This lower rate of reduction suggests the potential for a significant impact of enhanced services as described in the proposed demonstration (both for short stayers and longer stayers).

Figure 7



Hawai'i's multi-ethnic and multi-racial population as described in Figure 8 below highlights the need to insure that our interventions are culturally tailored as appropriate. Due to our clients' diversity, the project will insure that continued training will take place on all of the assessment and interventions, and will be tested and evaluated in the context of our diverse communities and best practices. As illustrated below, in November, 2012, 50% of the children in foster care statewide were Native Hawai'ian/Part Hawai'ian; 17% were of mixed ethnicity. On O'ahu it was 48% and 14% and the Big Island, 62% and 22% mixed.

**Figure 8**



### 1.3 SCOPE AND TYPE OF SERVICES TO BE PROVIDED

#### SHORT STAYERS

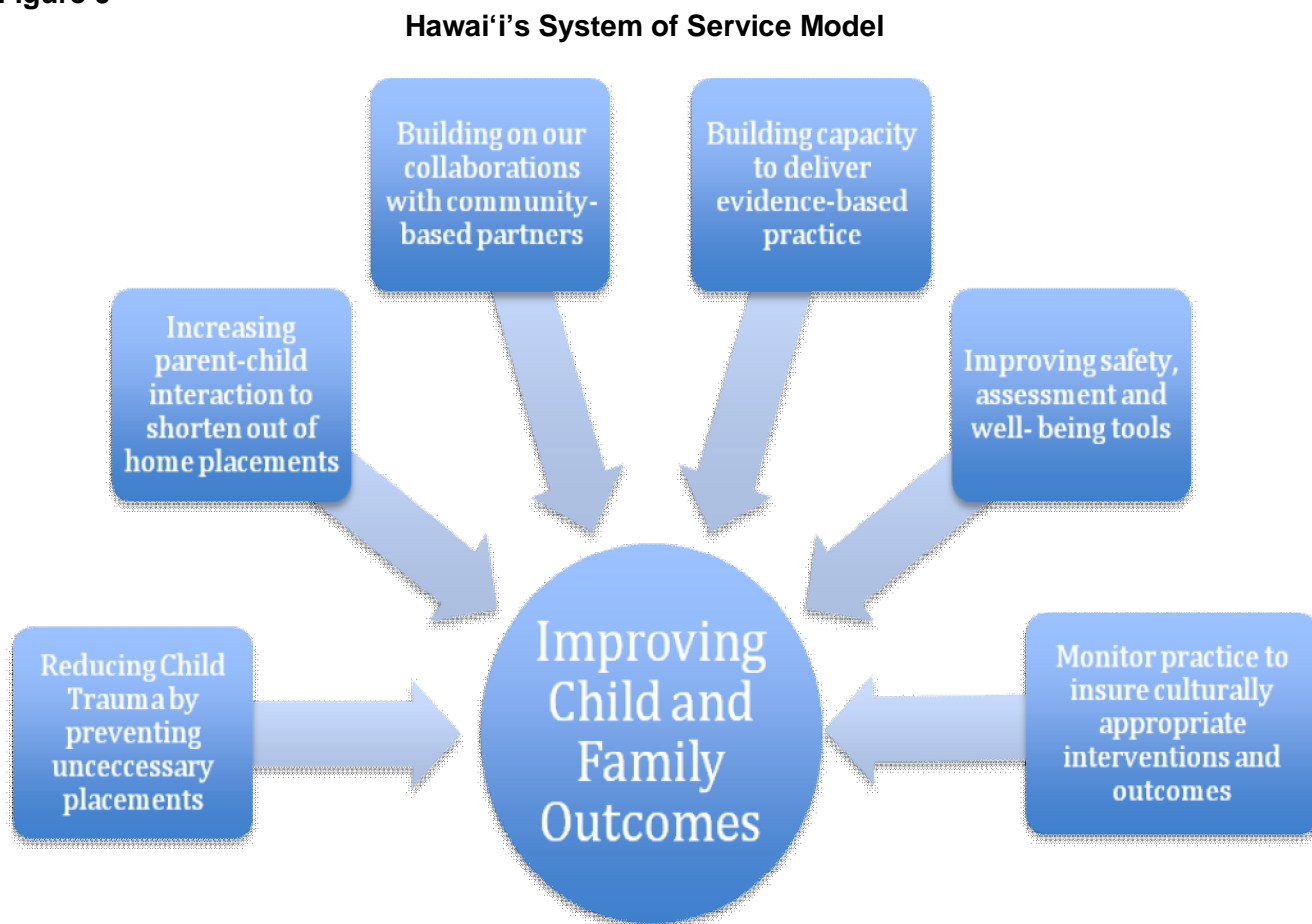
Hawai'i views the Title IV-E Waiver Demonstration Project as an opportunity to build on, and enhance its CWSB programs and practices that have already been implemented successfully in Hawai'i. The Crisis Response Team (CRT) innovation will build on prior initiatives, and is expected to reduce unnecessary removals of infants, children and youths from their families, strengthen families, and reduce the trauma associated with any removal. Far too many children are entering foster care unnecessarily, as evidenced by 54% of children who entered foster care exited within 30 days. Our proposed innovations will dramatically reduce or eliminate the number of short stayers in foster care.

#### LONG STAYERS

The second initiative will focus on reducing the length of stays of children and youth in foster care while insuring safety, moving children into permanency more quickly and demonstrating improved well-being. These two groups will receive more intensive, culturally tailored and evidence-informed interventions. Hawai'i is poised to continue its demonstrated success in implementing state-of-the art policies and procedures and is ready to expand improved and innovative services to these targeted populations while maintaining the high quality services for all children and youth in the child welfare system. The Department of Human Services Social Services Division understands the importance of matching

individual child and family needs with the most appropriate evidence-informed culturally tailored interventions to ensure effective outcomes. We are committed to implementing valid screening and assessment tools, along with improved and better coordinated case planning (in the areas of safety, permanency and well-being), using appropriate evidence-informed interventions and monitoring the outcomes (See Figure 9).

**Figure 9**



Below is a summary table of the areas of concerns that Hawai'i has focused on, including new planned practices, the proposed Title V-E Waiver demonstration projects, and the projected outcomes. Hawai'i will continue to build on its current successful practices and with the proposed IVE-Wavier projects, Hawai'i implementation of these Title IVE-Waiver projects will further increase Hawai'i success in Child Welfare Services (See Figure 10).

**Figure 10: IV-E Waiver Demonstration Project Projected Outcomes**





<b>Concern/ Focus</b>	<b>Current Practice/ Services</b>	<b>New Practices</b>	<b>Proposed Title IV-E Demo Projects</b>	<b>Projected Outcomes</b>
<b>Trauma from unnecessary removal</b>	<ul style="list-style-type: none"> <li>• 48-hr investigative response</li> <li>• Child Safety Assessment Tool and Comprehensive Strengths &amp; Risks Assessment Tool prior to exit</li> <li>• Partnering with Law Enforcement</li> <li>• Family Strengthening Services (FSS)</li> <li>• Voluntary Case Management (VCM)</li> <li>• Hawai'i Child Welfare CQI Project (CQI)</li> <li>• Supervisor's approval required for removal</li> </ul>	<ul style="list-style-type: none"> <li>• Increased partnering with Law Enforcement</li> <li>• Closer/ Computer monitoring of 48-hour response</li> <li>• Enhancing Supervisory Skills Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• Crisis Response Team (CRT)</li> <li>• Intensive Home-Based Services</li> <li>• Rapid Assessment Instruments (RAIs)</li> <li>• Earlier 'Ohana Conference</li> <li>• Earlier Family Finding</li> </ul>	<ul style="list-style-type: none"> <li>• Safety</li> <li>• Reduced unnecessary removals</li> <li>• Reduced trauma to children and families</li> <li>• Increased well-being</li> <li>• Family preservation</li> <li>• Family connections</li> </ul>
<b>Re-entry rates</b>	<ul style="list-style-type: none"> <li>• Child Safety Assessment Tool and Comprehensive Strengths &amp; Risks Assessment Tool prior to exit</li> <li>• Multi-Disciplinary Team Meetings (MDT)</li> <li>• Supervisor's approval needed for case closure</li> <li>• 'Ohana Conferencing for reunification</li> <li>• Family Finding</li> <li>• Family Connections</li> <li>• FSS</li> <li>• VCM</li> <li>• CQI</li> </ul>	<ul style="list-style-type: none"> <li>• American Public Human Services Association project, which focuses on examining and preventing re-entry</li> <li>• Enhancing Supervisory Skills Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• CRT</li> <li>• Intensive Home-Based Services</li> <li>• Parent Mentoring</li> <li>• 'Ohana Re-Conference</li> <li>• RAIs</li> <li>• Safety Permanency And Well-Being (SPAW)</li> <li>• Wrap Services</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced Re-entry Rates</li> <li>• Increased family home stability</li> <li>• Increase well-being</li> </ul>
<b>Length of stay/ Timely Permanency</b>	<ul style="list-style-type: none"> <li>• Monthly Face-to-Face</li> <li>• Comprehensive Counseling and Support Services (CCSS)</li> <li>• 'Ohana Time</li> <li>• Child Safety Assessment Tool and Comprehensive Strengths &amp; Risks Assessment Tool prior to exit</li> <li>• 'Ohana Conferencing</li> <li>• Youth Circles</li> <li>• Family Connections</li> <li>• Family Findings</li> <li>• CQI</li> </ul>	<ul style="list-style-type: none"> <li>• Closer/ Computer monitoring of Monthly face-to-face visits</li> <li>• SPAW</li> <li>• Enhancing Supervisory Skills Initiative</li> </ul>	<ul style="list-style-type: none"> <li>• SPAW</li> <li>• Wrap Services</li> <li>• Parent Mentoring</li> <li>• Increased 'Ohana Time</li> <li>• 'Ohana Re-Conference</li> <li>• RAIs</li> </ul>	<ul style="list-style-type: none"> <li>• Reduced length of stay for all</li> <li>• Reduction of 1-30 day stayers</li> <li>• Increased well-being</li> </ul>
<b>Placement Stability</b>	<ul style="list-style-type: none"> <li>• CCSS</li> <li>• Resource Caregiver support groups</li> <li>• Safety of Placement</li> </ul>	<ul style="list-style-type: none"> <li>• Educational stability task force</li> <li>• Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>• Wrap Services</li> <li>• RAIs</li> <li>• SPAW</li> </ul>	<ul style="list-style-type: none"> <li>• Increased Placement Stability (Fewer Placements per Child)</li> <li>• Reduced trauma to</li> </ul>

Concern/ Focus	Current Practice/ Services	New Practices	Proposed Title IV-E Demo Projects	Projected Outcomes
	<ul style="list-style-type: none"> <li>Assessment Tool</li> <li>Monthly Face-to-Face Visits</li> <li>Training for Resource Caregivers</li> <li>Warmline for Resource Caregivers</li> <li>Respite care for Resource Caregivers</li> <li>CQI</li> </ul>	<ul style="list-style-type: none"> <li>training requirements for Resource Caregivers</li> <li>Increased Psych Meds Monitoring</li> <li>Enhancing Supervisory Skills Initiative</li> </ul>		<ul style="list-style-type: none"> <li>child</li> <li>Increased attachment between child and Resource Family</li> <li>Improved academic performance</li> <li>Improved social capital</li> <li>Improved social and emotional well-being</li> </ul>
<b>Social &amp; Emotional Well-Being</b>	<ul style="list-style-type: none"> <li>Comprehensive Exams</li> <li>Mandatory Mental Health Assessments</li> <li>Psychological Evaluations for Parents</li> <li>Family Therapy</li> <li>Parent-Child Therapy</li> <li>Individual Therapy</li> <li>CCSS</li> <li>Multi-Disciplinary Team (MDT)</li> <li>Project Visitation (sibling visits)</li> <li>'Ohana Time</li> <li>Continuous Quality Improvement (CQI)</li> </ul>	<ul style="list-style-type: none"> <li>Increased Psych Meds Monitoring</li> <li>Clinical Expertise</li> <li>Increased Mental Health Assessments for youth at varied points in case</li> <li>Enhancing Supervisory Skills Initiative</li> </ul>	<ul style="list-style-type: none"> <li>RAIs</li> <li>CRT</li> <li>Intensive Home-Based Services</li> <li>Increased 'Ohana Time</li> </ul>	<ul style="list-style-type: none"> <li>Children and parents receive appropriate mental health services, as early as possible</li> <li>Trauma is reduced</li> <li>Improved social capital</li> </ul>
<b>Culturally Responsive Practice</b>	<ul style="list-style-type: none"> <li>'Ohana Conferencing</li> <li>Culturally Responsive training of staff, providers, Resource Caregivers, stakeholders, community partners, and others</li> <li>Practice Model</li> <li>Limited English Proficiency Policies</li> <li>CQI</li> <li>Youth Circle</li> <li>Family Findings</li> <li>Family Connections</li> <li>Community and Stakeholder Partnerships</li> <li>Citizens' Review Panel</li> <li>'Aha</li> <li>Freedom of religious practice for youth in foster care policies</li> </ul>	<ul style="list-style-type: none"> <li>Enhancing Supervisory Skills Initiative</li> </ul>	<ul style="list-style-type: none"> <li>'Ohana Re-Conferencing</li> <li>Earlier 'Ohana Conferencing</li> <li>Culturally Tailored Parent Mentoring Program</li> <li>Wrap</li> <li>SPAW</li> </ul>	<ul style="list-style-type: none"> <li>Increased well-being</li> <li>Increased family engagement</li> <li>Cultural competency is evident throughout practice and services</li> <li>Increased community engagement and partnership</li> </ul>

## 2. PROPOSED DEMONSTRATION FOR SHORT STAYERS

### Proposed Services for Short Stayers

The proposed innovations for the “**Short Stayers**” in this demonstration project will include:

-  Crisis Response Team (CRT)
-  Intensive Home-Based Services (IHBS)
-  Rapid Assessment Instruments (RAI)
-  Earlier 'Ohana Conferencing

Hawai'i's statewide data indicate that in FY 2012, 34% of all children placed in foster care were returned to their birth parent(s) within five days of being removed; 47% within 10 days (See Figure 11).

**Figure 11: State Fiscal Year 2012**

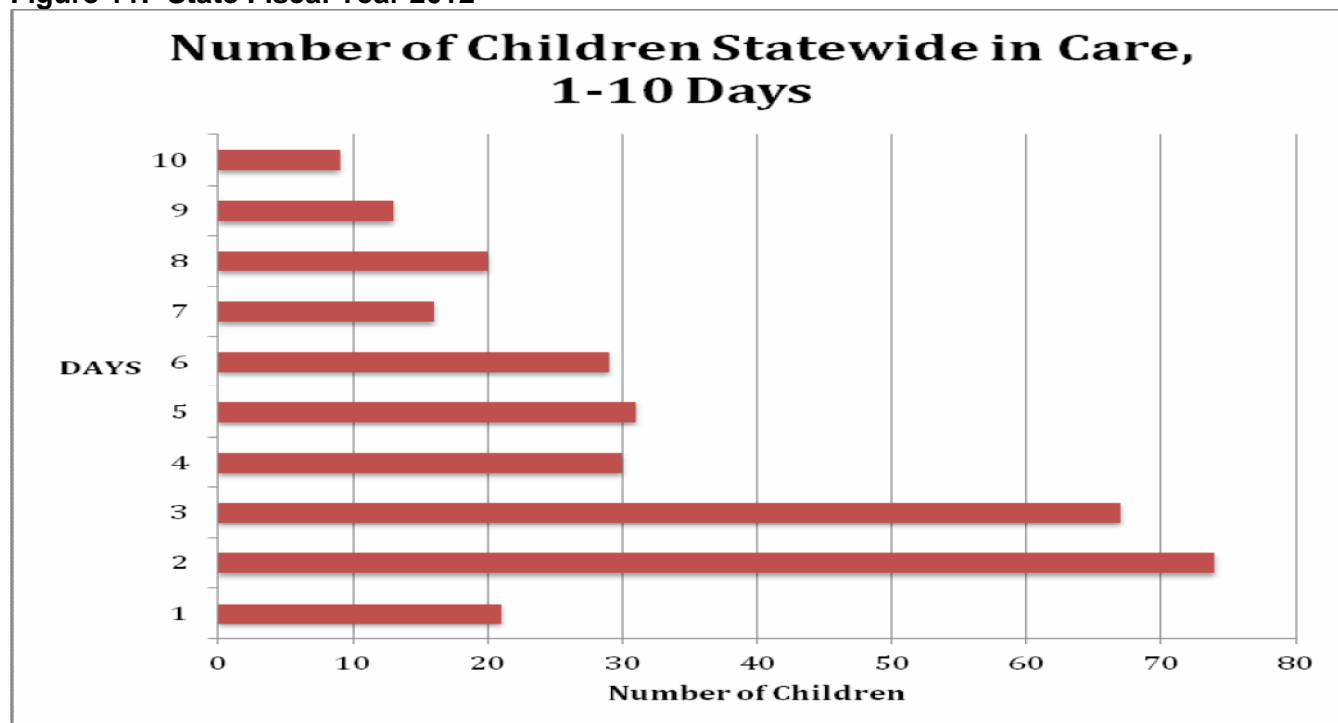







Figure 12 shows the entire distribution of the length of stay of Hawai'i's children in foster care, from 2007-2012. Figure 13 shows the distribution for O'ahu and the Big Island. Again we see the relatively high number of children being returned home in a short time period. We believe that implementing a 24/7 crisis response team that will respond within 1-2 hours of a call will not risk any safety factors but will reduce the child's trauma associated with being removed from his or her family, when no serious safety issues have been identified. We question whether children who are removed and return home to their families very quickly really needed to be placed at all.

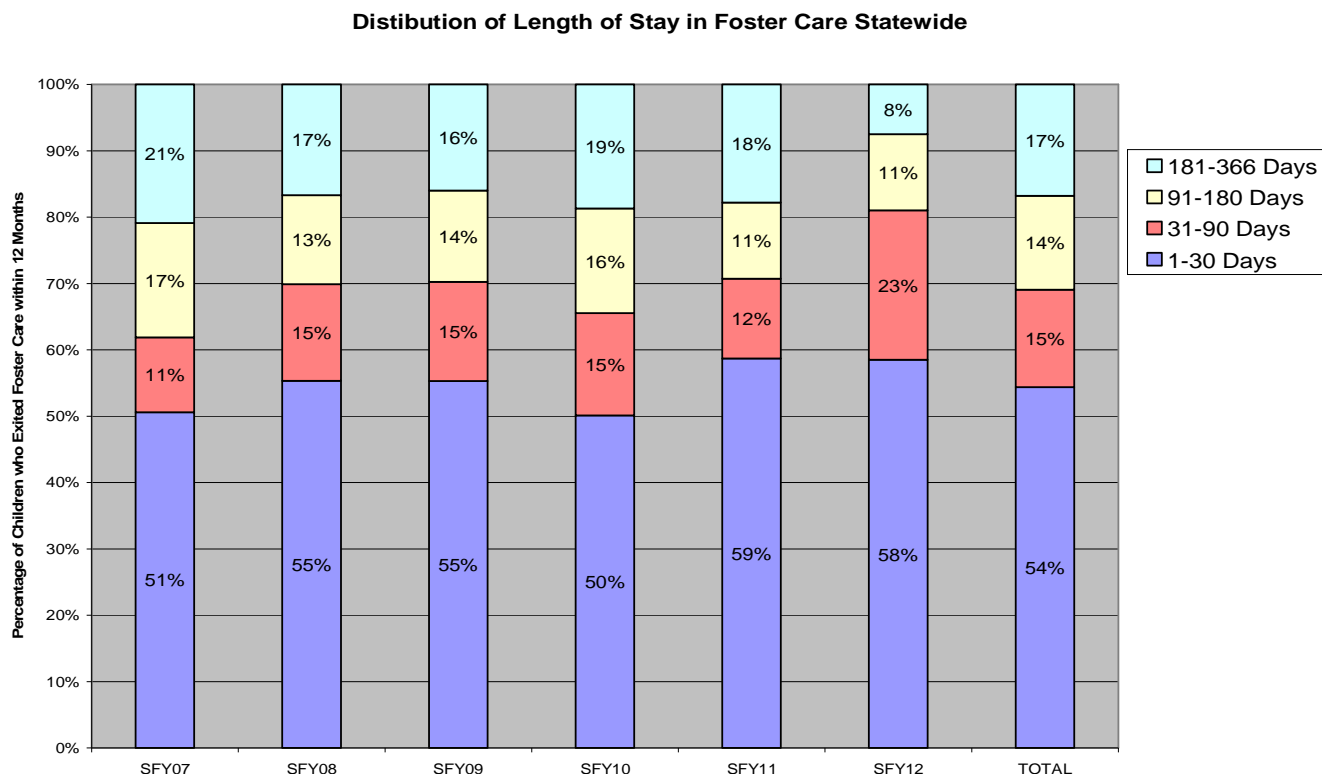
Based on SFY 2011 data from Statewide Child Welfare Intake's use of our safety screening tool, the most common safety factors identified for those youth who stayed in foster care between 1-30 days are listed below. Please note that more than one safety factor may be identified per case.



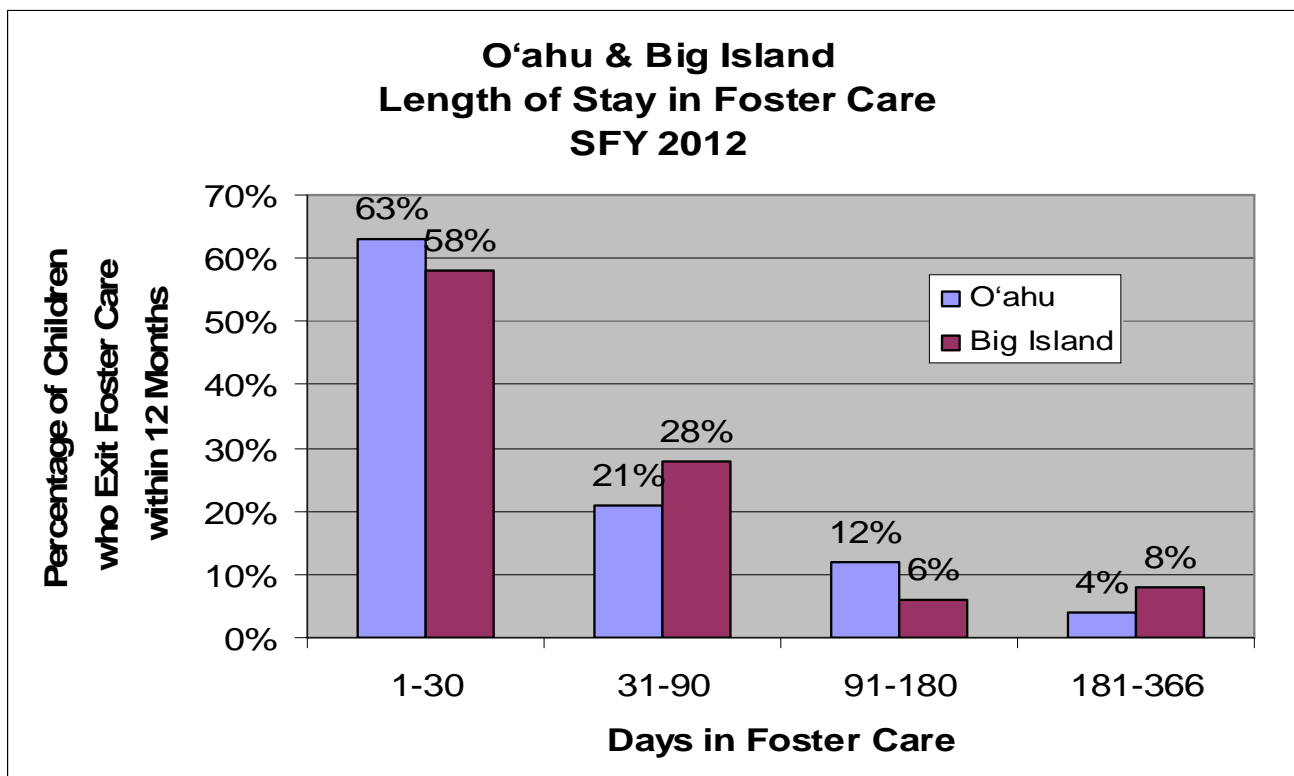
-  Caregiver has not, will not, or cannot provide sufficient supervision to protect the child from substantial or imminent harm (30% of cases)
-  The current abuse or neglect is severe and suggests that there may be substantial and/or imminent harm to the child (26% of cases)
-  Caregiver lacks knowledge, skill, or motivation to parent and this presents a threat of substantial or imminent harm (22% of cases)
-  Caregiver's impairment due to drug or alcohol abuse is seriously affecting his/her ability to supervise, protect, or care for the child (22% of cases)
-  Behavior of the caregivers or others the caregiver has allowed access to the child is violent or threatening and/or out of control (22% of cases)

Data from the SFY12 showed that the number of cases returned to CWSB after Voluntary Case Management services had been initiated was 13% on O'ahu as compared to 21% on the Big Island. Thus, we propose that by implementing the CRT there will continue to be a high concern about each child's safety; however we will be able to see a reduction in short-term placements, fewer re-entries, as well as improved services to children and youth and their families based on immediate, comprehensive assessments and safety plans. Provision of the proposed Intensive Home-Based Services for those families with significant risk factors will now be managed without removing children and will keep them safely at home.

**Figure 12**

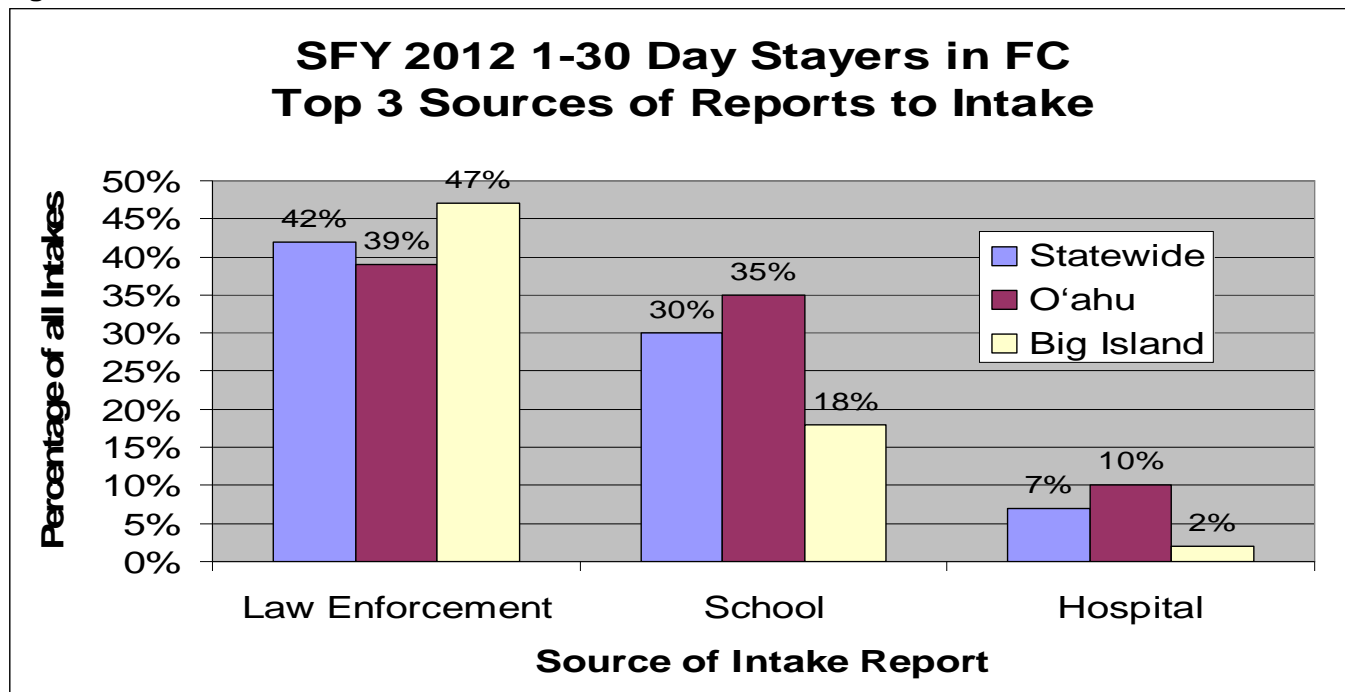


**Figure 13**



Forty-seven (47%) of the intake reports on the Big Island come from law enforcement compared to only 39% on O'ahu, but a much lower percent come from the schools (18%) compared to O'ahu (35%). (See Figure 14)

**Figure 14**

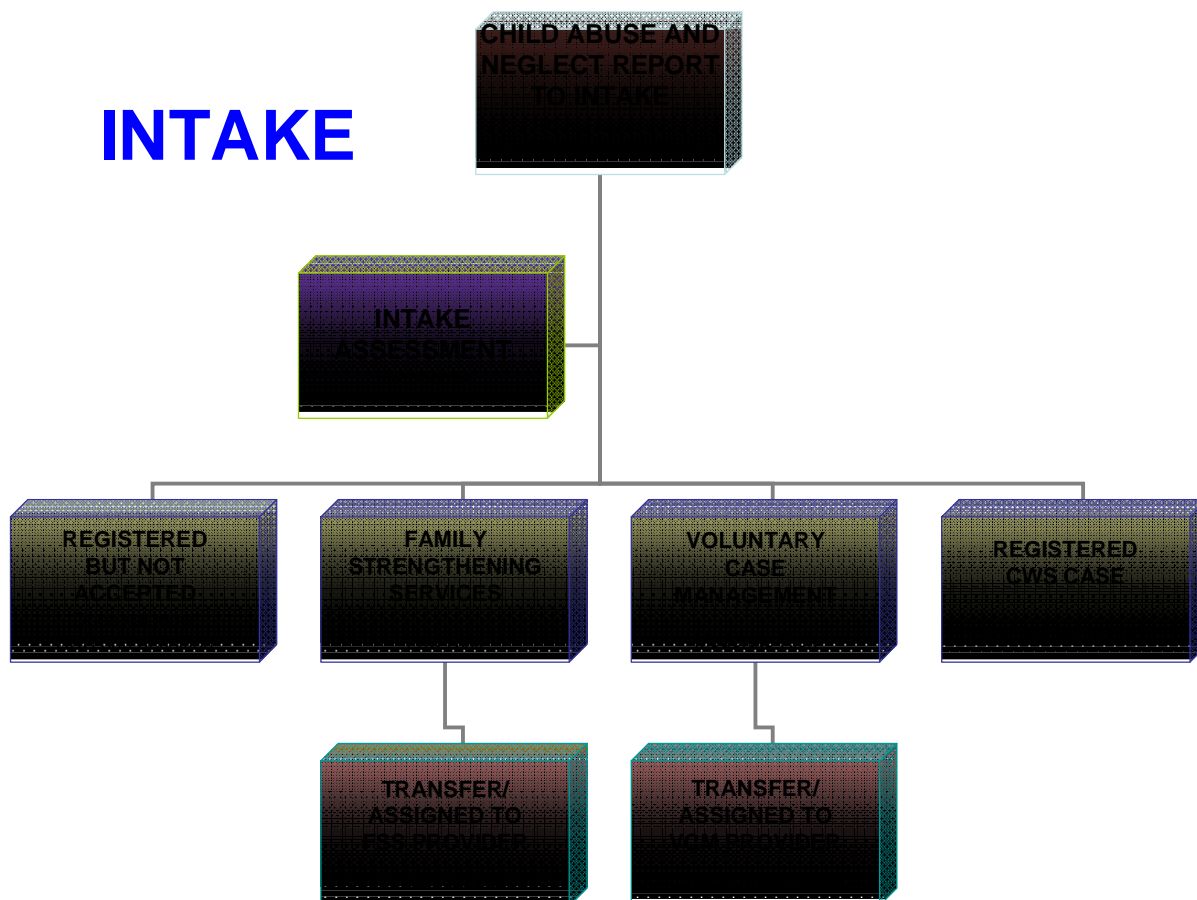


## 2.1 FIRST INNOVATION: CRISIS RESPONSE TEAM (CRT)

Current CWS response to intake referrals is to send a social service aide (SSA) to provide out-of-home placement, followed by an assignment to an assessment worker who then utilizes the current Hawai'i Child Safety and Comprehensive Risk Model to determine whether abuse or neglect has occurred, and whether the child needs to remain in out-of-home placement.

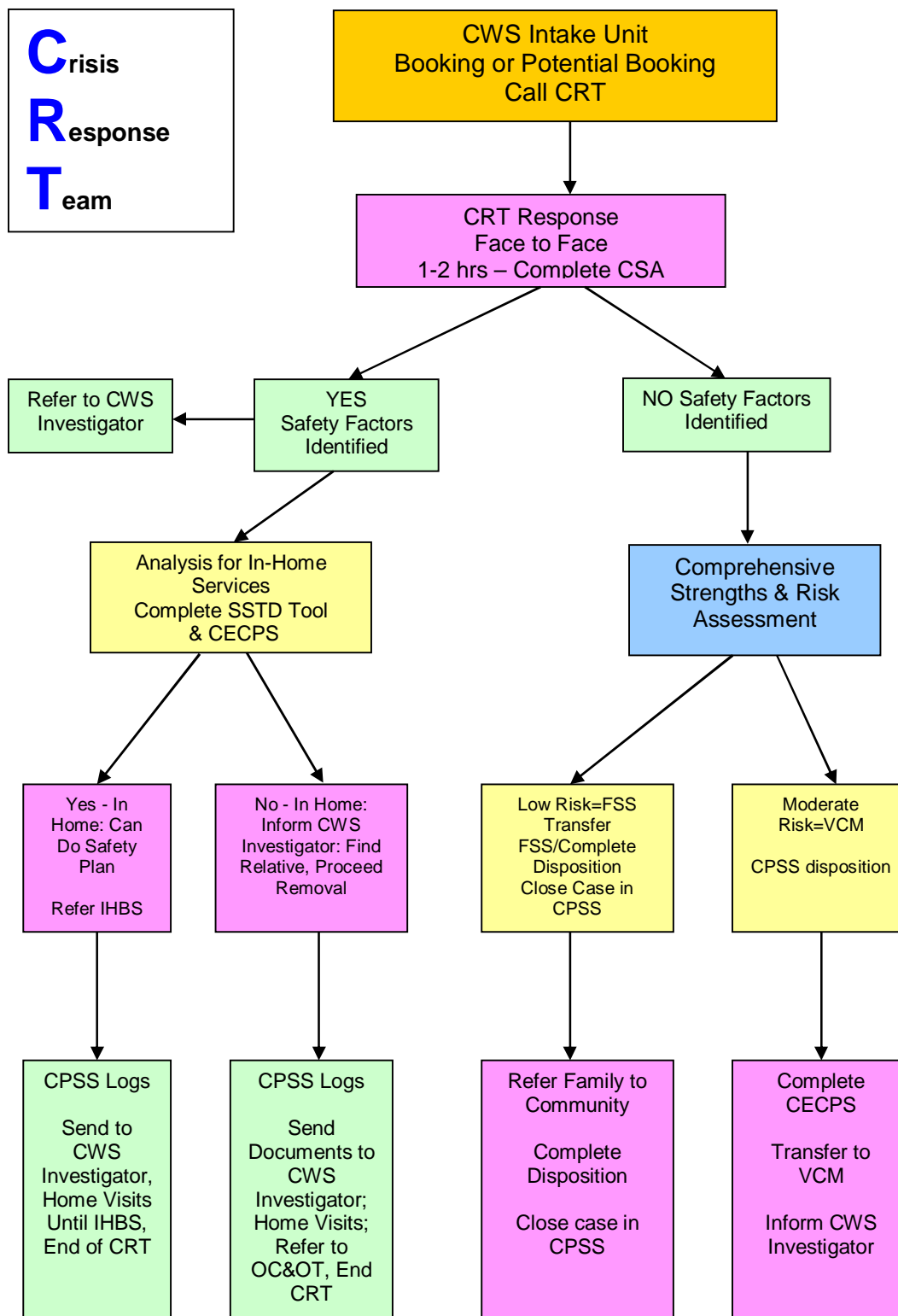
Currently, Hawai'i's intake system looks like this (See Figure 15).

**Figure 15**



The proposed CRT will be staffed by a trained social worker who will respond in-person and be able to quickly assess the safety/risk factors, and initiate a new service called Intensive Home-based Services (IHBS) (See Figure 16).

**Figure 16**



### CRISIS RESPONSE TEAM (CRT)

The goal of this approach continues to focus on child's safety, but will now also emphasize trauma prevention through initiatives such as: crisis intervention to prevent unnecessary removal-related

trauma, minimize the trauma of removal by continuing to find relatives for placement if removal is imminent, and immediate referral of families to appropriate interventions. New crisis teams comprised of social workers will respond to a report of abuse, neglect or threatened harm. These teams will assess and conduct a safety/risk evaluation and assess the strengths of the child and the family. This 24/7 crisis team availability is intended to decrease the number of short stayers initially coming into foster care preventing unnecessary trauma for children/youth who can be safely maintained in their own home. For those children who need to enter foster care for safety reasons, it is expected that this approach will also shorten the time in any type of foster care. The Hawai'i model is derived from the original SAFE model that has been designated by the Children's Bureau as a Promising Practice. The evidence informed Child Safety Assessment Evaluation tool derived from the Washington State risk assessment model is already in use in Hawai'i and is considered a Theoretical-Empirically Guided Model.

Children of all ages will be eligible for this crisis response team intervention. Staff will complete an Analysis for In-Home Services as appropriate, develop a safety plan with the family as appropriate and link the family to appropriate community resources. Any child with identified behavioral problems, substance abuse, or mental health issues (or families with key risk factors for domestic violence) will be referred for additional assessment and services. CPS workers will remain active with the family for 4-6 weeks.

## **2.2 SECOND INNOVATION: INTENSIVE HOME-BASED SERVICES (IHBS)**

Both demonstration sites will implement an intensive home-based service with social workers who will respond to the family home within 4-8 hours of an initial report (on the Big Island, the response time may be longer due to geographic challenges). The child's well-being will be enhanced by preventing or minimizing the removal/placement trauma, and use of a comprehensive assessment and family strengthening interventions, based on identified and recognized standardized measures or Rapid Assessment Instruments (RAI).

In 2008, the staff on the Neighbor Islands (the Big Island, Kaua'i and Maui) as well as with one unit on O'ahu, were trained and have piloted the use of several standardized measures referred to as Rapid Assessment Instruments (RAI). Staff outside of O'ahu was trained on the **Adult and Adolescent Parenting Inventory (AAPI)**, assessing family strengths and stressors (the Berry instrument), **Client Engagement in Child Protective Services (CECPS)**, Yatchmenoff 2007) and **Child Behavioral Checklist (CBCL)**, Achenbach 1991), assessing children/youth social, emotional and behavioral functioning. The purpose of this pilot was to identify and initiate the use of standardized measures of specific issues related to the likelihood of parent's abusing or neglecting their child/ren absent intervention. For example, the CECPS was developed to assess parents' willingness to engage in services, a significant risk factor. The CECPS information can be used to improve safety decisions based on empirically derived decision criteria. The AAPI provides in-depth information about five different parenting constructs that have been empirically associated with the likelihood of a parent abusing or neglecting their children. The experience with utilizing standardized measures to improve assessment and case planning will be expanded to all of O'ahu in the IV-E demonstration. A description of the piloted measures is included in Appendix B. The final determination of which measures to use and who will administer the instruments (i.e. private providers or CPS staff) and how this information will be integrated into case planning will be finalized during the demonstration negotiation and implementation.

## **2.3 THIRD INNOVATION: RAPID ASSESSMENT INSTRUMENTS (RAI)**

By implementing several of the RAI, such as parental functioning and child functioning measures, the social worker will be able to correctly conduct an initial and ongoing risk and safety assessment; identify the culturally appropriate needs of the child and the family and stabilize the home situation.

For youth over the age of 12, AAPI will be used as well as the Strengths and Stressors Tracking Device (SSTD) to help evaluate the family's environment, provide appropriate social support, assess and strengthen parental capabilities, family interactions, safety and well-being, caretaker/child ambivalence and readiness for reunification.

The CECPS will be used to assess the client's readiness to constructively engage in services. The CBCL measures child/youth social, emotional and behavioral functioning and will be conducted to insure that appropriate social and emotional well-being and developmental functioning is being assessed.

Results of these assessments will be utilized in development of service plans which may include trauma-informed individual and family counseling, parent education and mentoring, intensive family preservation and re-unification services (as needed), and prompt referrals to the Child and Adolescent Mental Health Division (CAMHD) of State DOH or private providers for appropriate behavioral and mental services.

## **2.4 FOURTH INNOVATION: EARLIER 'OHANA (Family) CONFERENCING**

Each family will be automatically referred to an **Earlier 'Ohana Conferencing Program**. This nationally renowned model of family group decision-making was piloted in Hawai'i in 1997. The Catalyst Group has recently evaluated a model of the Early 'Ohana Conferencing and Family Finding Strategies through a control and randomized evaluation design. The findings show that children were *less* likely to be removed when the family had received an Early 'Ohana Conference and the earlier the conference took place, the sooner the child was reunified. Children stayed in foster care for a shorter period of time when the family received an Early 'Ohana Conference compared to families that did not. 'Ohana Conferencing is a culturally-informed practice model that very quickly invites parents and extended family members into the decision-making processes and become partners with the child welfare worker, private providers and other community partners to insure that the best decisions for safety and child well-being are being made collaboratively, agreed to and implemented.

## **3. PROPOSED DEMONSTRATION TO PREVENT LONG STAY IN FOSTER CARE**

### **"LONG STAYERS"**

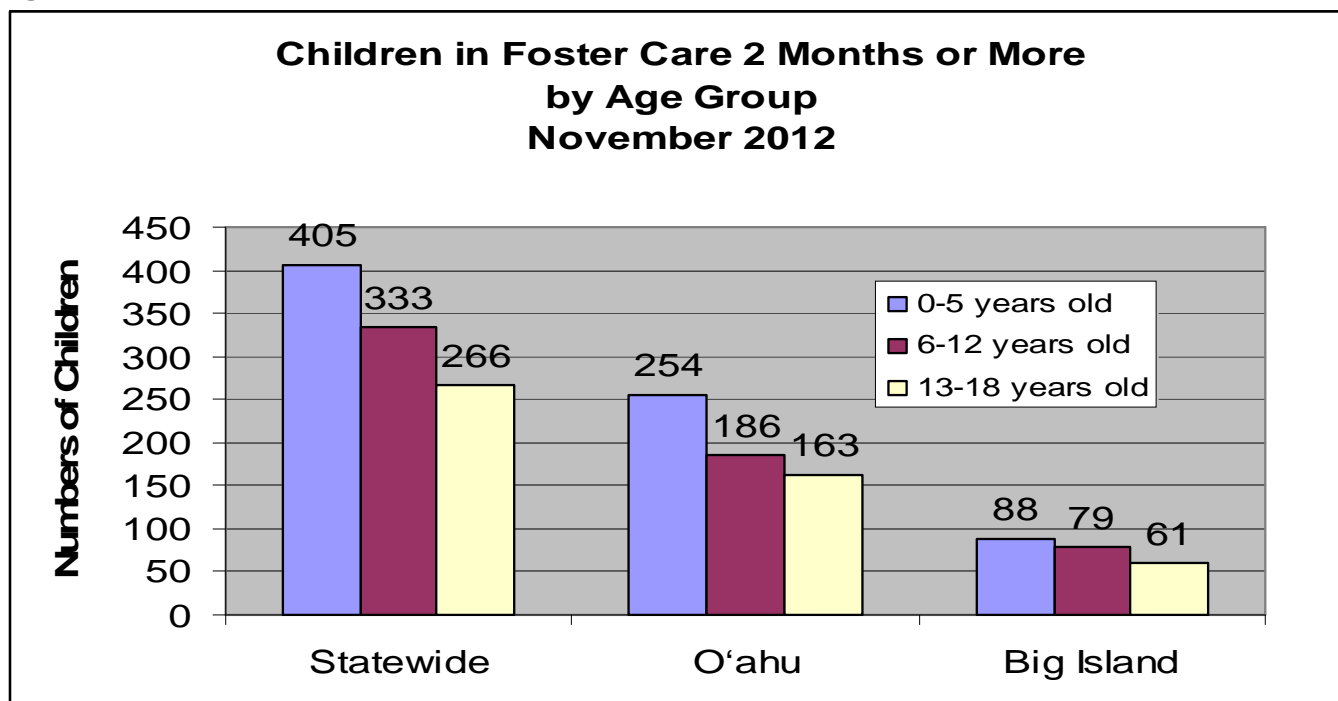
In order to ensure successful permanency outcomes and improved well-being outcomes for *all* children and youth, Hawai'i plans to shorten the length of time children live in foster care, improve their well being and move them to permanency more quickly. In November, 2012, there were 576 children in foster care for 12 months or more; 60% of these were on O'ahu and 22% were on the Big Island.

The proposed demonstration projects will consist of interventions with benchmarks and timelines designed to provide more effective and intensive services. These services will begin when a child or youth has been in foster care for over two months to return them to their families with services or exit to

other permanent arrangement such legal guardianship or adoption by relatives, thus preventing them from becoming “long stayers” in foster care. We believe that enhancing our current service approach will result in further reductions in the length of stay, improved well-being and increase permanency for children who cannot be initially managed in the home.

Figure 17 displays the distribution of these children at 2 months or more by age group. The numbers represent the number of children whose families will receive the first group of proposed interventions to reduce being long stayers in foster care.

**Figure 17**



## PROPOSED SERVICES FOR LONG STAYERS

The proposed changes and services for the “**Long Stayers**” in this demonstration project will include:

- ✚ Rapid Assessment Instruments
- ✚ Increased `Ohana Visiting Time
- ✚ Parent Mentoring Program
- ✚ Safety, Permanency and Well-Being Roundtables(SPAW)
- ✚ Wrap Services
- ✚ `Ohana Re-Conferencing

### 3.1 FIRST INNOVATION: RAPID ASSESSMENT INSTRUMENTS (RAI)

#### Child Behavioral Check List (CBCL)

The CBCL is a screening tool for social, emotional and behavioral functioning of children and youth. Internal mental health problems (such as depression, anxiety, eating/sleeping disorders) and external behaviors such as delinquency and aggressive behavior are measured. Clinical scores on CBCL can

be equivalent to DSM-IV MH diagnoses and mirror scores of children who are receiving formalized mental health services in the mental health system. This data provides information on a combined borderline/clinical cut-point score. In Washington State – if a child/youth had a borderline/clinical cut-point – the CBCL was used to triage these youth for a more formalized mental health evaluation. In addition, screening of all children who entered foster care utilizing this and other measures was for two purposes: a) to improve case planning for children/youth, and b) to provide aggregate data to use in negotiations with the mental health systems regarding both the numbers and types of mental health service needs for children entering foster care.

In Hawai'i's 2008 pilot, while there are some limitations in interpretation (given small sample size), there are 43 completed CBCL's that provides some indication regarding social, emotional and behavioral functioning of children placed in foster care in Hawai'i.

- Approximately 40% of children who were assessed had a borderline or clinical score related to internal problems which means children had significant issues related to emotional reactivity, anxiety/depression, somatic (sleeping problems), and withdrawn.
- For very young children, (1.5-5 years) 33-40% had borderline or clinical scores on external behavior which includes attention problems and aggressive behavior. An average of 52% of children/youth 6-18 had borderline or clinical scores on external behaviors.

This data suggest that, depending on the issue, targeted services for children with either internal, external behaviors, or both, could focus on practices related to child self-management skills training, counseling related to depression and/or anxiety, and social skills training related to withdrawn behaviors. For older youth services could also focus on youth social skill development, as well as, behavior management skills, and mental health counseling.

Data on child/youth social, emotional and behavioral functioning also indicates skills training for birth parents, relative/kin or foster parents to help them understand both the triggers for these behaviors, as well as, effective methods of behavior management would be beneficial for families. These supports could be supplemental to formal mental health counseling for those children with the most severe problems. These services shall contribute to more successful reunification, placement with relatives, and increased likelihood for permanency.

### **Adolescent-Adult Parenting Inventory (AAPI)**

The Adolescent-Adult Parenting Inventory (AAPI) will identify teen parents and adults who may be at risk of becoming abusive parents because of inappropriate parenting and child-rearing attitudes. The AAPI consists of a *40 statements about parenting and child-rearing attitudes* which measure five parenting constructs known to contribute to the maltreatment of children: inappropriate expectations of children's growth and development; parent-child role reversal; belief in corporal punishment; and oppressing children's power and independence through rigid adherence to obedience.

### **Client Engagement in Child Protective Services (CECPS)**

The Client Engagement in Child Protective Services (CECPS) will assist social workers identify parents who are compliant ("going through the motions") compared to parents who are positively involved in actually working on the identified problems. The Client Engagement Scale (CECPS) consists of 19 statements that a client (parent or parent surrogate) is asked to rate on a 5 point scale and measures receptivity, expectancy, investment, working relationship and mistrust. The CECPS was developed



from discussions with caseworkers, supervisors, administrators and CPS clients; piloted and formally evaluated.

These RAIs will be reviewed again and as the demonstration project develops, the staff will determine which ones will be most appropriate to implement and for which children. Utilization of RAIs will better inform those involved in the case, resulting in improved case planning and monitoring, and ultimately better outcomes and decreased length of stay in foster care.

### **3.2 SECOND INNOVATION: INCREASED 'OHANA (FAMILY) TIME**

Once it has been determined that a child can not safely return to their caregiver within 2 months, 'Ohana (family) Time will be implemented. Increased 'Ohana Time will help reduce trauma to children in foster care, as well as, improve family connections between the children, their parent(s) and their siblings. In the new model, 'Ohana Time will begin immediately for all children and youth in foster care, but at two months, it will become more frequent and the visits will be longer. Research supports that when children spend more time with their parents, their cases move more quickly to reunification or towards termination of parental rights. With increased 'Ohana Time, we anticipate children's time in foster care will decrease, resulting in cost savings.

### **3.3 THIRD INNOVATION: PARENTING MENTORING PROGRAM (PMP)**

After a child has been in foster care for two months, assessments will have been completed, referrals to services made, and the parents are fully informed on the services required in order to establish a safe home and return of their children. This is the optimal time for a mentor to assist in motivating the parents, keeping them engaged/on track with services, and helping them understand the system. The new PMP will be offered to families whose children are still in foster care for two months. Birth parent engagement and participation in child welfare programs has been demonstrated to contribute to the more rapid reunification of families, prevent substitute care placements, support families, and improve the emotional well-being of children.

Hawai'i will institute a modified PMP based on Oregon's successful demonstration project that targeted parents with alcohol and drug issues. The priority will be parents with substance abuse challenges. In Hawai'i's demonstration project, the parent mentors recruited and selected will be a diverse group reflecting the ethnic and cultural diversity of the parents that they will be working with. Careful attention will be placed in actively working with parents in matching them with mentors who have similar cultural backgrounds. A comprehensive assessment of the mentors and the needs of the family will be completed in order to ensure that mentors can work closely with the parents to meet their needs in a culturally appropriate and supportive manner. Parents will also be matched with parent mentors who have had similar problems and have "graduated from the child welfare system" or have an understanding of the CWSB system. This program capitalizes on the skills of the parent mentors who by virtue of their experiences are knowledgeable about the child welfare system, the needs of children and families, and the resources of the community.

Training for potential parent mentors will be conducted before the parent mentors are selected to participate in the program. The training will include cultural sensitivity, mentoring skills, building supportive relationships, and understanding the CWSB system. This provides the program an opportunity to assess whether the potential parent mentor is appropriate for the mentoring role and allows the mentor to decide whether the program is a good fit with their own interests and skills. The mentors will be trained to help current parents in the system develop action plans which identify their needs and goals for services and for reunification. Parent mentors will meet at least once a week for up

to 12 weeks and assist them with accessing appropriate services that meet the needs of their families and building supportive relationships. The mentors will receive weekly supervision and on-going training specific to the mentoring role. Mentors will receive continual training and support to develop leadership and advocacy skills and help them represent the interests of their parent partners. The PMP will provide a sense of community and support for both the mentors and parent partners. Hawai'i's DOH already has a successful parent advocacy program called Family as Allies that the CWSB will collaborate with to develop this program for CWSB families.

### **3.4 FOURTH INNOVATION: 'OHANA RE-CONFERENCE**

When a child has been in foster care for 4-6 months, the parents and CWSB will assess if the child will be able to reunify with their parents/family, or move toward termination of parental rights. All families in Hawai'i are referred for an initial 'Ohana Conference when a child enters foster care. A re-conference in a four month time frame will be conducted so the family and CWSB can review progress/barriers in services, and work together to insure mutual understanding of case direction and permanency goals. The parents' service plan can be reviewed in a context where the family's supports can still step in to help parents succeed or help the parents to understand their limitations to being successful parents.

### **3.5 FIFTH INNOVATION: WRAP SERVICES**

With the support of the Casey Family Programs (CFP), Hawai'i initiated a pilot project, Wrap Services. It is designed for high need, challenging youth and families who are engaged in multiple systems (e.g., DOE, Court, and DOH). For youth in foster care for over 4 months, Wrap Services will be offered. This empirically-demonstrated model is family-driven, and brings together all of the agencies involved with a family to creatively find solutions and supports for the family. It is designed to better coordinate the existing services and eliminate duplication of services, thereby reducing family frustration with the CWSB system and its partners, and decrease the potential disengagement of families. This intervention will ensure that CWSB, its partners, the family and the community are making all necessary efforts to serve the child and family as creatively as possible before making any determination of termination of parental rights.

### **3.6 SIXTH INNOVATION: SAFETY, PERMANENCY AND WELL-BEING ROUNDTABLES (SPAW)**

**SPAW** is a modification of the Casey Permanency Roundtable designed as a case staffing system which aims at breaking down systemic barriers to permanency, while ensuring high levels of safety and well-being. It differs from 'Ohana Conferences, other case meetings, Wrap Services and Multi-Disciplinary Team meetings in that: the family is not directly involved in the process. The SPAW consists of service providers, other professionals involved with the child and family, consultants (cultural, medical, mental health, etc.), social workers and CWSB administrators. The participants will have the authority to make decisions on behalf of their agencies. The SPAW Coordinator will follow-up to ensure completion of action-plans. If systemic problems exist which are hindering the family's progress in reunification services or the CWSB's ability to move toward permanency, SPAW will intervene and address these problems.

#### 4. SUMMARY OF EVIDENCE-BASED AND INFORMED PRACTICES AND INTERVENTIONS

##### SHORT STAYERS

CONCERN/ACTIVITY	INTERVENTION
Trauma from unnecessary removal	Crisis Response Team Intervention Child Safety and Assessment Tools
Child's Safety Social/Emotional Well-Being	Intensive Home Based Services RAI Tools - AAPI, CECPS, SSTD, CBCL Increase 'Ohana Time
Family Disintegration	Earlier 'Ohana Conferencing

##### LONG STAYERS

CONCERN/ACTIVITY	INTERVENTION
Assessment and Planning	RAI Tools - AAPI, CECPS, SSTD, CBCL
Attachment and Bonding Readiness for Reunification/Permanency Social/Emotional Well-Being	Increased 'Ohana Time
Readiness of parents for child's return Re-entry to foster care	Strengths and Stressor Assessment Tool
Timely Permanency Coordinated Services	Safety, Permanency Assessment, Well-being Roundtable (SPAW) 'Ohana Re-Conference
Birth parents need support to insure engagement in services for successful reunification	Parent Mentoring Program
Re-entry to foster care Social Well-Being	Wrap Services SPAW

#### 5. EVALUATION DESIGN AND OUTCOME MEASURES

##### Evaluation Design

Hawai'i is considering the following evaluation design to measure and evaluate the progress of the Waiver Demonstration Project. The final design and analysis will be developed in collaboration with the University of Hawai'i at Mānoa, Honolulu, Hawai'i. The evaluation will consist of (1) Outcome measures, (2) Process measures, and (3) Cost analyses.

As indicated earlier, 50% of the children in foster care are Native Hawai'ian or part Hawai'ian with another 17% of "mixed" ethnicity. Recently Hawai'i has seen growth in the number of Pacific Islanders, particularly migrants from Micronesia coming into the state. They will likely begin accessing a variety of federally and state funded services. An overall commitment within DHS to provide culturally informed and culturally appropriate services. `Ohana (family) Conferencing; `Aha (community gatherings), the CWSB family partnership and engagement practice model, family finding and family connections, `Ohana Time, youth circles and resource family recruitment with a special emphasis on reaching out to Native Hawai'ian families are only a few examples of the on-going efforts to provide culturally appropriate interventions. Staff, agency partners, as well as the Purchase of Service (POS) providers have been trained in multi-culturally informed service interventions.

The Casey Family Programs' study, Adapting Evidence-based Practice: Considerations from American Indian, Alaska Native and Native Hawai'ian Communities, was reviewed to ascertain if any new evidence-based practices had been studied using the diverse population groups in Hawai'i. Unfortunately, the report acknowledges that Native Hawai'i and Pacific Islander populations have been neglected in the social science literature, and there are very few peer-reviewed studies that could guide our work in this demonstration. However, the University of Hawai'i's School of Social Work's Master of Social Work (MSW), and Bachelor of Social Work (BSW) program train social workers with a strong focus on cultural competence; the Asian and Pacific Islander Youth Violence Center is collecting data to bring science and community prevention practices together in a holistic, culturally-appropriate, and sustainable approach. The University of Hawai'i's Hawai'inuiakea School of Hawai'ian Knowledge has been active in researching and evaluating culturally appropriate practices in Hawai'i. The William S. Richardson School of Law, Native Hawai'ian Scholars, as well as the Office of Hawai'i Affairs, Alu Like and a host of other Hawai'ian and other culturally specific groups in Hawai'i may be called upon to assist the CWSB in designing and implementing an evaluation that will test the new interventions proposed among the diverse cultural groups in our community.

Due to the small number of cases, an experimental design with random assignment is not easily implemented. Thus, we are proposing a pre-test/post-test and comparison site design to evaluate the different aspects of the demonstration. The evaluation design will include analyses of the processes, the worker's experiences, child/youth and family outcomes and costs. Data will be evaluated comparing the outcomes from O'ahu and the Big Island as well as the counties not involved in the Waiver Demonstration (i.e. the counties of Maui and Kaua'i). The thrust of this evaluation will include the major variables of increased safety, reduced re-entry, faster permanency and improved well being. Proposed interventions will also be evaluated on cultural sensitivity, the staff and service providers' cultural competency, and the effectiveness of these interventions on our diverse cultural and ethnic families in Hawai'i.

#### **Hypotheses re: Short Stayers**

- (a) *Implementing the Crisis Response Team will reduce the number of children entering foster care.*
- (b) *Implementing the Crisis Response Team will reduce the number of children re-entering foster care*
- (c) *Implementing the Intensive Home-Based Services will stabilize families and reduce the re-entry rate of children who have exited foster care.*
- (d) *Implementing the Earlier `Ohana Conferencing will increase parent engagement, stabilize families, and ensure safety/well-being for children.*

### **Hypotheses re: Long Stayers**

- (a) *For youth in foster care for over 2 months engaged in these new services, there will be improvement in their behavioral and emotional well-being as measured by standardized instruments.*
- (b) *For youth in foster care over 2 months engaged in these new services, there will be an increase in the stabilization of their placement.*
- (c) *For youth in foster care over 2 months engaged in these new services, there will be a more rapid reunification and a shorter time in making permanency decisions.*
- (d) *For youth in foster care on the demonstration islands, re-referral and re-entry rates will be reduced.*

### **Hypotheses re: Process and Casework**

- (a) *The demonstration project will increase the use of evidence-informed assessments and interventions.*
- (b) *The demonstration project will increase the collaboration with families, community-based partners and the involvement of youth in the planning that affects them.*
- (c) *The demonstration project will increase the use of well-being measures such as the CBCL.*

## **6. SIMILAR PROJECTS**

Appendix A lists all of the state's projects and initiatives over the last several years. However, this list describes the similar projects that are already underway in the state that will compliment the new services proposed in this demonstration project.





### **Psychotropic Medication Oversight Collaboration**

The over-prescription of psychotropic medication to foster children and youth is an issue of national concern. Hawai'i CWSB has been convening a multi-disciplinary action team to address this issue in our state for over a year. This statewide collaboration consists of representation from O'ahu, Maui, Kaua'i and the Big Island, which includes foster youth, resource caregivers, birth parents; CWSB staff, DOH, DOE, UH-Manoa, Medicaid, Judiciary, Court Appointed Special Advocate (CASA); and other community stakeholders. The team focuses on the following:


- Effective, appropriate medication use;
- Increased use of non-medical interventions and treatments for mental health issues and behavioral problems;
- Timely mental health and behavioral health services;
- Increased 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 placements changes for foster youth;
- Decreased length of stay in foster care;
- Successful transitions of foster youth to independent living;
- Coordination and oversight of Primary Care Physician (PCP) and child and adolescent psychiatrists prescribers;
- Statewide awareness of the risks and benefits of psychotropic medications for youth;
- Reduced stigma regarding mental health and psychotropic medication use; and
- Increased collaboration and communication among agencies/systems.


 A major cornerstone of the state's family preservation and support services is the (DRS) which allows families to obtain supportive services at the most effective and least invasive level necessary to ensure the safety of children.


 The 24-hour statewide CWSB Intake hotline assesses each report of potential Child Abuse and Neglect (CA/N) and determines the appropriate level of intervention necessary, if any.


 New Guidelines for Threatened Harm were implemented in March 2011.

 The CWSB developed guidelines for screening and assessing families for domestic violence. In partnership with Casey Family Programs, and the National Resource Center on Child Protective Services, the CWSB staff, voluntary case management caseworkers and community partners were trained on safety decision-making screening and assessing families for domestic violence.






 In 2012, the state's Child Protective Act was amended to extend the legal definition of aggravated circumstances to include circumstances where 1) the parent has committed sexual abuse against another child of the parent; or 2) the parent is required to register with a sex offender registry under the Adam Walsh Child Protection and Safety Act. The passage of this legislation was the final action needed by the state in order to be in full compliance with the federal Child Abuse Prevention and Treatment Act.

 With the assistance of the Casey Family Programs, a pilot Wrap Services project was implemented to improve the coordination of Hawai'i's service delivery system to "surround" and support children and their families who are engaged in two or more systems of care (i.e., foster care, behavioral health, special education and/or corrections). A new Memorandum of Agreement has been implemented to permit the agencies to share information more easily and a single family consent form has been developed to ease the family's access to services, while protecting their confidentiality.

 DHS and the DOE have developed guidelines to ensure educational stability for children in foster care and to facilitate successful transitions when a change in school is in the best interest of the child.

 Hawai'i Youth Opportunities Initiative (HYOI) is a youth-adult partnership designed to improve outcomes for youth who transition from foster care to adulthood. The HYOI is a Jim Casey Youth Opportunity Initiative committed to a data driven approach that measures outcomes in permanency, education,

employment, housing, physical and mental health, personal and community engagement.

-  As an outcome of the Casey Family Programs/DHS collaboration, *`Aha* (community gatherings) have brought together participants from all of the islands to help develop collaborative strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit and support foster and adoptive families. *`Aha* is a new, culturally informed practice model was instituted in collaboration with the Casey Family Programs in 2010. In this case, the “kaku kaku” or discussion was to discuss Native Hawai’ian involvement in the child welfare system. In 2011, the *`Aha* was expanded to include Micronesian and Tongan communities and it is expected to expand into other Polynesian communities on Maui, Kona and Kaua’i.
-  The CWSB continues to collaborate with the Family Court and Family Programs Hawai’i to support sibling visitation and minimize the trauma associated with family separation by preserving sibling relationships.
-  *`Ohana Time*. This approach is to enhance family visitation to improve the quality and quantity of the visits. The perspective is that visitation should become Family Interaction Time and is named *`Ohana Time* to reflect and embrace the cultural appreciation for this vision. The National Resource Centers has provided training to the CWSB staff. Regular, frequent and quality *`Ohana Time* is expected to increase the likelihood of successful reunification and timely permanency.
-  Improved Face-to-Face Visits: Hawai’i, in response to the Program Improvement Plan has developed new procedures to implement monthly worker face to face visits. A new tool was developed to guide workers to provide comprehensive visits that meet the child’s safety, permanency and well being needs and goals. In March 2012, statewide training was completed.
-  Wrap Services Hawai’i. Hawai’i’s Wrap Services Project, with the assistance of the Casey Family Programs has designed a pilot project that has demonstrated improved coordination of services among the Family Court, DOH, Child and Adolescent Division, the DOE and the Office of Youth Services. A newly formed Coordinating Committee made up of representatives of these agencies have reviewed a group of foster youth who are involved in at least two others systems of care and have begun family engagement activities with three youth. EPIC *`Ohana*, Inc. has been contracted to do the family engagement, outreach, and coordinating of wrap services. A new Memorandum of Agreement permitting sharing of information across the agencies and a newly implemented consent form has been approved and signed by all the agency directors.

## **7. COST NEUTRALITY, FINANCIAL INFORMATION AND ADDITIONAL REQUIREMENTS**

## **7.1 ESTIMATE OF COSTS OR SAVINGS**

In accordance with Section 1130(h) of the Social Security Act, Hawai'i is proposing to utilize an annual capped allocation of Title IV-E funds as the basis for projecting that the demonstration project will be cost neutral. Hawai'i estimates that total Title IV-E funds under the Waiver Demonstration Project would be \$189,368,511 in total computable funds for foster care maintenance payments and administration. While the specific amount of savings is to be determined, savings are expected to be minimal during the first years of the project and gradually increase during implementation as the project expands. All savings realized as a result of the Waiver Demonstration Project will be utilized for child welfare services, primarily to be reinvested into the services that are the focus of the project.

## **7.2 MEASURES OF COST NEUTRALITY**

The cost neutrality methodology being proposed is an annual capped allocation, calculated by starting with a baseline period and adding an annual growth factor for the five year period of the project, the sum of which is the expected Title IV-E funds that Hawai'i would receive for foster care maintenance and administration in the absence of the child welfare demonstration project. The factors and calculations for ensuring cost neutrality are described in the sections below.

### **Costs Included in Cost Neutrality Calculation**

The following Title IV-E costs will be included when calculating cost neutrality under the Waiver Demonstration Project:

- a. Foster Care Maintenance Payments
- b. Foster Care Administration

### **Costs Excluded in Cost Neutrality Calculation**

The following Title IV-E costs will be excluded when calculating cost neutrality under the Waiver Demonstration Project:

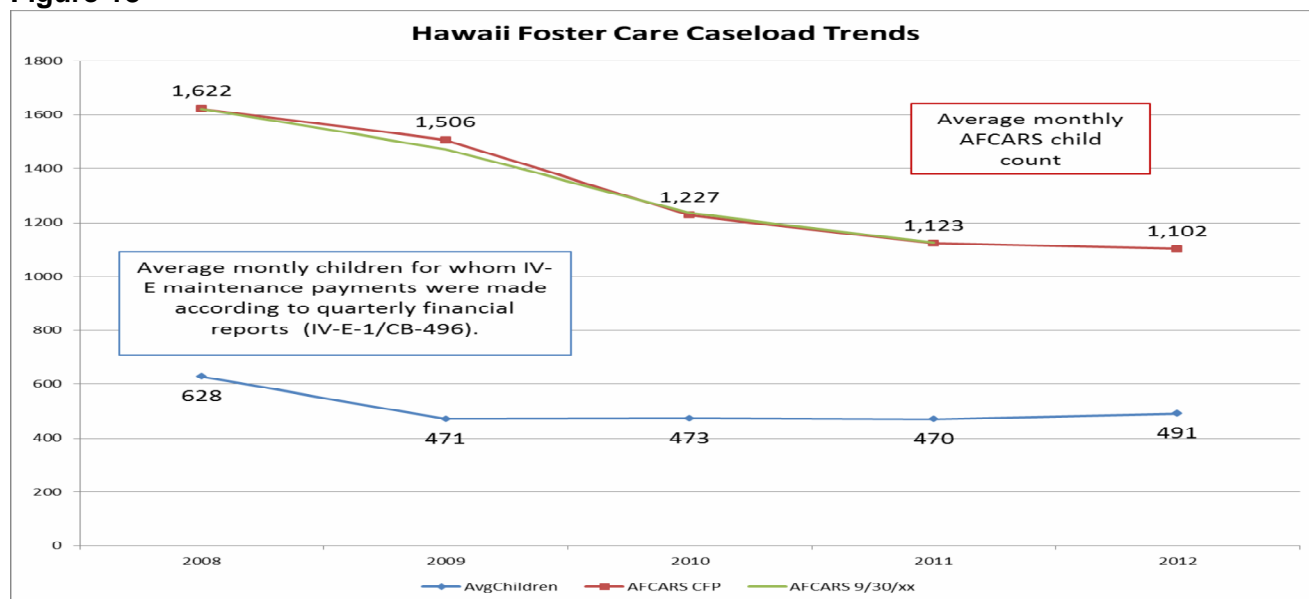
- a. Training Costs
- b. SACWIS Costs
- c. Adoption Assistance and Administration
- d. Kinship Guardianship Assistance and Administration
- e. Costs related to children over 18 but not yet 21 years of age



## Historical Title IV-E Claiming and Factors Affecting Future Title IV-E Revenue

While Hawai'i's overall foster care caseload has declined over recent years, the number of children for whom Title IV-E payments were made has been consistent over the past several years and began to increase in FFY 2012. The following chart (Figure 18) compares AFCARS data with the number of children for whom Title IV-E payments were made.

**Figure 18**



Recent trends suggest that foster care maintenance assistance payments are beginning to show increases after a period of stability.

Additional economic factors need to be considered when estimating expected Title IV-E claims that Hawai'i would expect to receive in the next five years, absent a child welfare demonstration project include:

1. Hawai'i's economy is slowly recovering. Our primary industry is tourism which is seeing an increase in visitors from the Mainland and China. However, tourists from Japan, Hawai'i's major market, have significantly decreased, hindering our recovery.
2. Due to the economic recession, Hawai'i is still seeing an increase in the number of families requiring financial assistance and social services. With the pressure placed on families, parents are stressed and less able to properly care and support their children, contributing to an increase in child abuse reports.
3. Hawai'i is also unique in that we are required to provide services to the Compact of Free Association (COFA) families which include the Federated States of Micronesia, Republic of the Marshall Islands (RMI), and Republic of Palau. Services to COFA families require knowledge of their culture and lifestyle, and the use of interpreter services.
4. Although the CWSB workforce continues to rebuild, the process is occurring at a slower pace than the number of child abuse cases requiring attention. However, rebuilding capacity is a priority, especially in timely IV-E eligibility determinations to avoid having foster

children on pending IV-E determination list, which greatly affects the penetration rate. Compounding the problem are staff salaries, which have trailed further behind the market due to multiple years without salary increases and reductions in benefit compensation; providers have suffered with rate reductions being rolled back to FY07 levels; and the caseworker burden is high, with a hiring freeze and increased staff turnover.

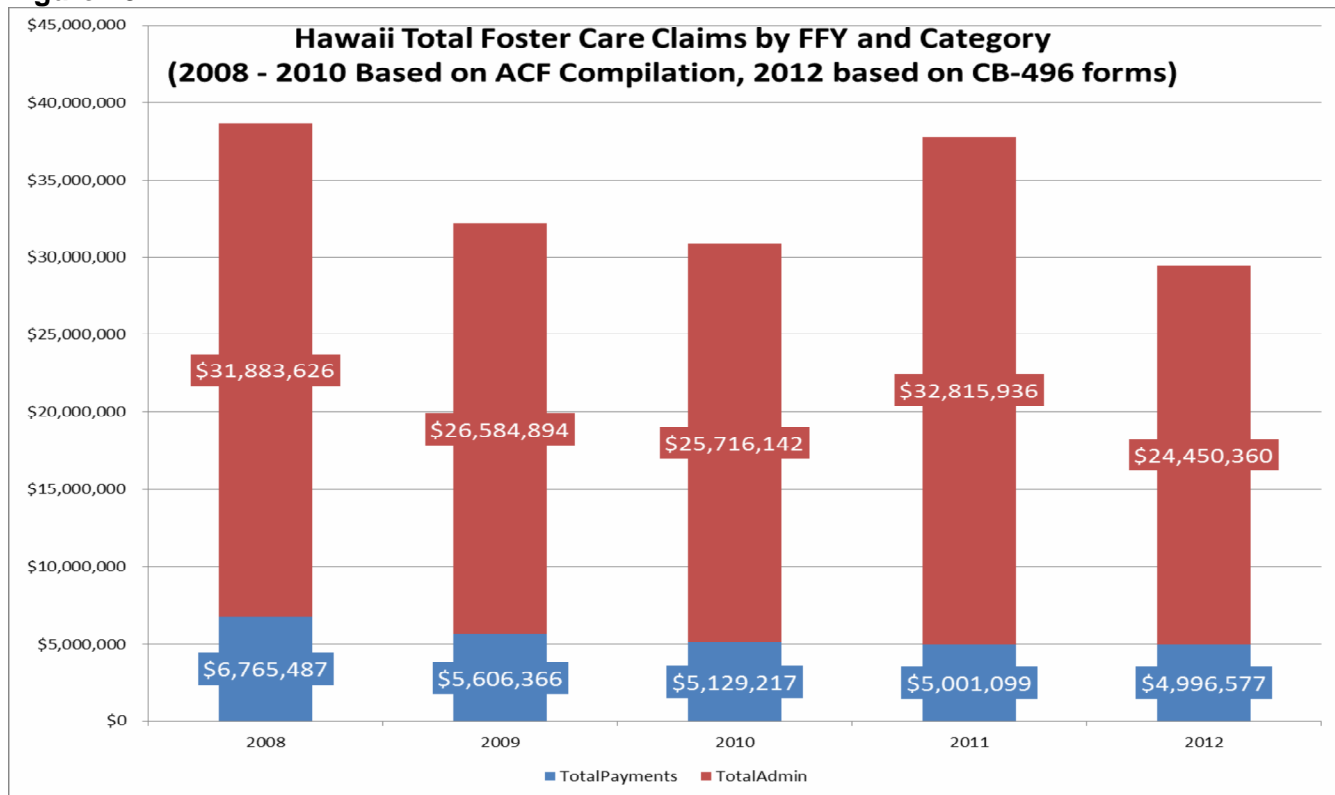
5. Hawai'i is one of the most expensive locations in the country with the cost of living significantly above the Continental U.S. In addition, the new Federal calculation that takes into account Hawai'i's high cost of living boosts our poverty rate to the seventh highest in the nation.
6. Currently, the Federal Deficit is estimated to be about \$1.4 trillion dollars<sup>5</sup> and it is anticipated that there may be major cuts or reductions in the amount of Federal funding that is appropriated to States and localities. Hawaii, like other States, may be negatively impacted by any reduction in the amount of federal funds that Hawaii currently receives.

In the absence of a child welfare demonstration waiver, actions to address these issues in a recovering economy would increase IV-E foster care claims, particularly in Administration.

#### Baseline Period and Estimated Funding for Cost Neutrality

The following graph (Figure 19) shows the recent maintenance and administration funding for the past five years.

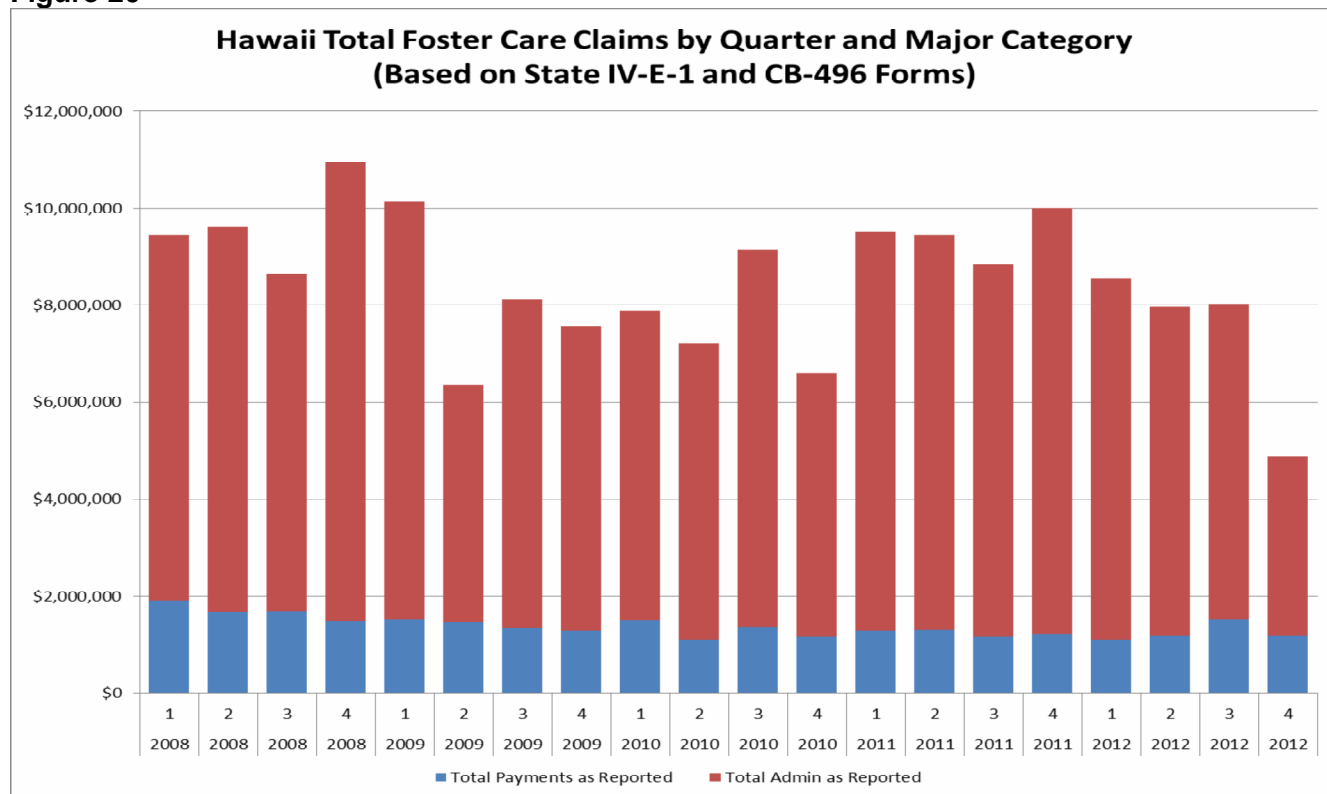
**Figure 19**



<sup>5</sup> Peterson, John E., Governing: The States and Localities (2011), "The Effect of Federal Budget Cuts on States and Localities", January 2011. From Website: [www.governing.com](http://www.governing.com)

While it appears that Foster Care Administration has declined in FFY 2012, this is largely a function of reduced claiming in the fourth quarter of FFY 2012 and will likely result in subsequent increasing adjustments. The following chart (Figure 20) shows the claiming information by quarter to illustrate this factor.

**Figure 20**



This graph illustrates that the Foster Care Administration claims have been relatively consistent for FFY 2011 and the first three quarters of FFY 2012. However, in the last quarter of FFY 2012, administration claims were significantly lower due to a new method of calculating the penetration rate base which included children who were waiting for IV-E eligibility due to difficulties in obtaining required documentation (i.e. birth certificate, SSN, etc.). This problem is being addressed and is not indicative of the increasing trend in the number of children requiring services which is projected for the next five years.

The table below (Figure 21) provides the data for the graph above:

**Figure 21: Hawai'i Total Computable Foster Care Maintenance Payments and Foster Care Administration by Quarter for Federal Fiscal 2008 through Federal Fiscal 2012**

Quarter Ended	Total Payments as Reported	Total Administration as Reported	Total Computable Maintenance Payments and Administration
12/31/2007	\$1,912,735	\$7,521,354	\$9,434,089
3/31/2008	\$1,678,843	\$7,939,628	\$9,618,471
6/30/2008	\$1,695,324	\$6,944,197	\$8,639,521
9/30/2008	\$1,478,585	\$9,478,442	\$10,957,027
12/31/2008	\$1,521,615	\$8,623,760	\$10,145,375
3/31/2009	\$1,448,937	\$4,912,727	\$6,361,664
6/30/2009	\$1,334,291	\$6,791,843	\$8,126,134
9/30/2009	\$1,301,523	\$6,256,550	\$7,558,073
12/31/2009	\$1,506,623	\$6,379,353	\$7,885,976
3/31/2010	\$1,111,591	\$6,102,421	\$7,214,012
6/30/2010	\$1,349,815	\$7,799,382	\$9,149,197
9/30/2010	\$1,161,188	\$5,434,930	\$6,596,118
12/31/2010	\$1,300,145	\$8,224,867	\$9,525,012
3/31/2011	\$1,313,246	\$8,132,659	\$9,445,905
6/30/2011	\$1,165,633	\$7,676,467	\$8,842,100
9/30/2011	\$1,222,075	\$8,781,903	\$10,003,978
12/31/2011	\$1,103,258	\$7,451,218	\$8,554,476
3/31/2012	\$1,189,080	\$6,780,804	\$7,969,884
6/30/2012	\$1,518,082	\$6,506,944	\$8,025,026
9/30/2012	\$1,186,157	\$3,711,394	\$4,897,551

Given the recent trends in caseload, claims and the potential cost increases that would likely impact Hawai'i over the next five years in the absence of a demonstration waiver, Hawai'i proposes that the base for foster care payments be set at the average of total computable payments for the past 3 years (FFY 2009 - FFY 2011) and that the annual growth factor for the demonstration reflect a 4 percent increase.

For administration costs, Hawai'i proposes that the base be set at the average total computable claims from FFY 2009 -FFY 2011 and that an annual change factor reflect a 4 percent increase per year, consistent with recent increase in children for which IV-E payments were made, and contingent on the State providing documentation each year that actions that impact administrative costs have occurred (see Figure 22).

The following tables shows the calculation of the base amounts proposed for foster care payments and foster care administration, and the amount of the annual capped allocation based on the proposed annual growth factor of 4 percent.

**Figure 22**

<b>Calculation of Hawai'i Base Total Computable Foster Care Claims for Payments and Administration</b>			
<b>FFY</b>	<b>Total Payments</b>	<b>Total Administration</b>	<b>Payments &amp; Admin</b>
2009	\$5,606,366	26,584,880	\$32,191,246
2010	\$5,129,217	25,716,086	\$30,845,303
2011	\$5,001,099	32,815,896	\$37,816,995
<b>Avg of 2009 - 2011</b>	<b>\$5,245,561</b>	<b>28,372,287</b>	<b>\$33,617,848</b>

<b>Proposed Calculation of Base Funds and Annual Change Factor (+4%)</b>			
	<b>Foster Care Payments</b>	<b>Foster Care Administration</b>	<b>Total Computable Foster Care Payments and Administration</b>
<b>Base</b>	<b>\$5,245,561</b>	<b>28,372,287</b>	<b>\$33,617,848</b>
FFY 2013	\$5,455,383	29,507,178	<b>\$34,962,562</b>
FFY 2014	\$5,673,598	30,687,466	<b>\$36,361,064</b>
FFY 2015	\$5,900,542	31,914,964	<b>\$37,815,507</b>
FFY 2016	\$6,136,564	33,191,563	<b>\$39,328,127</b>
FFY 2017	\$6,382,027	34,519,225	<b>\$40,901,252</b>
<b>Total for 2013 through 2017</b>			<b>\$189,368,511</b>

### 7.3 STATE FUNDING

The table below accounts for State funding during Federal Fiscal Years 2011 and 2012 to provide the service interventions that will be undertaken through the child welfare demonstration project. This includes funding for child welfare services associated with the project, including foster care provided within the DHS.

**Figure 23: Two-Year Historical Investment for Services Related to Child Welfare Demonstration Project**

Federal Fiscal Year	State General Fund*	Title XIX**	Title XX***	Total Non-IV-E Investment
FFY2011	27,376,322	67,096	2,152,200	29,595,618
FFY2012****	17,750,978	49,384	-	17,800,362
2-Year Total	45,127,300	116,480	2,152,200	47,395,980

\*Investment made for cost for foster care maintenance, administration, and child welfare services that primarily support foster care and in-home services. Cost does not include cost for adoption assistance, guardianship assistance and training (not including State General Fund Investment made by other State Department.

\*\*Investment made for determination/redetermination of child eligibility for the Hawaii MedQuest Plan.

\*\*\*Investment made for kids who were in 800 income poverty level for 12 months from the time of the removal.

\*\*\*\*Investments were for QE 12/11, QE 03-12 and QE 06/12.

#### 7.4 ASSURANCE TO CONTINUE TO PROVIDE CONSISTENT ACCOUNTING







CWSB is providing an assurance that it will continue to provide an accounting of the same investments for service interventions reported above for each year of the approved demonstration project.

#### 7.5 COMMITMENT TO DEVOTE FEDERAL IV-E AND STATE RESOURCES SAVED TO CHILD WELFARE PROGRAMS AND SERVICES

Hawai'i's Child Welfare Demonstration Project is based on the core principle that funds saved from Title IV-E foster care administration and maintenance will be reinvested into child welfare services, primarily serving children and families. CWSB commits to devote any Federal IV-E funds, as well as State resources used to match Title IV-E Foster Care Administration and Maintenance that are freed up under the demonstration project, to be used for child welfare purposes.

#### 7.6 CHILD WELFARE PROGRAM IMPROVEMENT POLICIES IMPLEMENTED OR TO BE IMPLEMENTED

The State of Hawai'i has already implemented policies and programs from the child welfare program improvement policies including:

-  Foster care Bill of Rights
-  Title IV-E Guardianship Assistance Program
-  Keeping Siblings Together (Project Visitation)
-  Recruiting and Supporting High Quality Foster Families Homes
-  Preparing Youth for Transition (Youth Circles)
-  Family Finding and Family Connections

The DHS has submitted a legislative proposal (approved by the Governor) to increase the age of Title IV-E programs beyond the age of 18 up to the age of 21. We anticipate that this legislation will be passed by the State Legislature and signed into law by the Governor, taking effect on July 1, 2013.

## **7.7 ASSURANCE THAT THE IV-E AGENCY PROVIDES HEALTH INSURANCE FOR ALL SPECIAL NEEDS CHILDREN**

All children entering foster care are eligible to be enrolled in Hawai'i's QUEST (the State's Medicaid managed care plan). In addition, health insurance coverage shall continue to be provided to all special needs children for whom DHS has entered into an adoption assistance agreement.

## **7.8 ASSURANCES AND REGULATORY REQUIREMENTS**

Waivers of the following provisions of the Social Security Act and Program Regulations are provided to the State to operate a child welfare demonstration project:

Section 472 (a): Expanded Eligibility: To allow the State to expend Title IV-E funds for children and families who are not normally eligible under Part E of Title IV of the Act as described in the Terms and Conditions.

Section 474(a) (3) (E) and 45 CFR 1356.60(c) (3): Expanded Services: To allow the State to make payments for services that will be provided that are not normally covered under Part E of Title IV of the Act; and to allow the State to use Title IV-E funds for these costs and services as described in the Terms and Conditions, Section 2.

All waivers are granted only to the extent necessary to accomplish the project as described in these Terms and Conditions.

## **7.9 IMPACT ON AUTOMATED CHILD WELFARE INFORMATION SYSTEM:**

Hawai'i's CWSB has two data systems that currently run simultaneously. The Child Protection Services System (CPSS) collects all the raw data that CWSB staff enters on intakes, investigations, case management, legal proceedings, case notes, services, AFCARS, placement responsibility, foster home licensing, payments, Title IV-E eligibility determinations, and related topics. The newer system, State of Hawai'i Automated and Keiki Assistance (SHAKA) is a web-based system primarily used partially for CWSB intakes, to compile reports and charts, gather survey data, interface with teenage foster youth and former foster youth, and related issues. The two systems are able to share data. Hawai'i CWSB has systems in place to collect the data necessary to evaluate the efficacy and the cost neutrality of the Waiver Demonstration Project. Although Hawai'i will likely initiate some adjustments to its data collection, if awarded the Title IV-E Waiver, it is anticipated that the demonstration project will not have a significant impact on the current information systems.

## **7.10 CAPACITY OF AGENCY TO CONDUCT THE DEMONSTRATION**

Hawai'i has demonstrated its readiness to improve outcomes for Hawai'i's children and families through the Title IV-E-Waiver Demonstration Project, by its engagement in a broad array of child welfare reforms and innovations which included improvements to the differential response system, being recognized for a high percentage of kin placements, reducing abuse in foster care, and recently being awarded by the National Children's Bureau for achievements in permanency and adoption.

Hawai'i would like to build on these accomplishments with its Practice Model values of family partnership and engagement. Hawai'i has been able to build collaborative relationships that help inform decisions and develop services and used this collaborative approach to achieve the completion of the 2nd Program Improvement Plan (PIP) that began on January 1, 2010 and extended to December 31, 2012. The proposed project will support the PIP implementation plans.

Hawai'i has informed its child welfare staff and contracted agency, stakeholders, legislators, advocacy organizations, and community service providers about the Waiver Demonstration Project and has obtained recommendations for further plans and implementation. Hawai'i will continue collaboration with these agencies and community partners during planning and implementation of the Waiver Demonstration Project.

Hawai'i is waiting for approval for its reorganization plan with current positions being considered for the Waiver Demonstration Project. These positions have already been included in the DHS budget. DHS will follow the state procurement process to establish or extend contracts with private agencies and an independent evaluator to provide the services in this proposal.

Hawai'i is also looking to improve the outcomes for youths who will be exiting foster care by submitting legislation to extend foster care to age 21 consistent with the optional requirement under Fostering Connections to Success and Increasing Adoptions Act. Services to these youths will not be funded by the Waiver Demonstration Project.

The proposed project will use evidence-based and evidence-informed assessment instruments that were already piloted on the islands of Hawai'i, Maui and Kaua'i and two units on O'ahu. Since staff on the island of Hawai'i were already trained on these instruments, only the remaining staff on O'ahu will need further training on the proper use of these tools. This will save much time in the implementation of the RAI Tools.

Hawai'i will make all necessary and indicated changes, in policies, procedures and forms, both programmatic and fiscal, which will enable the state to achieve the goals of the Waiver Demonstration Project and requirements of the Waiver.

## **7.11 CHILD AND FAMILY SERVICES REVIEW (CFSR)**

The proposed project responds to findings of the State's CFSR and the demonstration will be in line with the implementation plans of the State's CFSR PIP.

This Title IV-E Waiver Demonstration Project will support Hawai'i in improving its child welfare practice in areas identified in the 2009 (CFSR). Among the areas that Hawai'i was not in substantial conformity were



- 61.5% of the cases reviewed were rated as being substantially achieved for Safety Outcome 2: Children are safety maintained in their homes when possible and appropriate.

Concern: One identified concern related to this outcome was the high number short-term foster care stays.

Solution: The proposed Crisis Team will be able to make assessments quickly to prevent the removal of children and make immediate appropriate referrals for further interventions while maintaining the child safely at home. One of the new interventions that will be effective is the Intensive Home-based Services that will utilize evidence-based tools to keep the child safely at home and engage the family quickly and provide much needed supports.

- 47.5% of the cases reviewed were rated as being substantially achieved for Permanency Outcome 1: Children have permanency and stability in their living situations.

Concern: Delays in meeting permanency goals were identified as one of Hawai'i's biggest challenges in the CFSR.

Solution: With the increased 'Ohana Time, PMP, SPAW, Wrap Services and 'Ohana Re-Conference, cases that have been in foster care at 2-6 months will be identified as recipients of these services to begin permanency planning, and assist the families and CWSB staff in making plans towards finalizing permanency.

- 40% of the cases reviewed were rated as being substantially achieved for Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

Concern: Inconsistencies in case planning and inadequate provisions for services were identified as concerns related to this outcome.

Solution: SPAW, Wrap Services, 'Ohana Re-Conference, PMP, and use of the evidence based assessment tools will help identify child and families' needs more accurately and quickly. This will also assist in case planning and coordination of services.

## **PROGRAM IMPROVEMENT PLAN**

The Waiver Demonstration Project will support the implementation of strategies that Hawai'i started in its 2<sup>nd</sup> Program Improvement Plan (PIP2) that began on January 1, 2010. The Program Improvement Plan was extended to December 31, 2013. As part of the PIP2, strategies were designed to improve safety decision-making; actively pursue permanency for children in foster care; and support better engagement of parents, children/youth and families.

A continuing item for improvement is the timeliness of initial contact and Hawai'i continues to make efforts to meet the goal of 90.1% which is expected to improve with the implementation of the proposed Crisis Response Team who will respond to an intake within a few hours. The proposed waiver interventions will support the work being done in Hawai'i with no anticipated negative impact.

## **7.12 EFFECT OF THE DEMONSTRATION PROJECT ON COURT ORDERS**

Not applicable. There are currently no court orders in effect anywhere in the State by which a court has determined that the State's Child Welfare Program has failed to comply with State Child Welfare laws, with Titles IV-B or Title IV-E, or the Constitution.

## **8. PARTNERSHIPS AND PUBLIC INPUT**

Since the CFSR-PIP in 2003, Hawai'i's DHS-CWS has consistently involved staff, stakeholders, service providers, the Judiciary, other state partners (DOH, DOE), the larger community, NRCs, Casey Family Programs, Federal partners, etc., in the planning, development, and implementation of all initiatives and ongoing processes. Hawai'i has continued to engage its stakeholders and community partners at all levels of decision-making. Full collaboration is not only Hawai'i's policy; it is the priority of its practice. The Federal CFSR partners have acknowledged Hawai'i DHS-CWS collaborative efforts as a strength and a national model for other states. Hawai'i's partners include not only its other state agencies, executive agencies, the judiciary and contracted provider agencies, but also a broad range of voices from the community including current and former foster youths, resource families, birth families including those who had been previously in the child welfare system; faith-based groups, the University of Hawai'i School of Law and the School of Social Work; the Public Policy Center, ethnic and cultural groups, and advocacy groups.

**See Appendix C for Letters of Support.**

Our collaborative partners include:

Consumers (birth parents, relatives, youth, & resource families); Court Improvement Project; Family Court Judges; Family Court Attorneys; CASAs; Legal Aid; Hawai'i Foster Youth Coalition; HI HOPES (foster youth and former foster youth group); Native Hawai'ian Community Representatives; Micronesian Community Representatives; Tongan Community Representatives; Samoan Community Representatives; Filipino Community Representatives; Faith-based Community Organizations; Moloka'i Community Service Council; Catholic Charities Hawai'i; Parents and Children Together; Child and Family Service; YWCA of Hawai'i Island; YWCA of Kaua'i; Boys and Girls Clubs; 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; Central O'ahu Youth Services Association, Inc.; Windward Spouse Abuse Shelter; Insights to Success; Blueprint for Change; Hina Mauka (substance abuse treatment program); Hale Kipa (social service agency for youth focusing on runaways); Hope, Help, & Healing Kaua'i; Lokahi Treatment Center; Kids Hurt Too, Inc.; EPIC 'Ohana, Inc.; Catalyst Group; Neighborhood Place of Puna; Domestic Violence Action Committee; Children's Justice Centers; Aloha Care Center; Family Programs Hawai'i; Partners in Development Foundation; Family Advocacy Programs (military social services); Law Enforcement; State of Hawai'i Department of Health; State of Hawai'i Department of Education; MedQuest Division (state health insurance provider); 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, Law School, the College of Social Sciences Public Policy Center; and Maui Community College.

## 8.1 CWSB STAFF INPUT REGARDING THE WAIVER DEMONSTRATION PROJECT

In September - November, 2012, Casey Family Programs consultants met with Child Welfare staff on O'ahu and the Big Island to discuss the IV-E Waiver, and to obtain initial input from staff regarding their ideas related to service enhancements, or innovations that would assist them in achieving placement reductions, and improvements in child and family well-being. During the interviews, staff identified the following areas where improvements/innovations would assist them in achieving better outcomes for children and families: improved access to mental health services, Wrap Services, intensive family based services, improved assessments, use of data in improved family engagement, and increased availability of trauma-informed interventions.

### Gathering Input re: the Title IV-E Waiver Demonstration Project

At the meetings of the Hawai'i Child Welfare Services State Advisory Council and the Program Improvement Plan (PIP2) Steering Committee, the Waiver Demonstration Project was presented and discussed. Questions and concerns were addressed and input collected. The groups were very supportive and several members noted the importance of keeping close connections and collaborations with the DOH Child and Adolescent Mental Health Division (CAMHD) so that appropriate mental health services will be provided to all children as soon as possible. It was also noted that the CAMHD already has several evidence-based practices in place (e.g. MIST) and new crisis response in-home services that CWSB can utilize.

### Hawai'i Child Welfare Services - State Advisory Council

NAME	ORGANIZATION
Mary Anne Magnier	Deputy Attorney General
Tammie Smith Visperas (Chair)	Child and Family Services
Gordean Akiona	Judiciary
Lynn Meguro-Reich	Department of Education
LaVerne Bishop	Hale Opio, Kaua'i
Stephen Yadao	Queen Lili'uokalani Children's Center
Patrick Singsank	Maui Children's Justice Center
Jasmine Mau-Mukai	Children's Justice Center
Judith Wilhoite	It Takes an 'Ohana (Foster Parents Association)
Noelani Wilcox	Department of Health (DOH)
Patrick Keleher	Office of Youth Services (OYS)
Darlene Beatty	Catholic Charities Hawai'i (CCH)











<b>NAME</b>	<b>ORGANIZATION</b>
Keli Acquaro	Child and Adolescent Mental Health - West Hawai'i
Brenda J. Wong, Ph.D	Kapi'olani Child Protective Services Multi-Disciplinary Team
Kayle Perez Cynthia Goss Rosaline L. Tupou	Department of Human Services (DHS) Child Welfare Services Branch
Diana Mellon-Lacey	Deputy Attorney General - East Hawai'i











**Hawai'i Child Welfare Services - Program Improvement Plan (PIP2) Steering Committee**









<b>NAME</b>	<b>ORGANIZATION</b>
Stephen Yadao	Queen Lili'uokalani Children's Center (QLCC)
Allene Uesugi	Resource Caregiver
Raelene Tenno	Family Advocate
John Ishoda	Department of Health (DOH)
Stanton Michels, MD	DOH - Child and Adolescent Mental Health Chief
Helene Kaiwi	DOH - Maternal & Child Health Branch
Kanani Bulawan Dennis Batalan Donna Hodges-Bulawan	Community Service Providers
Beverly Nakamoto	Voluntary Case Management Supervisor
Honorable Judge Bode Uale	Family Court
Heide Lilo	UH Maui College - Child Welfare CQI Project
Lynne Kazama; Kathy Swink; Bernadette Lane; Lee Dean; Rachel Thorburn; Tracy Yadao; Theresa Minami; Rosaline L. Tupou	DHS-CWS/Program Development
Kayle Perez Cynthia Goss	Child Welfare Services Branch

<b>NAME</b>	<b>ORGANIZATION</b>
Jan Dill Cindy Shimabukuro	Partners In Development Foundation
Johnny Harmon	Grandparent Advocate
Cheryl Mendez	Catholic Charities Hawai'i CCSS/Voluntary Case Management Services
Faye Kimura	Court Improvement Project
Laurie Tochiki	EPIC
Cynthia White	Hawai'i Foster Youth Coalition

## Appendix A - Similar Projects

-  A major cornerstone of the state's family preservation and support services is the Differential Support System (DRS), which allows families to obtain supportive services at the most effective and least invasive level necessary to ensure the safety of children.
-  The 24-hour statewide CWS Intake hotline assesses each report of potential CA/N and determines the appropriate level of intervention necessary, if any.
-  New Guidelines for Threatened Harm were implemented in March 2011.
-  The CWS branch developed guidelines for screening and assessing families for domestic violence. In partnership with Casey Family Programs, and the National Resource Center on Child Protective Services, the CWSB staff, voluntary case management caseworkers and community partners were trained on safety decision-making screening and assessing families for domestic violence.
-  In 2012, the state's Child Protective Statute was amended to extend the legal definition of aggravated circumstances to include circumstances where 1) the parent has committed sexual abuse against another child of the parent; or 2) the parent is required to register with a sex offender registry under the Adam Walsh Child Protection and Safety. The passage of this legislation was the final action needed by the state in order to be in full compliance with the federal CAPTA.
-  In July, 2011, the state implemented KinGAP (Kinship Guardianship Assistance Payments) which allows the state to be reimbursed using Title IV-E funds and these children may now enroll in state's Title XIX Medicaid program.
-  With the assistance of Casey Family Programs, a pilot Wrap Services project was implemented to improve the coordination of Hawai'i's service delivery system to "surround" and support children and their families who are engaged in two or more systems of care (i.e. foster care, behavioral health, special education and/or corrections). A new MOA has been implemented to permit the agencies to share information more easily and a single family consent form has been developed to ease the family's access to services, while protecting their confidentiality.
-  DHS and the Department of Education have developed guidelines to ensure educational stability for children in foster care and to facilitate successful transitions when a change in school is in the best interest of the child.
-  Hawai'i Youth Opportunities Initiatives is a youth-adult partnership designed to improve outcomes for youth who transition from foster care to adulthood. The HYOI is a Jim Casey Youth Opportunity Initiative committed to a data driven approach that measures outcomes in permanency, education, employment, housing, physical and mental health, personal and community engagement.
-  A revised CWSB Partnership Practice Model to align policies, procedures with the branch's mission, principles, practice strategies and activities.

-  As an outcome of the Casey/DHS collaboration, *`aha* (community gatherings) have brought together participants from all of the islands to help develop collaborative strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit and support foster and adoptive families.
-  *`Aha's* were held for distinct cultural communities including local Native Hawai'ian, Tongan and Micronesian communities.
-  The CWSB is a member of the statewide interagency quality assurance committee which includes representatives from the DOH, Child and Adolescent Mental Health Division, the Developmental Disabilities Branch, Family Health Services, the DOE and the advocacy agencies Hawai'i Families as Allies and the Children's Community Council.
-  The CWSB continues to collaborate with the Family Court and Family Programs Hawai'i to support sibling visitation and minimize the trauma associated with family separation by preserving sibling relationships.
-  The CWSB also collaborates with the Family Court on its Zero to Three Project to encourage placement stability and the Family Drug Court.
-  Hawai'i Foster Youth Coalition is a youth led organization that advocates for youth in foster and help them develop leadership skills, find their "voice" and present their concerns and suggestions to the CWSB.
-  CWS teamed up with MedQuest (the state's Medicaid program) and the Child and Adolescent Mental Health Division of the DOH to increase the oversight of psychotropic medications among foster youth.
-  Automatic referral to *`Ohana* (Family) Conferencing. All families at risk of having their child entering foster care will be referred to Epic *`Ohana* Conferencing for family finding, family connections and family group decision making services. All confirmed families in foster care will be referred to Epic *`Ohana* Conferencing for family finding, family connections and family group decision making services.
-  **Family Partnership and Engagement Practice Model:** The Practice Model includes outcomes-based contracting for relevant and culturally informed community-oriented and community-based services. Hawai'i's model of practice has an overarching culturally informed principle that insures that children and families are to be engaged within the context of their own family rules, traditions and culture. The values that underlie this practice are: child centered, family focused, culturally informed, family engagement, continuous quality improvement and stakeholder collaboration that promote safety, permanency and well being for children and their families. In 2010, a Casey/CWS collaboration was an *Aha* or Native Hawai'ian gathering to discuss Native Hawai'ian involvement in the child welfare system. Participants discussed strategies to seek out relatives, preserve cultural connections, provide more culturally appropriate and effective services and recruit, retain and support foster and adoptive families. The 2011 *Aha* included Micronesian and Tongan communities and other gatherings are planned.
-  **Project First Care (PFC).** PFC provides temporary care with intensive upfront services such as Family Finding, *`Ohana* (family) Conferencing, mentoring with birth parents and enhanced *`ohana* (family) time. The resource caregivers of PFC homes are specifically trained in providing supervision and facilitation.

-  **`Ohana Time.** This approach is to enhance family visitation to improve the quality and quantity of the visits. The perspective is that visitation should become Family Interaction Time and is named `Ohana Time to reflect and embrace the cultural appreciation for this vision. The National Resource Centers has provided training to the CWS staff. Regular, frequent and quality `Ohana Time is expected to increase the likelihood of successful reunification and timely permanency.
-  **Improved Face-to-Face Visits:** Hawai'i, in response to the Program Improvement Plan has developed new procedures to implement monthly worker face to face visits. A new tool was developed to guide workers to provide comprehensive visits that meet the child's safety, permanency and well being needs and goals. In March 2012, statewide training was completed.
-  **Wrap Services Hawai'i.** Hawai'i's Wrap Services Project, with the assistance of the Casey Family Programs has designed a pilot project that has demonstrated improved coordination of services among the Family Court, DOH, Child and Adolescent Division, the DOE and the Office of Youth Services. A newly formed Coordinating Committee made up of representatives of these agencies have reviewed a group of foster youth who are involved in at least two others systems of care and have begun family engagement activities with three youth. EPIC Ohana Inc has been contracted to do the family engagement, outreach and coordinating of wrap services. A new Memorandum of Agreement permitting sharing of information across the agencies and a newly implemented consent form has been approved and signed by all the agency directors.
-  **Educational Stability Project.** In collaboration with the DOE, the Family court, Legal Aid Society and the advocacy agency, It Takes an `Ohana, the CWSB has developed new procedures to ensure that children are maintained at their home school after removal from their family home and if a child must change schools, that all educational records are transferred in an expedited manner.
-  **Youth Circles.** This is a project for youth planning to exit the foster care system. It brings together, at the youth's direction, resources, family, community supports, etc., to assist the youth plan for college, housing, job exploration, etc.
-  **Improved collaboration with Child and Adolescent Mental Health for screening and referral.** CBCL is now required to screen for behavioral and emotional needs of the child for all children over the age of 12 within 60 days of a report.
-  **Engaging Fathers.** Men's Circles is now a pilot project via `Ohana conferences for families on Big Island of Hawai'i. Procedures clarified to locate all children and parents during an assessment, including fathers and incarcerated or deployed parents. CWSB also clarified procedures to engage fathers, `ohana and youth in case planning, created a workgroup with representation from community partners to gather input on efforts and strategies to engage fathers, youth and `ohana in case planning. This resulted in notification letters, a guide for workers and tip sheets.
-  **Screening and Assessing Families for Domestic Violence.** In SFY 2012, Hawai'i developed guidelines for screening and assessing families for domestic violence. In partnership with Casey Family Programs, a domestic violence summit was held in December 2011 with the participation of 125 people from various agencies and disciplines, including domestic violence service providers and advocates, law



enforcement, prosecutor's offices, CWS case workers, supervisors and administrators, Family Court, Court Improvement Project (CIP), the Department of Health, and Department of Education. A presentation on the safety decision making related to domestic violence was presented by Theresa Costello of the National Resource Center for Child Protective Services (NRCCPS). Following the summit, CWSB established a workgroup with representation of those mentioned above to develop the screening and assessment guidelines. This was an exciting and positive collaborative experience that helped improve consistent practice with families reported to CWSB. In June 2012 the Department trained CWSB and Voluntary Case Management (VCM) case workers and community partners on screening and assessing families for domestic violence.



**Hawai'i Youth Opportunities Initiative.** This is a youth-adult partnership designed to improve outcomes for transitioning youth. Funded by the Jim Casey Opportunity Initiative, this project is a data driven approach that measures outcomes re: permanency, education, employments, housing, physical and mental health and personal and community engagement.



**Child Welfare Law Revision:** A collaborative workgroup with consult from NRCs and led by the Judiciary, AG, DHS and with representation of stakeholder interests revised the Child Protective Act--587A. The revisions complies with Federal Title IV-E requirements, streamlines and reflects the case flow from the initial report through permanency, and reflects current best practices to ensure safety, permanency and well-being. For example, one of the revisions prevents unnecessary removal if child is with a caregiver who is willing and able to meet the child's needs and provide a safe and appropriate placement for the child [587A-11(4)]. Another revision supports relative connections and placement with early identification and notification of relatives [587A-10].



**Enhanced Healthy Start:** This evidence-based family visiting program is available on all islands for families with active child welfare cases who have children 0-3.



**The ABC Intervention:** A local pilot of this Attachment and Bio-behavioral Catch-Up intervention teaches nurturing care-giving techniques to parents for children between the ages of 0-2 years old. This promising evidence based practice, developed by Mary Dozier, Ph.D., was piloted in Hawai'i in 2010 and 2011 as a collaborative effort with the Consuelo Foundation, CWS, Dr. Dozier and Johns' Hopkins University. Out of 25 families enrolled, engagement and retention were high. In March, 2012, the Consuelo Foundation sponsored a training for a select group of professionals and plan for another 17 families to enroll. Contracted providers PACT, Child & Family Services, Family Support Services of Hawaii and Catholic Charities receive referrals from CWS through the Enhanced Healthy Start Program.



**A safety assessment process at intake** (informed by the National Resource Center for Child Protective Services (NRCCPS) and the Case Family Programs) that supports referral to a differential response and a family strengthening approach to less intrusive interventions for at-risk families referred to child welfare services.



**Family Finding and Enhanced Ohana conferencing** (Hawai'i's family team decision-making process).



**Youth Circles.** Youths ages 16 and over are engaged and invited to plan for his or her transition out of foster care. A youth circle is made of people involved in the youth's life

and at his or her invitation, come together to assist the youth plan for issues like post secondary education, housing, obtaining health insurance, employment counseling etc.



**Foster Youth Coalition:** The foster youth coalition brings together foster youth currently within the system as well as those who have left the system. The coalition members advocate on behalf of foster youth and form important friendships for their future. They receive leadership training and have had several important successes already. Their voices and testimonies were instrumental at the state legislature in changing the sibling visiting program.



**KinGap:** An emphasis on placing children/youth with family/kin whenever possible (Hawai'i has one of the highest kin placement rates in the country) – and a KinGap process to support relative/kin placements.



**Resource Family Recruitment.** A special contract was let to Partners in Development, a Hawai'ian-oriented nonprofit to reach out to Native Hawai'ian families to become resource families.



**'Aha.** A new, culturally informed practice model called *Aha* was instituted in collaboration with the Casey Family Programs in 2010. Aha, a Native Hawai'ian gathering is called together to discuss important issues. In this case, the "kuka kuka" or discussion was to discuss Native Hawai'ian involvement in the child welfare system. In 2011, the *aha* was expanded to include Micronesian and Tongan communities and it is expected to expand into other Polynesian communities on Maui, Kona and Kauai.

## **Appendix B - RAPID ASSESSMENT INSTRUMENT (RAI)**

*Child Behavior Checklist/4-18  
Achenbach, T.M. 1991*

**Purpose:**

*To obtain parent report of a child's competencies and behavior problems in a standardized format.*

**Description:**

The CBCL/4-16 was the first of what has become a multi-axial empirically based set of measures that provide common foci for assessing children from parent-, teacher-, and self-reports (by the youth). In 1991, the CBCL/4-16 was re-normed to include children up to 18 years old and eight cross-informant constructs were identified to facilitate direct comparison between behavior problem scores on the CBCL, the Teach Report Form (TRF), and the Youth Self-Report Form (YSR) (Achenbach, 1991). All three instruments include measurement of the following eight constructs or syndromes: Social Withdrawal, Somatic Complaints, Anxiety/Depression, Social Problems, Thought Problems, Attention Problems, Delinquent Behavior, and Aggressive Behavior. The CBCL along contains items for scoring one additional construct, Sex Problems.

*In addition to focusing on a child's behavior as defined by one of the syndrome scales, the CBCL, TRF, and YSR also allow the examination of two broad groupings of syndromes, designated as Internalizing and Externalizing behaviors. Internalizing combines the Social Withdrawal, Somatic Complaints, and Anxiety/Depression scales, while Externalizing combines the Delinquent Behavior and Aggressive Behavior scales.*

*These three corollary instruments also contain sections addressing the area of social competence. The CBCL/4-18 contains 20 competence items grouped into 3 scales (Activities, Social, Schools).*

**Materials:**

Manual, forms, and computerized scoring programs are available from the publisher

**Age:**

*4 to 18 years of age*

**Who Administers:**

*Child's caregiver, child/youth, teacher. The CBCL is designed for a parent or parent-surrogate to complete independently. It requires only fifth grade reading skills. The form can also be administered orally by an interviewer who records the parent's answers. Among the behavior problem items, there are several items for which the parent is asked to describe the endorsed behavior in greater detail to avoid improper scoring.*

**Training:**

Requires, thorough familiarity with the Manual, especially the cautions related to commonly misinterpreted items (Manual, p. 13, pp. 249-250).

**Time:**

15-20 minutes for the Behavior Problem Checklist; 25-30 minutes for entire measure.

Scoring:

Total scores may be computed for Social Competence, Behavior Problems, Internalizing Problems, Externalizing Problems, and Sex Problems, plus scores for each of the 8 syndromes. The Total Problem score is computed by summing all items on pages 3 and 4 of the CBCL, except Items 2, "Allergy" and 4, "Asthma."

*The Behavior Problems scale is not to be scored if more than 8 items are missing, not counting items, 2, 4, 56h, and 113) (see Manual, Appendix A). If respondent circles two numbers for a behavior problem item, the item is scored as "1".*

*Raw scores can be converted to T scores that indicate how particular scale scores compare with scores obtained by normative samples of children within the same broad age range. The T score of 50 (SD=10) on the narrow band syndrome scales represents all raw scores that fall at midpoint percentiles of <50. For the syndrome scales, T scores less than 67 are considered in the normal range, T scores ranging from 67-70 are considered to be borderline clinical, and T scores above 70 are clearly in the clinical range. Because the Sexual Problems that comprise the ninth age-specific syndrome have low prevalence rates, this scale does not lend itself to the specification of normal, borderline, and clinical ranges. However, the T score can provide a guideline as to whether the child is scoring relatively low or high compared to a normative sample of peers.*

*For Total Problems, Externalizing, and Internalizing groupings, T scores less than 60 are considered in the normal range, while 60-63 represent borderline scores, and greater than 63 is in the clinical range.*

The Manual provides gender and age-specific score Figures.

Reliability/Validity:

*Test-retest reliability assessment (over a 7-day period) conducted by the author resulted in the following coefficients: Social Competence scale, .87, Behavior Problems Scales, .89. Inter-parent agreement was also high, in the range of .74-.76 for the Social Competence sub-scale, and .65-.75 for the Behavior Problems sub-scale. Cronbach's alpha's values for the different scales ranged from the .40s on Activities sub-scale to .93 on the Externalizing sub-scale. Among the 8 syndromes, Cronbach's alpha values ranged from .76 to .92.*

*Evidence for content, construct, and criterion-related validity is well documented. See Chapter 6 in Manual for details.*

Source:

*University Associates in Psychiatry  
1 South Prospect Street  
Burlington, VT 05401-3456  
(802) 656-8313*

*Achenbach, T.M. (1991) Manual for Child Behavior Checklist/4/18 and 1991 Profile. Burlington, VT: University of Vermont, Dept. of Psychiatry.  
Achenbach, T.M., Edelbrock, C., and Howell, C. (1981) Behavioral problems and competencies reported by parents of normal and disturbed children aged 4-16. Monographs of the Society for Research in Child Development, 46 (88).*

*Child Behavior Checklist (CBCL) (2/3 year old)*

**Purpose:**

*To obtain parent report of 2/3 year old child's behavioral functioning in a standardized format. The CBCL is among the most commonly used measures of child psychopathology.*

**Description:**

*The CBCL 2/3 is modeled on the behavior problem portion of the CBCL 4-18. The problem scale consists of 100 items that a parent or parent surrogate is asked to rate as 0 = Not True, 1 – Somewhat/Sometimes True, or 2 = Very True/Often True, **based on the child's behavior in the last two months**. Selected items comprise the six empirically-derived syndromes (Anxious/Depressed, Withdrawn, Sleep Problems, Somatic Problems, Aggressive Behavior, and Destructive Behavior).*

*In Addition to focusing on a child's behavior as defined by one of the syndrome scales, the CBCL 2/3 also allows the examination of two broad groupings of syndromes, designated as Internalizing and Externalizing behaviors. Internalizing combines the Withdrawn and Anxious/Depressed scales, while Externalizing combines the Destructive Behaviors and Aggressive Behavior scales.*

*The items were refined through numerous pilot tests, and the six syndromes were derived empirically through principal components analyses.*

**Materials:**

*Manual, forms, and computerized scoring programs are available from the publisher.*

**Age:**

*2 to 3 year olds (There is a version for 1½ to 5 year olds)*

**Who Completes:**

*Caregiver (must have cared for child in previous 2 months)*

**Training:**

*Requires thorough familiarity with the Manual, especially the cautions related to commonly misinterpreted items (Manual, pp. 185-186).*

**Time:**

*10 – 15 minutes*

**Scoring:**

*There are total scores for Behavior Problems, Internalizing Problems, and Externalizing Problems, plus scores for each of the 6 syndromes. As instructed by the author (Achenbach, 1992), the Checklist is not scored if more than 8 items are missing, not counting items 51, 79 or 100. If respondent circles two numbers for an item, the item should be scored as a "1".*

*The Total Problems score is computed by summing all items of the CBCL 2/3, except item 51, "Overweight" and 79, "Stores things"*

*Raw scores can be converted to T scores that indicate how particular scores compare with scores obtained by normative samples of children within the same broad age range.*

*For the syndrome scales, T scores less than 67 are considered in the normal range, T scores ranging from 67-69 are considered to be borderline clinical and T scores above 70 are clearly in the clinical range. For Total Problems, Externalizing, and Internalizing groupings, T scores less than 60 are considered in the normal range, while 60-63 represent borderline scores, and greater than 63 is in the clinical range.*

**Reliability/Validity:**

*In development of the 1992 edition of the CBCL/2-3, test-retest reliability was supported by a mean  $r=.85$  for the problem scales over a period of 7.7 days. Inter-parent agreement was indicated by a mean  $r=.63$  across the nine scales (six syndrome and three summary scores) at age 2 and mean  $r=.60$  at age 3.*

*Evidence for content, construct, and criterion-related validity is well documented. See Chapter 5 in Manual for details.*

*Source: Achenbach, (1992) Manual for the Child Behavior Checklist/2-3 and 1992 Profile.*

Adolescent-Adult Parenting Inventory (AAPI)  
(Bavolek, 1984)

Purpose:

*To identify adolescents and adults who may be at risk of becoming abusive parents because of inappropriate parenting and child-rearing attitudes.*

Description:

*The AAPI consists of a 40 items that are statements about parenting and child-rearing attitudes. The respondents indicate on a five point Likert scale the extent to which he/she agrees or disagrees with the statement. Items related to five parenting constructs known to contribute to the maltreatment of children: inappropriate expectations of children's growth and development; parent-child role reversal; believe in corporal punishment; and oppressing children's power and independence through rigid adherence to obedience.*

Materials:

*Form (cost associated)*

Age:

*Adolescents and Adults*

Method of Administration:

*Self-report – 5<sup>th</sup> grade reading level*

Training:

*Minimal*

Time:

*20 minutes*

Scoring:

*Raw substate scores are computed to measure four constructs:*

- 1. Appropriate Expectations*
- 2. Appropriate Empathy*
- 3. Rejection of Physical Punishment*
- 4. Appropriate Family Roles*

Interpreting Scores

Higher scores on these scales reflect more appropriate behavior. Raw scores may be converted to standard scores by use of norm figures for the general population of non-maltreating adults, and for adults who are know to be maltreating. Norm figures are also available by gender, age, and race.

Reliability/Validity:

Reliability and validity data is available from the Handbook (see below).

State of Hawai'i  
Title IV-E Waiver Proposal  
January 14, 2013

Reference.

Bavolek, S. (1984). Handbook for the AAPI. Park City, UT: Family Development Resources.

Family Development Resources, Inc.  
3070 Rasmussen Road,  
Suite 109, P.O. Box 982350  
Park City, UT 84098  
1-800-688-5822  
[www.familydev.com](http://www.familydev.com)

*(Also cite Longscan if use additional 6 items)*



*Client Engagement in Child Protective Services (CECPS)*  
*(Yatchmenoff, 2000)*

Purpose:

A measure to distinguish those who are “going through the motions” (compliant) compared to those who are positively involved in a helping process (actually working on the identified problems).

Description:

*The Client Engagement Scale (CECPS) consists of 19 items that a CPS client (parent or parent surrogate) is asked to rate on a 5 point likert scale as Strongly Disagree (1) to Strongly Agree (5), based on their involvement with CPS. Selected items comprise five sub-scales including a measure of receptivity, expectancy, investment, working relationship and mistrust. Items were originated from informal discussions with caseworkers, supervisors, administrators and CPS clients. Items identified in this process were then piloted and formally evaluated.*

Materials:

*Form – need permission from Author to use*

Age:

Adult CPS clients.

Who Administers:

*Client or interviewer administered*

Training:

*Minimal*

Time:

*5 minutes or less*

Scoring:

Reliability/Validity:

Criterion validity was established using global rating of engagement by family and self-report on similar constructs from other instruments measuring engagement. (Need more information from Author)

Source:

*Yatchmenoff, D (2001) ....*

**APPENDIX C - Letters of Support**