

HAWAII

FFY 2023 Annual Progress and Services Report (APSR)



State of Hawaii
Department of
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Social Services
Division

Child Welfare
Services Branch

FFY 2023
Annual Progress &
Services Report
(APSR)

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Acronyms and Abbreviations

ACF	Administration for Children and Families
ADAD	Alcohol and Drug Abuse Division (of the Department of Health)
AFCARS	Adoption and Foster Care Analysis and Reporting System
AFSA	Adoptions and Safe Families Act
AIP	AFCARS Improvement Plan
ANI	Area in Need of Improvement
APCSB	Adult Protective Community Services Branch
API	Application Programming Interface
APPLA	Another Planned Permanent Living Arrangement
APRN	Advanced Practice Registered Nurse
APSR	Annual Progress Services Report
ARP	Administrative Review Panels
AS	Adoption Savings
BIA	Bureau of Indian Affairs
BESSD	Benefit, Employment, and Support Services Division (of DHS)
BP	Birth parents
CAA	Consolidated Appropriations Act
CAMHD	Department of Health, Child and Adolescent Mental Health Division
CANS	Child and Adolescent Needs and Strengths Assessment Tool
CA/N	Child Abuse and/or Neglect
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Addiction and Recovery Act of 2016
CASA	Court-Appointed Special Advocate
CBC	Capacity Building Center for States
CBCAP	Community Based Child Abuse Prevention
CCH	Catholic Charities Hawaii
CCSS	Comprehensive Counseling and Support Services
CCWIS	Comprehensive Child Welfare Information System
CDC	Centers for Disease Control and Protection
CDR	Child Death Review
CFP	Casey Family Programs
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review (case review system)
CHRI	Criminal History Record Information
CIP	Court Improvement Program
CJIS	Hawaii Statewide criminal history record information system
CM	Case Management
COOP	Continuity of Operations Plan
CPR	Cardiopulmonary Resuscitation
CPSS	Child Protective Service System (DHS' computer database system)

CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CRT	Crisis Response Team
CSA	Child Safety Assessment
CSEC	Commercial Sexual Exploitation of Children
CRSA	Comprehensive Strengths and Risk Assessment
CSSP	Center for the Study of Social Policy
CWCA	Child Welfare Contributing Agency (as federally defined)
CWS	Child Welfare Services
CWSB	Child Welfare Services Branch
CWSBA	Child Welfare Services Branch Administrator
DAG	Deputy Attorney General
DH	Hoomalu Detention Home
DHS	Department of Human Services
DOC	Difficulty of Care
DOE	Department of Education
DOH	Department of Health
DQ	Data Quality Manager
DRS	Differential Response System
DV	Domestic Violence
DVAC	Domestic Violence Action Center
EBT	Electronic Benefits Transfer
ECAS	Early Childhood Action Strategy
EEFC	Extended Federal Foster Care
EPIC	EPIC Ohana Inc.
EPSDT	Early Periodic Screening Diagnosis and Treatment
EPYP	Expectant and Parenting Young People
ESSA	Every Student Succeeds Act
ETV	Education and Training Vouchers
FASD	Fetal Alcohol Syndrome Disorder
FBI	Federal Bureau of Investigation
FCTC	Foster Care Training Committee
FFC	Family Resource Centers
FFH	Family First Hawaii
FFPE	Federal Fiscal Program Eligibility
FFPSA	Families First Prevention and Services Act
FFY	Federal Fiscal Year
FPH	Family Programs Hawaii (social service agency)
FPPEU	Federal Payment Programs Eligibility Unit
FSP	Family Service Plan

FSS	Family Strengthening Services (a program of Hawaii's Differential Response System)
FSVPS	Family Support and Violence Prevention Section (DOH)
FUP	Family Unification Program
FVPSA	Family Violence Prevention and Services Act
FYI	Foster Youth Independence
GAL	Guardian Ad Litem
HANAI	Hawaii Assures Nurturing and Involvement (resource caregiver training)
HAR	Hawaii Administrative Rule
HCAHT	Hawaii Coalition Against Human Trafficking
HCJDC	Hawaii Criminal Justice Data Center
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement Project
HE	Higher Education
HFA	Healthy Families America
HFCC	Hawaii Foster Care Connections
HFYYAAC	Hawaii Foster Youth/Young Adult Advisory Council
HIFASDAG	Hawaii Fetal Alcohol Spectrum Disorders Action Group
HI H.O.P.E.S.	Hawaii Helping Our People Envision Success (current and former foster youth organization)
HIPPA	Health Insurance Portability and Accountability Act of 1996
HI SYNC	Hawaii State Youth Network of Care
HI-SBIRT	Hawaii Screening, Brief Intervention Referral and Treatment
HMSA	Hawaii Medical Service Association
HPD	Honolulu Police Department
HPHA	Hawaii Public Housing Authority
HRS	Hawaii Revised Statutes
HSCDV	Hawaii State Coalition against Domestic Violence
HSVAA	Hawaii State Victim Assistance Academy
HT	Human Trafficking
HUD	Housing and Urban Development
HVS	Home Visiting Services
HYCF	Hawaii Youth Correctional Facility
HYSN	Hawaii Youth Services Network
HZTT	Hawaii Zero to Three Specialty Court
IC-J	Interstate Compact on Juveniles
ICF	Internal Communication Form
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IER	Interim Evaluation Report
IFSATS	Intra-familial Sexual Abuse Treatment Services

IHBS	Intensive Home-Based Services
IHI	Independent Living, Higher Education, and Imua Kakou Services
IK	Imua Kakou (voluntary extended care to age 21)
IL	Independent Living
ILC	Independent Living Collaborator
ILP	Independent Living Program
IMT	Implementation Management Team
IPP	Individual Program Plans
IVAT	Institute on Violence and Trauma (conference)
J.D.	Juris doctorate
JJIS	Juvenile Justice Information System
KAEC	Kauai Animal Education Center
KOLEA	Kauhale On-line Eligibility
KPO	Ka Pili Ohana
KS	Kamehameha Schools
LEAG	Lived Experience Advisory Group
LISS	Lanai Integrated Services System
LGBTQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning
LGBTQIA+	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning, Intersex, Asexual
LMS	Learning Management System
LT	Liliuokalani Trust
MCCH	Missing Child Center of Hawaii
MDT	Multi-Disciplinary Team
MECHV	Maternal, Infant and Early Childhood Home Visitin
MI	Motivational Interviewing
MISS	Molokai Integrated Services System
MLT	Management Leadership Team
MEDQUEST	State of Hawaii Health Insurance
MOA	Memorandum of Agreement
MQD	MedQUEST Division
MSO	Management Services Office
MTPR	Motion to Terminate Parental Rights
NCANDS	National Child Abuse and Neglect Data System
NCMEC	National Center for Missing and Exploited Children
NEICE	National Electric Interstate Compact
NPS	Neighborhood Place Services
NYTD	National Youth in Transition Database
OC	Ohana Conferencing
OCM	Organization Change Manager
OHA	Office of Hawaiian Affairs

OHCD	Office of Housing and Community Development
OIT	Office of Information Technology at Department of Human Services
OJT	On the Job Training
OMS	Online Monitoring System
OSF	One Share Future
OT	Ohana Time
OYS	Office of Youth Services
P-EBT	Pandemic Electronic Benefits Transfer
PAT	Parents as Teachers
PDO	Program Development Office
PIC	Parents in Care
PIDF	Partners in Development Foundation (social service agency)
PIP	Program Improvement Plan
PIP3	Third Program Improvement Plan
PL	Public Law
POS	Purchase of Service & Grants Management Unit
PPE	Personal Protective Equipment
PSS	Permanency Support Services
PUR	Period Under Review
PYD	Positive Youth Development
QA	Quality Assurance
QAR	Quarterly Activity Report
QIC	Quality Improvement Center for Research-Based Infant Toddler Court Teams
RAC	Resource Advisory Committee
RCGs	Resource caregivers
RFP	Request for Proposal
RFSS	Resource Family Support Services
RIF	Reduction in Force
RST	Rapid Screening Tool for Child Trafficking
SACWIS	Statewide Automated Child Welfare Information System
SDO	Staff Development Office
SFHR	Safe Family Home Report
SFY	State Fiscal Year
SHAKA	State of Hawaii Automated Keiki Assistance (CWSB computer database system)
SHAKATown	Youth Portal to SHAKA (see above)
SNAP	Supplemental Nutrition Assistance Program
SPC	Strategic Planning Committee
SSA	Social Service Assistants
SSD	Social Services Division
SSDA	Social Services Division Administrator
SSDO	Social Services Division's Staff Development Office

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

Section I. STATE AGENCY UPDATES AND CHANGES

A. DEPARTMENT'S STRATEGIC PLAN

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

1. Vision

The people of Hawaii are thriving.

2. Mission

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

3. Core Values (THRIVE)

a. Team-oriented

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

b. Human-centered

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

c. Respectful

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

d. Intentional

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

e. Visionary

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

f. Evidence-based

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

4. Goals

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

B. CHANGES TO AGENCY PRIORITIES

1. Guiding CWSB staff and contracted providers to work safely as Hawaii shifts to this new living-with-COVID world;
2. Improving performance on Child and Family Services Review (CFSR) Program Improvement Plan, Round Three (PIP3) Item #1: *Timeliness of initiating investigations of reports of child maltreatment*. (Hawaii's PIP3 progress is discussed in *Section VIII. H. Continuous Growth*);
3. Monitoring and improving the implementation of Family First Prevention and Services Act (FFPSA) services; and
4. Actively incorporating into procedures and practice the perspectives and opinions people with lived experience in the Child Welfare system.

C. UPDATES AND CHANGES TO AGENCY ORGANIZATION

Just like other states, Hawaii CWSB has been struggling through the pandemic to continue to provide quality services and keep children safe with new policies and protocols in place to minimize COVID-19 infection. As of March 25, 2022, the State's Emergency Proclamation will expire. After March 25, 2022:

1. The State's indoor mask requirement will end,
2. State employees will no longer be required to provide evidence of vaccination status or negative COVID-19 test results,
3. Visitors and contractors to State facilities will no longer be required to show vaccination status or a negative COVID-19 test result, and
4. Hawaii's Safe Travels program will also come to an end.

With the expiration of the Emergency Proclamation, CWSB staff have questions and concerns that leadership is working to address. Hawaii is in the process of updating its pandemic-related policies (e.g., those related to children traveling and Ohana time) to accommodate both the virus's current status as well as potential future variants.

Over the past year, all hiring freezes were lifted. Unfortunately, CWSB and its contracted providers have been struggling to find qualified candidates to fill open positions.

D. CHILD WELFARE WORKFORCE

As of January 2022, statewide CWSB has 394 funded positions, 312 employees (79% of funded positions), and 82 position vacancies.

CWSB has 174 authorized caseworker positions statewide. 138 of these caseworker positions are filled and 36 are vacant. The current caseworker vacancy rate is 21%. CWSB works with the DHS Personnel Office and the Hawaii State Department of Human Resources, using the collaboratively designed *Wiki Wiki hire* process to move qualified candidates into positions quickly.

Please see Figure 87: CWSB Staff Position Breakdown Filled & Vacant – January 2022 [Table] and Figure 88: CWSB Staff Position Breakdown Filled & Vacant – January 2022 [Chart].

Six CWSB supervisors and caseworkers have recently left their work at CWSB to work in its sister branch, Adult Protective and Community Services Branch (APCSB). In their exit interviews, these staff all cited wanting a lower workload and/or caseload as their reason for making the switch.

Over the past year, CWSB lost two Section Administrators and four supervisors. Loss of leadership too often equates to loss of institutional knowledge. One of the supervisors who retired was the primary supervisor for Hawaii's statewide CWSB intake unit who had been with CWSB for forty years. Hawaii has been working to fortify its intake unit, staff, and processes that had relied heavily on one person for direction, clarity, and support. As of April 2022, all four intake unit supervisor positions are filled, covering all the daytime, evening, weekend, and holiday shifts. Since Hawaii's intake units' reorganization in 2019, this is the first time that all supervisor positions have been filled. The reorganization created two more supervisor positions to support staff nights and weekends, without using on-call supervisors or administrators.

CWSB has engaged in succession planning efforts to minimize loss of institutional knowledge when seasoned staff retire. In the months leading up to retirement, senior staff are given time to document processes and practices to aid those who follow. Caseworkers are regularly given the opportunity to act in the role of a supervisor for a few days or a week when a supervisor is on leave. Similarly, when administrators are on leave, supervisors step into those roles temporarily to get a sense of the work. Opportunities to shadow other employees is also afforded to staff, so they can learn about the varied options for advancement. Additionally, leadership training slots are made available to staff who are currently not in leadership positions in order to nurture potential.

In July 2021, a retired section administrator returned to the East Hawaii section and has focused on closing inactive cases, which has greatly helped the East Hawaii section to lower caseloads. Please see Figure 86: CWSB Average Caseloads December 2018 – March 2022.

Although CWSB continues to experience staffing challenges and many seasoned staff are devoting much of their work time to helping their newer colleagues get up-to-speed, CWSB remains committed to quality child welfare practice and continually working to improve the lives of vulnerable children and families throughout the State.

SECTION II. CWSB STRATEGIC PLANNING

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

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

The COVID-19 pandemic created challenges to maintain face-to-face contact with families and stakeholders. Technology has provided additional tools for the workforce to address these challenges. Many activities, such as connecting with families and meeting with stakeholders and community partners were able to continue virtually through various forms of technology. Annual, periodic, and new training sessions for staff have been able to continue through the use of enhanced technology. Family Court hearings and psychological evaluations have also continued to be held virtually and in-person depending on the circumstances. Caseworker visits and Ohana Time (visitation) are conducted face-to-face whenever possible with safety guidelines in place. CWSB has also been able to improve internal communication through technology. Technology allows for regular meetings and check-ins as needed and can bring together the workforce from different islands and geographic locations without travel time and expenses. The use of technology, such as virtual meetings and audio/visual messages, allows for additional contacts between caseworkers and parents and parents and children in addition to face-to-face visits and improved communication within the CWSB workforce. CWSB staff made provided PPE available to persons participating in face-to-face visits.

CWSB integrated the APSR and the Child and Family Services Review (CFSR) process, which coordinates the State's efforts to determine and monitor quality of performance. The target percentage for all CFSR goals is a long-range goal to achieve a very high standard of practice. In this APSR, the percentages listed under each CFSR Item are statewide averages from Hawaii's onsite quality case reviews. The percentages indicate how many cases had this item rated as a strength out of all the cases reviewed to which the item applied. The onsite case reviews are modeled after the federal CFSR. Hawaii has integrated some of the PIP3 strategies into the CFSP for 2020-2024 and are described, where applicable, in this APSR. The data from each annual CFSR helps inform how PIP3 and other strategies are working in practice to meet the outcomes. Through case reviews, CWSB can identify implementation successes and opportunities for clarification and revision. Updates and discussions on strategies are included in various sections of this APSR. Efforts are also made to align strategies to effect positive change in multiple areas and streamline practice.

Overview of Collaboration Activities

CWSB values and includes the voices and perspectives of families, children, youth, young adults, courts, and other system partners in assessing agency strengths and areas needing improvement; reviewing, modifying goals, objectives and interventions; and monitoring CFSP and PIP3 progress. The integration of voices of families, children, youth, and young adults; courts; and other system partners occur in many ways and are discussed throughout this APSR.

Collaboration activities to implement the CFSP and PIP3 continue to include a variety of partners and focus areas to promote substantial, ongoing, and meaningful consultation and collaboration. Although the COVID-19 pandemic has prevented in-person meetings, increased opportunities for virtual collaboration have been achieved through technology and virtual meetings. CWSB continues to use virtual meetings to support engagement in planning and collaboration. Technology has provided additional time and capacity for people to participate in more meetings with external partners as well as within CWSB. For example, Branch Administrators can join section meetings to check-in, provide updates, and review and discuss CFSP goals and PIP3 strategies.

Data, including PIP3 data on targeted items, continues to be reviewed and discussed in various settings to identify strengths and improvement strategies. Some highlights include but are not limited to:

- Continued collaboration with legal and judicial partners, including the Court Improvement Program, on the PIP3 activities related to safety, permanency, and well-being;
- Continued partnership with Community-Based Child Abuse Prevention (CBCAP) lead agency, the Hawaii Department of Health, and other agency and community partners on the All-State Team, including the Oahu Zero To Three Specialty Court team, to promote a broad array of services to families with children aged 0-3; and
- Collaboration with DHS MedQUEST division to help CWSB staff understand current COVID-19 implications and guidance on precautions.

As mentioned above, there are examples of meaningful collaboration throughout this APSR. Collaborations and strategies promote positive outcomes in multiple areas.

While there are no federally recognized tribes in the State of Hawaii, CWSB has processes in place to engage and partner with tribes for children who are identified as potentially eligible for Indian Child Welfare Act (ICWA), which include the roles of caseworker at intake, the courts, the Attorney General, and the Interstate Compact for the Placement of Children (ICPC) process.

Some activities that target CFSP and PIP3 goals are described in more detail below.

The Child Welfare Advisory Committee's purpose is to inform positive system change toward the goal of improving outcomes for children and families. The Committee meets quarterly to share updates from CWSB and partners in each community that affect children and families. In addition, CWSB data, including case review findings, is shared and discussed. The Committee's broad, statewide membership includes CWSB staff, contracted CQI staff, community social service providers, court staff, Department of Health representatives, youth representation, resource caregivers, and family representatives. CWSB continues to share data, goals, and progress; outcomes; strategies; challenges; and to receive feedback from members that bring geographic perspectives on how things are working in specific locales.

Hawaii's 5-year Child and Family Service Plan (CFSP) includes the All-State Team with members from CWSB, Department of Health, and Family Court. One of the CFSP projects is to increase the duration and frequency of Ohana Time through a collaboration between the Judiciary's Zero-To-Three (ZTT) specialty court and Liliuokalani Trust's Ka Pili Ohana program to facilitate cultural integration and strengthen the relationship between birth parents and resource caregivers (RCGs). Ka Pili Ohana is a collaborative Liliuokalani Trust pilot project on Oahu focused on strengthening parent-child relationships during visitations with birth parents, children, RCGs, and CWSB staff. Through this collaboration, ZTT also partnered with Project First Care and an Ohana Navigator's mentor.

The Ka Pili Ohana program also partners with EPIC Ohana to pilot Two Makua Meetings (TMM) between RCGs and birth parents. In the Hawaiian language, *Makua* means parent. The TMMs are informal meetings between the birth parent and the RCG designed to encourage the development of a relationship that fosters open communication between the child's caregivers. TMM pilot project started in June 2021 in West Oahu section. From June 2021 to October 2021, six TMM's have been completed. In January 2022, TMM expanded to East Oahu section and there are plans to expand to more sections in the coming months.

CWSB continues to be a partner with Na Kama a Haloa. Na Kama a Haloa is a statewide collaboration with five sub-workgroups (Hui Kauhale – Native Hawaiian Values, Hui Makua – Birth Parent Voice, Hui Pilina – Sibling Connections, Fostering Strong Connections -Resource Caregivers, and Hui Hilo – Resource Caregivers). Each sub-workgroup is tasked with creating critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, uplifting youth and family voice, training and supporting nurturing RCGs, and honoring sibling connections. The Network Working Goal is that by the year 2023, each Native Hawaiian child and youth (0-26) affected by the foster care system is connected to and can sustain a lasting network of healthy, supportive, and enriching relationships. Some examples of the collaborative work are described below.

Na Kama a Haloa Network-Fostering Strong Connections Hui (strengthening RCG roles) have created a video through collaboration and a donation from Hawaii Medical Service Association (HMSA), "*Our Keiki, Our Kuleana: Weaving Ohana Together.*" This video depicts the many

benefits for children and families that can happen when CWSB birth parents and RCGs collaborate on behalf of the children. The video is available at:

<https://www.epicohana.org/news/our-keiki-our-kuleana-weaving-ohana-together>

The Hui Kahale is assisting CWSB with cultural messaging, helped with the Family First Hawaii (FFH) video and message, the new hire training, and by infusing cultural understanding in the curriculum.

The Family First Hawaii (FFH) collaborative approach in direction, implementation, and decision-making is reflective of Hawaii's collectivist culture where relationships and interconnectedness between people and groups play a key role in decision-making and in the overall success of the program. The FFH governance structure consists of multiple committees and workgroups consisting of multiple stakeholders (14 of the 21 groups were created specifically for FFH). A few of these groups are highlighted to illustrate FFH's collaborative efforts. The FFH Executive Committee consists of administrators from various State departments and the Judiciary to promote interagency cooperation and to resolve any barriers to implementation within the system of care.

The Implementation Management Team (IMT) includes the SSD Administrator, CWSB administrators, CWSB program development, CWSB section administrators and supervisors who represent line staff, Lived Experience Advisory Group (LEAG), technical assistance consultants, CQI, UH Evaluation Team, Casey Family Program, and co-leads of all FFH workgroups (CQI/Evaluation/Data, Case Pathways, Training, LEAG, Communications, Program Contracts, Fiscal). IMT group is responsible for managing and coordinating all implementation activities including setting direction for future FFH expansion. FFH workgroups report to the IMT and the IMT will be responsible for approving and moving forward any recommendations.

The Lived Experience Advisory Group (LEAG) workgroup consists of parent partners (birth parents previously involved with CWSB), youth formerly in foster care, and support staff. The group continues to meet monthly and has provided valuable feedback in multiple areas of FFH planning and implementation. A LEAG Co-Lead and former youth in foster care co-presented with the CWSB FFH Lead at the Capacity Building Center Family Leaders Conference in December 2021 to share Hawaii's efforts in partnering with families. More recently, LEAG birth parents recorded a video in which they shared their experiences with CWSB, how they received their Family Service Plans (FSP), and how that made them feel. The video was specifically created for the Family Service Plan training for CWSB staff and parent partners were present during the trainings to answer any questions that staff had for them. The overall feedback from staff regarding the birth parent video and question & answer sessions was very positive, with staff realizing the importance of not only how they share FSPs with families, but how they interact with families as part of case practices. Here's a link to the video:

<https://www.youtube.com/watch?v=kYqjQT0wxwU&t=14s>.

The Communications workgroup worked in partnership and consultation with Na Kama a Haloa and Hui Kauhale (Native Hawaiian community partners) to create the FFH puolo logo. The puolo metaphor was created by Native Hawaiian cultural consultants to explain FFH concepts in a culturally responsive way. The Communications group with Na Kama a Haloa and EPIC, Inc. collaborated in bringing the FFH puolo metaphor to life through an inspiring 11-minute video. There is also a short version of the video. The videos may be viewed by going to the following links: for the long version: <https://vimeo.com/663226445/2094ae2812> and the short version: <https://vimeo.com/667474435>.

The video has been shared with CWSB staff, internal and external partners, and via the FFH distribution list of over 500 people, including State departments, Family Court, Prosecutor's office, Legislator's offices, Honolulu Police Department, military branches, LEAG members, CWSB contracted providers, community-based service providers, and private service providers. Those who have watched the video have given very positive feedback. The Communications group is also responsible for developing and distributing FFH newsletters and articles to engage and inform partners and the broader community of FFH activities and accomplishments.

CWSB has established monthly meetings for HomeBuilders®/IHBS, Home Visiting Services, and Voluntary Case Management service providers to share information about FFH implementation, build relationships, encourage provider feedback/input, and promote cross-collaboration with CWSB and among provider agencies. The monthly meetings have facilitated a smoother transition to FFH service implementation for these providers.

Strong partnerships help improve the CWSB system to coordinate in shared efforts, improve outcomes, and be responsive to families.

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

Hawaii's APSR is an annual report on progress made toward accomplishing the goals and objectives of the CFSP. Due to the length of time it takes for State data to be made available for analysis, this APSR will discuss data on activities and services provided through State Fiscal Year (SFY) 2021. The focus of this APSR is specifically on programs, services, and activities provided in Federal Fiscal Year (FFY) 2022 and planned programs, services, and activities for FFY 2023.

This document provides new information on services and activities provided since the submission of the FFY 2022 APSR, and those to be provided after the submission of this FFY 2023 APSR. Fiscal year references in this report mean the following:

- SFY (N) = July 1, (N-1) – June 30, (N) e.g., SFY 2018 = July 1, 2017 – June 30, 2018

- FFY (X) = October 1, (X-1) – September 30, (X) e.g., FFY 2019 = October 1, 2018 – September 30, 2019

Generally, this APSR provides data from SFYs 2017 - 2021. Where possible, more recent data is included, including from case reviews and federal reports.

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

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

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

Overarching Goals:

Goal 1. Collaboration:

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

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

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

Update:

- Prioritize and reduce/eliminate/combine duplication of investments and activities that do not relate to core functions. (Measure: date completed)

CWSB is intentionally aligning strategies to effect change in several outcome areas and to streamline practice.

When developing activities to improve practice, CWSB is looking at the array of strategies and outcomes that may be related. Current efforts are made to streamline change and minimize duplication. For example, the revision of the Family Service Plan was designed to meaningfully engage families in case planning, target services to needs, and address reasons for CWSB's involvement. Engaging families in case planning and linking services to needs highlight two key outcomes that may be positively impacted by the revised Family Service Plan.

Another example of coordinating improvements and investments in practice includes revisions to the monthly caseworker visit form that are intended to support discussion and enhance documentation of important information and many of the 18 CFSR practice items. Topics that define a quality visit are outlined and documented on the form.

Connecting multiple outcomes can promote improvement in multiple areas as well as synthesize casework practice that supports families and caseworkers.

- Assess participation and investment in known and newly identified activities. (Measure: date initially completed and ongoing)

As internal and partnership strategies are developed, CWSB is mapping out implementation activities and steps. As part of this process, CWSB reviews the larger context of the system and workforce environment to identify other concurrent priorities and workforce activities. Identifying time, resource, funding, training, and system enhancements helps to carefully review what is needed for implementation. This helps to thoughtfully plan for implementation, identify resources needed, create strategic timelines to support workforce readiness for change, and describe how the strategies link together in the broad landscape of CWSB's goals, practices, and outcomes. The CWSB system is a system of continual growth and improvement. Aligning strategies and implementation steps is important to support the workforce, infrastructure, and partners in making meaningful positive changes to support children and families.

- For strategic planning, track requests and proposed new projects (including commitments and deferrals) to identify additional resources needed to effectively implement the road map. (Measure: list of commitments and deferrals and resource evaluation)

CWSB reviews opportunities for partnership and improvement in alignment with CFSP and CFSR Outcomes and Goals. Information on data, existing resources, practice, and system functions and priorities can be used to assess what may be needed to implement new strategies or partner with existing initiatives.

- Develop guidelines for effective participation in collaborative efforts, including use of data. (Measure: date completed)

The CWSB system is comprised of many committed partners that come together to support children and families and promote a robust array of services.

Together, CWSB and its partners work to identify needs, available resources to meet the needs, additional enhancements or resources necessary to address needs, and coordinate efforts to strategize and implement and changes identified. CWSB works to review current practice and use data related to support collaborative efforts within CWSB and with partners to promote effective participation in strategy development to support the goals and outcomes of the CWSB system.

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

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

Update:

- Implement the pilot plan (Measure: plan implemented)

Over the last year, the All-State Team has continued to meet monthly and broaden participation. Progress had been made in identifying needs and resources to meet the needs of families with children aged 0-3. Through ongoing meetings and discussions, participants have shared known resources and collaborated to implement new strategies to meet the identified needs. Team participants have nurtured relationships and invited presenters from resource agencies to share programs and services and foster connections to improve awareness of and access to these resources. Recent collaborations included: We Are Oceania that serves Micronesian and Pacific Island communities throughout the state, which shared about their program; the Hawaii Department of Health shared about child development program and informational materials; Catholic Charities Hawaii shared about the supports they provide to families that have achieved guardianship and adoption; and the Na Kama a Haloa Network-Fostering Strong Connections Hui (strengthening resource caregiver roles) created a video through collaboration and a donation from Hawaii Medical Service Association (HMSA), *“Our Keiki, Our Kuleana: Weaving Ohana Together”* and shared the video at an All-State Team meeting. The

video is also available of the resource caregiver and licensing portal at:
<http://rcg.hawaii.gov>.

Identifying needs and sharing information about resources helps CWSB and partners connect children and families to the broad service array available within their communities. In the next year, the All-State Team may focus on developing a collaboration process that identifies needs, services, and resources to meet those needs, and a process to share and make the information available to a broader audience.

Goal 2. Prevention:

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

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

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

Update:

- Evaluate initial project site/service project. (Measure: date evaluation completed)

The Family First Hawaii (FFH) Title IV-E 5-year Prevention Plan was approved by ACF on August 10, 2021. CWSB is utilizing a staggered approach during the initial FFH implementation phase to lay a solid foundation of guidelines, policies, and procedures for each service to ensure quality and uniformity in case practice and to sustain these changes over time.

Under FFH, policies and procedures for HOMEBUILDERS® Model/Intensive Home-Based Services (IHBS), Home-Visiting services (Parents as Teachers (PAT) Model, and Healthy Families America (HFA) models have been developed and issued to staff. Training on program overview, values and beliefs, target population, eligibility criteria, targeted outcomes, assessment and reports, referral process, documentation in CWSB database, and caseworker responsibilities in service delivery has been provided for CWSB staff and service providers. Trainings for CWSB staff and applicable service providers have been provided prior to the implementation of each FFH services and plans for refresher training are in place to support knowledge, process, and practice. This staggered approach also allows time for identifying and resolving glitches and barriers to service implementation while in its initial implementation phase.

Family First Hawaii (FFH) implemented its first evidenced based service on October 1, 2021 with IHBS, an existing service within the CWSB array of services. IHBS utilizes the HOMEBUILDERS® Model of Intensive Family Preservation Services, which serves families with children and youth ages 0 through 17 who are at imminent risk of out-of-home placement and who need intensive in-home services to support reunification; and children and youth in need of placement stabilization to prevent imminent placement disruption due to the behavioral health needs of the children and youth. IHBS is a time-limited service of four to six weeks that provides support to families 24 hours a day, seven days a week. IHBS therapists work with families to teach skills that empower families to become self-sufficient as well as provide families with concrete goods and services related to achieving the family's goals.

IHBS, using the HOMEBUILDERS® model, is currently provided to all areas on the island of Oahu, Hawaii Island-East Hawaii Section - Hilo, and West Hawaii Section-Kona, with plans for expansion to the island of Maui and the island of Kauai by July 2022. IHBS services were implemented during Hawaii's Title IV-E Waiver from 2015, which ended in 2019. Although the Waiver ended, Hawaii continued to offer IHBS to CWSB families.

Since October 1, 2021, CWSB officially implemented IHBS as a FFH service and started collecting and tracking data. As of February 22, 2022, IHBS served 24 families since October 1, 2021. 23 of these families were FFH eligible.

- Oahu IHBS has served 14 families, 13 of which were FFH families;
- East Hawaii has served seven families, all of which were FFH families;
- and
- West Hawaii served three families, all of which were FFH eligible.

IHBS provider capacity issues have impacted the number of referrals and families who can receive Intensive Home-Based Services. The level of intensity for this particular service has challenged IHBS providers in recruiting and retaining staff. The IHBS providers on the island of Hawaii have additional difficulty in finding staff to cover the wide, remote, and rural areas in their districts. The last case in West Hawaii closed on January 21, 2022, and as of January 28, 2022, IHBS was no longer available to the West Hawaii (Kona) families. West Hawaii IHBS has two positions: Program Director/therapist and a therapist position. Their Program Director/therapist position was already vacant and they lost their therapist on January 28, 2022, due to incompatibility with the nature of the job. Hiring staff for West Hawaii IHBS has been problematic; the majority of applicants for staff positions reside and are employed out-of-state on the continental United States. Even if an out-of-state applicant were hired and moved to Kona, the cultural and

lifestyle differences may add to the difficulty of having staff who are a good therapeutic fit for families in Kona.

To mitigate the loss of IHBS services in West Hawaii/Kona, CWSB is utilizing Crisis Intervention through Comprehensive Counseling and Support Services (CCSS) with additional counseling and/or skill building services as needed. Under FFH, CWSB and IHBS providers from Oahu, West Hawaii, and East Hawaii have been meeting monthly and are working collaboratively in gathering weekly and monthly data to identify gaps in service and to support expanding IHBS's capacity and reach.

The FFH Home Visiting services (HV) began in July 2021 when contracts were awarded to service providers. Since the implementation of FFH's requirements for delivering evidence-based models, CWSB and providers collaborated to ensure all providers met the models' training, certification, data capture, and reporting requirements, and to ensure communication between the providers and the evaluation team. Service providers were able to transition their families to the new model, or, for families who had almost completed services, made decisions to either continue with their old model of intervention or switch to FFH models. By December 2021, providers reported that they had either fully implemented the home visiting model or were close to full implementation. Official implementation of FFH home visiting services began on March 1, 2022 and Hawaii will start collecting data required for FFH.

Hawaii chose two evidence-based home visiting models, Healthy Families America (HFA) and Parents As Teachers (PAT), to provide parenting support services to parents and caregivers with children ages zero to five years. Home visiting services are long-term, voluntary services to help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. Monthly meetings with CWSB and HV providers have been held to support successful transitioning to FFH implementation. These monthly meetings will continue during the implementation phase to facilitate FFH implementation, identify barriers to implementation, and to find solutions to these barriers.

The projected implementation of Motivational Interviewing (MI) with CWSB contracted providers of substance use treatment services is scheduled for 2023. MI is an intervention technique widely used by substance use treatment providers in Hawaii. The primary change with FFH implementation will be in the documentation, billing, and reimbursement processes for MI. In preparation for MI implementation, CWSB will convene a MI workgroup to flesh out the necessary details for documentation, billing, and reimbursement. This workgroup will include

representatives from substance use treatment provider agencies and Department of Health (DOH) Alcohol and Drug Abuse Division (ADAD).

All four identified FFH services (IHBS, PAT, HFA, and MI) are already being provided to families in Hawaii. Utilizing and expanding existing services provides a smoother transition for our CWSB workforce to the additional requirements and evaluation practices of FFH.

A critical component to the success of FFH implementation is the continuous quality improvement (CQI) evaluation process to ensure fidelity and outcomes for FFH services. Data from each FFH service will be collected and analyzed by a CQI and Evaluation team consisting of CWSB staff and external partners, which include the University of Hawaii at Manoa (UH) evaluation team, State of Hawaii Automated Keiki Assistance (SHAKA) data team at University of Hawaii Maui College, and Hawaii Child Welfare Continuous Quality Improvement Project of the University of Hawaii Maui College (HCWCQI). The workgroup will report and share data and recommendations for potential improvements with the FFH Steering Committee and Implementation Management Team (IMT). Additionally, CWSB is in process of developing an internal and external CQI team consisting of key stakeholders to inform refinements to FFH program implementation, changes to service array, and practice improvements.

Impact of COVID-19:

Prior to the onset of the COVID-19 pandemic, CWSB and service providers were challenged with recruiting and retaining staff. The pandemic elevated the challenges of recruitment and retention to new levels. The resulting high unemployment rates along with Hawaii's high cost of living, added to an increased number of people leaving the islands, many of them highly skilled residents. These factors, negatively impacted the State's labor force, including the CWSB recruitment pool.

In addition to coping with the multiple challenges in work practice and responsibilities, internal and external systemic barriers, and often initial hostile environment with families whose children were being removed, CWSB staff were now faced with trying to balance children's safety with their own personal safety. Some staff have pre-existing health conditions that put them at risk when exposed to COVID-19. Other staff had limited choice in putting themselves at risk when transporting a youth in foster care who had tested positive for COVID-19 in response to resource caregiver's requests for the youth's removal. CWSB-contracted service providers also faced similar challenges of putting themselves at risk when providing face-to-face services to children and families.

While virtual trainings provide a safe venue for staff to learn about FFH services, policies and procedures, and worker responsibilities within these services, worker engagement and interactions are limited. Technical issues and limited bandwidth have also impacted the quality of trainings, and it is easier for staff to be distracted and disengaged from virtual trainings, which can lead to limited understanding of the subject matter. Surveys and discussions with staff have identified that staff are inclined to benefit more from in-person, smaller group, interactive and hands-on trainings.

Positive impact. Hawaii State agencies are characteristically behind when it comes to the use of technology and doing business in the workplace. The COVID-19 pandemic pushed the Department to implement the widespread use of technology within and between state agencies and external partners to carry out job responsibilities while keeping employees, providers, and the public safe. DHS had been making investments in technology prior to COVID-19, and that early investment allowed the capability to make the switch rather quickly to protect staff and the public. Staff were given the option to telework, a big departure from the limitations of working in a traditional State office. The pivot to a virtual work environment and use of technology allowed staff to attend multiple virtual meetings, eliminating the need, costs, time, and stress of traveling/commuting to various locations for in-person meetings or reporting to the office. FFH planning and development were carried out through virtual meetings, remote desktops, shared files, video conference calls, and email communications. These current practices appear more effective in maximizing worker productivity, performance, and time spent in executing work responsibilities. Since travel to meeting sites was not necessary, telework allowed travel time to be recaptured and used for other tasks, increasing productivity.

Even with virtual meetings, staff are still able to achieve meaningful participation and collaboration while maintaining safe practices. The use of virtual meetings, shared online drives, and various technologies provide the support, flexibility, and a creative environment for staff who can choose to telework. Many workers have found the flexibility and freedom of the remote work environment, which has long been utilized by the private sector, very beneficial and desirable. CWSB program development staff, who are also FFH workgroup leads and vital to FFH operations and implementation, have found that teleworking best meets the heavy demands that come with their positions. Continuing the option to telework, for staff who have demonstrated the ability to maintain or improve work performance while teleworking, may increase worker retention rates, productivity, and job satisfaction among the CWSB workforce.

Goal 3. Workforce:

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

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

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

Update:

- Evaluate Specialized Workload Assessment Team (SWAT) efficacy and make decisions for future organizational needs and adjustments. (Measure: SWAT outcomes and organizational needs and plans)

The two-year pilot of the SWAT allowed for a versatile, flexible, and responsive support for the workforce. The unit is located on Oahu and consists of three caseworker positions (filled), two assistant positions (one filled), and one supervisor position (to be filled). The unit can travel and work on an island in need of assistance and support. Casey Family Programs continues to fund the unit's airfare for interisland travel.

The SWAT is also currently providing targeted casework support to the Maui and East Hawaii sections and statewide support to all sections related to documentation and accessing resources. Two SWAT caseworkers are on the island of Maui to support staff in making timely responses to reports of child maltreatment and in assessing child safety. A SWAT caseworker is also on Hawaii Island supporting the East Hawaii section respond to reports of abuse and neglect. All SWAT caseworkers will go to the East Hawaii section in the near future to respond to all reports of abuse and neglect and allow existing staff to focus on existing cases.

A Social Services Assistant (SSA) located on Oahu is supporting all sections with obtaining and maintaining all vital documents in case records and completing credit reports for young people in foster care. Other activities performed by this SSA include reviewing and updating Adoption and Foster Care Analysis and Reporting System (AFCARS) data and providing assistance in accessing Pandemic Electronic Benefits Transfer (P-EBT) cards for children in foster care.

SWAT has been a valuable resource for CWSB. Its design and broad array of functions allow for a responsive workforce that can quickly adjust and provide support to sections in need of workforce assistance. This improves service provision to families and helps CWSB meet its outcomes. Continued efforts are underway to

dedicate a supervisory position for the team and to make the SWAT a permanent component of the CWSB workforce.

- Reassign specified administrative functions of supervisors to a new SSA V position to two to three sections: Total of seven positions – one per direct service section. (Measure: revised organizational chart)

CWSB is continually evaluating workforce needs and how the structure can support the agency goals of safety, permanency, and well-being of the children it oversees. Organizational needs and priorities continue to be monitored and resources are aligned to meet changing needs. The organizational structure is revised as needed. As previously discussed, the SSA in SWAT continues to be a support in addressing some administrative functions of social services assistants statewide. This technical assistance on different topics helps to promote consistent practice and outcomes. Currently, SWAT is also helping to address the objective of supporting supervisors.

- Evaluate the need for specialized units and/or workers. (Measure: evaluation of workload, types of cases, resources, skills, etc.)

As mentioned above, CWSB is continually evaluating the workforce needs and how the structure can support the agency's goals. CWSB casework and functions are vast and broad. Knowledge and skills must cover a range of topics. CWSB is reviewing how to support the workforce to provide improved services to children and families. For example, the functions of assessment and ongoing permanency work may be reviewed to determine if additional specialized units or workers may be needed to support the workforce and improve practice.

- Continue to monitor supervisors' caseload and inactive cases. (Measure: caseload and inactive caseload data)

Supervisors' caseloads continue to be monitored. A monthly report is submitted that includes information on supervisors' caseloads. This information may be discussed at Branch meetings and through supervision. SWAT has provided short-term staffing relief to sections to help close appropriate cases and provide physical assistance to supervisors juggling a caseload and supervisory responsibilities.

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

Data and trackers are used in a variety of meetings. The intake tracker continues to be used in meetings with section administrators and in section briefings. CFSR, CQI, and other aggregate data is shared and discussed with sections to identify areas of success and opportunities for clarification and improvement. CWSB also uses data to review workload and identify any shifts necessary to support the workforce.

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

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

Update

- Assess supervisory training for ongoing supervisors that did not participate in the training for new supervisors or similar training. (Measure: assessment completed)

All supervisors are invited to participate in the training for new supervisors and can participate in specific modules that may fit their needs. Ongoing individual supervisory coaching and mentoring is available for all supervisors and section administrators. This support is an additional resource for a supervisor on specific activities related to supervision. This coaching and mentoring resource provides support in many areas related to supervision and is tailored to meet the needs of each supervisor or section administrator.

- Develop a plan to provide ongoing supervisory training and support for supervisors - consider using the quarterly Management Leadership Team (MLT) or the quarterly Supervisor's meeting to offer supervisory learning opportunities. (Measure: plan developed)

As mentioned above, ongoing tailored coaching and mentoring is available for supervisors and section administrators. The quarterly supervisor meeting allows supervisors to discuss supervision needs and strategies with peers. The group can identify specific topics for further discussion at MLT. CWSB uses this information to provide follow-up information and additional resources to support the needs identified by supervisors.

Topics on supervision and coaching are included in MLT and other supervisor meetings. MLT is a venue for speakers and resource sharing in areas related to current needs of CWSB and supervisors. For example, during the August 2021 MLT, a facilitated discussion was provided for supervisors and section administrators on the role of supervisors in supporting and coaching workers regarding information collection and safety decision-making. The quarterly MLT and supervisors meeting will continue as a support for supervisors to share and receive information and identify needs related to supervision.

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

Topics are reviewed and revised to incorporate practice change. New modules can be developed as needed. The training modules are revised to integrate new initiatives and caseworker practice enhancements in the application of the content and curriculum. For example, the module on practice was revised to incorporate some of the PIP3 strategies related to coaching on safety, engagement, and permanency. Modules will continue to be revised as needed to reflect current practice. The discussions in modules are also informed from current CFSR data, trends, and feedback from workers on supervision.

- Continue to evaluate occurrence and efficacy of monthly supervision. (Measure: calendars and observations, feedback, and monitoring)

Supervisors continue to submit both monthly calendars that document completed monthly supervision and a monthly report on key topics discussed in monthly supervision. This information is reviewed and provides opportunities during of supervision with supervisors to discuss what is working and any barriers to completing monthly supervision.

CWSB continues to gather and use feedback from worker surveys to review monthly supervision and identify additional areas to support supervisors and workers. Information is shared at the MLT for review and discussion. Workers continue to value supervision to assist in safety decision-making and casework practice. Information from the worker survey can help inform CWSB about opportunities for improvement and topics for MLT and other supervisor meetings.

- Assess section administrators needs for supervisory training and supports gathered through information from supervisors and section administrators. (Measure: assessment completed)

Individual supervisory coaching and mentoring is available for all section administrators. Through supervision, this support can be identified as a resource for section administrators and tailored to meet a section administrator's needs. Supports for section administrators are also discussed at Branch meetings. Two meetings, or huddles, are held each week with section administrators to target ongoing as well as emergent needs to support sections administrators in their work. Additional leadership support and training may be identified to further support section administrators.

- Develop a plan with guidelines and tools for section administrators to use with supervisors. (Measure: plan developed)

Section administrators generally conduct monthly supervision with supervisors. As mentioned above, additional leadership support and training may be identified to further support section administrators as they provide supervision to supervisors.

3. Family First Hawaii Overview

Goal 2. Prevention:

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

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

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

Update:

In December 2020, Hawaii submitted its first draft of Family First Hawaii (FFH) Title IV-E five-year Prevention Plan, with feedback received from ACF in February 2021. Hawaii resubmitted its FFH prevention plan to ACF in May 2021 with further follow up in June 2021. Hawaii's FFH prevention plan was approved by ACF on August 10, 2021. Included in the FFH prevention plan is the continuum of CRT and IHBS IV-E waiver services. Hawaii plans to use FFPSA Transition grants and Funding Certainty Grants to support Hawaii's FFH services/programs, which include expanding CRT to Maui and Kauai Counties, IHBS, and Home Visiting parenting services.

Implement the approved FFPSA plan – Family First Hawaii (FFH). (Measure: date FFPSA – FFH plan implemented, October 1, 2021)

The FY 2022 Annual Progress Summary Report (APSR) identified four key implementation tasks (see below) to be operationalized in 2021 and 2022. This overview will address those tasks.

- a. Develop installation phase structure including workgroups, membership, and charters.
- b. Develop and revise policies, procedures, and practice guidelines with FFH implications.
- c. Complete the procurement process for the new statewide Home Visiting Services contracts.

- d. Continue to make necessary CWSB database modifications to support tracking and data collection.

Task 1: Develop installation phase structure including workgroups, membership, and charters.

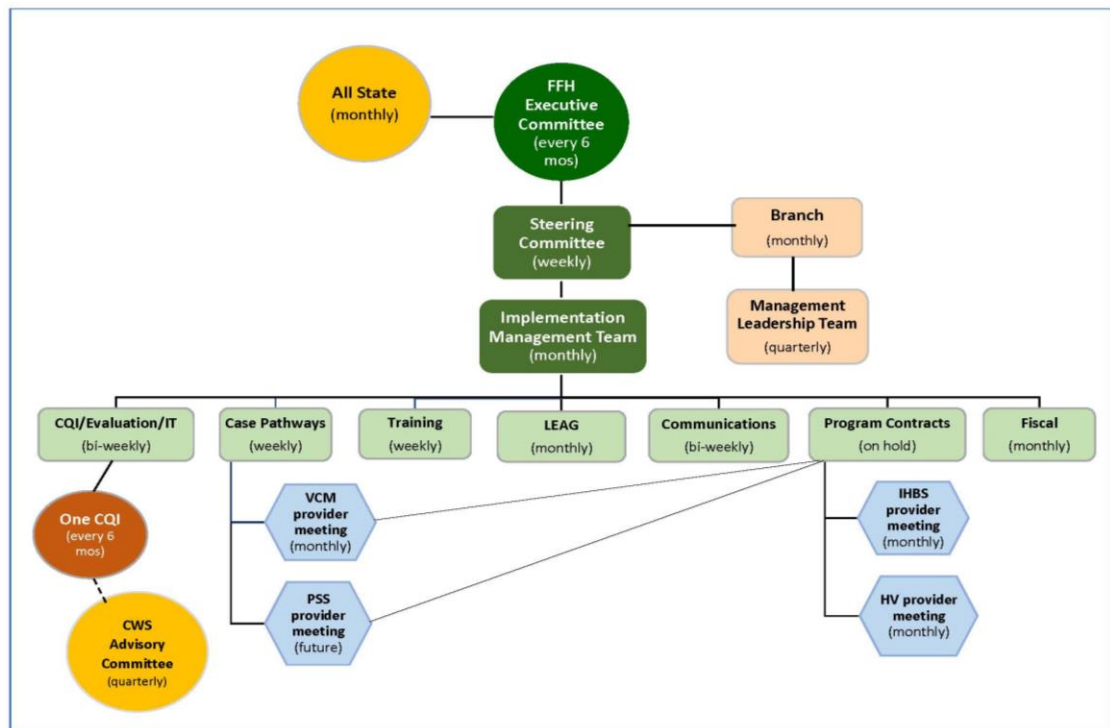
a. FFH Governance Structure

Family First Hawaii's current organizational structure is an adaptation of the workgroup structure that was used in the planning and development of the FFH Title IV-E Prevention Plan. Some of the current FFH workgroups were formed during the planning and development of the Prevention Plan and maintain many of its original group members. One of the advantages of keeping the same group members is that these members have expanded knowledge of FFH and are able to build or increase expertise in their specific workgroup functions. This helps CWSB to leverage the collective expertise of its FFH workgroups towards achieving positive outcomes for children and families.

Each FFH committee and workgroup in the organizational structure is assigned specific responsibilities with an assigned chair/co-chair. Many of these groups share the same members. The intentional overlap in membership makes communication, coordination, and collaboration between workgroups a more organic or natural process.

The FFH Governance Structure graphic below gives an overview of the FFH committees and workgroups organizational structure. It also includes internal and external CWSB groups that FFH regularly participates in and collaborates with, and the meeting frequency for each group. 15 of the 19 groups were created specifically for FFH.

FFH Governance Structure



b. Internal and External CWSB workgroups

All State – Collaboration across state agencies, including DHS, DOH, DOE, and Family Court, to enhance the service array for families with young children, with the goal of developing a seamless continuum of intervention (CWSB and partner agencies).

Branch Meeting – Statewide CWSB leadership group that focuses on CWSB practice, including FFH implementation (CWSB, PD, SDO, and SSD).

Management Leadership Team (MLT) – Statewide leadership group that focuses on CWSB practice, including FFH implementation (CWSB administrators, supervisors, PD, SDO, and SSD).

CWSB Advisory Committee – Keeps community partners informed of CWSB initiatives to improve outcomes for children and families, including FFH (community providers, CWSB, PD, SDO, Division, experts with lived experience, resource caregivers, and judicial partners).

c. Family First Hawaii Committees and Workgroups

FFH Executive Committee – Leadership team responsible for making final decisions regarding FFH implementation and resolving implementation barriers within the system of care. Members include administrators from CWSB, SSD, DOH - CAMHD, DOH - MCHB, DOH - ADAD, SSO, and DHS MQD.

FFH Steering Committee – Decision-making body overseeing FFH implementation. Members include administrators from SSD, Child Welfare Services Branch, PD, SDO, CBC, and CSSP TA consultants.

Implementation Management Team (IMT) – Coordinates all implementation activities and approves and advances recommendations from FFH workgroups. Members include CWSB PD, FFH workgroup leads, CWSB branch administrators, CWSB section administrators and supervisors, Lived Experience Advisory Group (LEAG), UH Maui CQI, UH Evaluation Team, Casey Family Program, CPSS and SHAKA data systems, CBC, and CSSP TA consultants.

CQI/Evaluation/IT workgroup – Develops CQI and evaluation processes for FFH and identifies IT system modifications needed for FFH implementation. Members of this team include CWSB PD, UH Evaluation Team, UH Maui CQI, CCWIS, SHAKA and CPSS data systems, DHS Research, DHS OIT, FPPEU, CWSB Social Services Assistants, CSSP and CBC TA support.

One CQI – Reviews outcome and fidelity data for FFH EBPs and makes recommendations for practice and service delivery improvements. Members include CWSB PD staff and administrators, FFH leadership, co-leads from FFH committees and workgroups, contracted service providers, LEAG, cross-system partners, and community partners.

Case Pathways workgroup – Develops policies, procedures, and practice guidelines for serving FFH candidates. Members include CWSB PD, SDO, SHAKA data system, CWSB section administrators and supervisors, UH Evaluation, FPPEU, and CSSP TA support.

Training workgroup – Develops and oversees training for FFH implementation. Members include CWSB SDO, CQI, CWSB PD, CWSB section administrator and supervisor, and CBC TA support.

Lived Experience Advisory Group (LEAG) – Provides feedback on FFH implementation to ensure it is responsive to community needs. Members include experts with lived experience including birth parents, a former foster youth,

expectant and parenting young people (EPYP), CWSB PD, EPIC Ohana, and CSSP TA support.

Communications workgroup – Develops and coordinates internal and external communications related to FFH implementation. Members include administrator from SSD, Child Welfare Services Branch, CWSB PD, CWSB SDO, CWSB supervisor, DHS Public Information Officer, and CBC TA support.

Fiscal workgroup – Coordinates all fiscal claiming, including cost allocation plan revisions, and ensuring reporting requirements are met for FFH. Members include CWSB PD, DHS SSO, and DHS FMO.

Program Contracts workgroup – Coordinates implementation and scaling of FFH EBPs. Members include CWSB PD, POS, SSO, CQI, DOH - MCHB, and CSSP TA support.

DRS – VCM and PSS provider meetings – Provides essential information to and collaborates with statewide Differential Response System (DRS) providers, VCM and PSS, to facilitate FFH implementation. Members include CWSB PD, statewide VCM and PSS providers, CWSB VCLs, CWSB section administrators, and VCL supervisors.

IHBS and HV provider meetings – Provides essential information to and collaborates with statewide IHBS (Homebuilders) and home visiting (Healthy Families America and Parents as Teachers) providers to facilitate FFH implementation. Members include CWSB PD, IHBS providers, and statewide HV providers.

Please see Section VI.F.31 Stakeholder Consultation and Collaboration in Family First Hawaii for more details on the various workgroups' collaborative efforts to engage and respond to the larger community.

Task 2: Develop and revise policies, procedures, and practice guidelines with FFH implications.

CWSB is utilizing a staggered approach during the initial FFH implementation phase to lay a solid foundation of guidelines, policies, and procedures for each service to ensure quality and uniformity in case practice and to sustain these changes over time.

Policies and procedures for Intensive Home-Based Services (IHBS) Homebuilders model, Home Visiting Services Parents as Teachers (PAT), and Healthy Families America (HFA) models have been developed and issued to staff. The staggered approach to implementation allows time for identifying and resolving glitches and barriers to service operations during the initial implementation phase.

Trainings and supporting documents (IHBS and HV one-pagers, casework flowcharts, and decision trees) have been provided to CWSB staff and applicable service providers prior to the implementation of each FFH service. These trainings included information on program overview, values and beliefs, target population, eligibility criteria, targeted outcomes, assessment and reports, referral process, documentation in CWSB database, and caseworker responsibilities in service delivery. Plans for refresher trainings, including an internal campaign, are in place to provide additional support and engagement of CWSB staff with enhanced knowledge, process, and practice within the workforce.

a. HOMEBUILDERS® Intensive Home-Based Services (IHBS):

Family First Hawaii implemented its first evidenced based service on October 1, 2021 with HOMEBUILDERS® IHBS, an existing service within the CWSB array of services. IHBS was initially implemented during Hawaii's Title IV-E Waiver in 2015, which ended in 2019. Although the Waiver ended, Hawaii continued to offer IHBS to CWSB families. The opportunity to increase IHBS services on Oahu and expand services to other Hawaiian islands is now possible through FFH. HOMEBUILDERS® IHBS is currently provided to all geographic sections on the island of Oahu, and in two geographic areas on the island of Hawaii: East Hawaii Section - Hilo and West Hawaii Section – Kona, with plans for expansion to the islands of Maui and Kauai in July 2022.

IHBS utilizes the HOMEBUILDERS® model of Intensive Family Preservation Services to serve families with children and youth ages 0 through 17 who are at imminent risk of out-of-home placement and need of intensive in-home services to prevent removal or support reunification, and to children and youth in need of placement stabilization to prevent imminent placement disruption due to the behavioral health needs of those children and youth. IHBS is a time-limited service of four to six weeks that provides support to families 24 hours a day, seven days a week. IHBS therapists work with families to teach them skills to become self-sufficient, as well as provide families with concrete goods and services to achieve family goals.

CWSB started collecting and tracking data for FFH Intensive Home-Based Services on its official implementation date of October 1, 2021. As of February 25, 2022, IHBS has served 24 families since October. 23 of these families were FFH eligible.

- Oahu IHBS served 14 families, 13 of which were FFH families;
- East Hawaii served seven families, all of which were FFH families;
- West Hawaii served three families, all of which were FFH eligible.

IHBS provider capacity issues have impacted the number of referrals and families who are able to receive IHBS. The level of intensity for this particular service has challenged IHBS providers in recruiting and retaining staff. The IHBS providers on the island of Hawaii have additional difficulty in finding staff to cover the wide, remote, and rural areas in their districts.

As of January 28, 2022, IHBS was no longer available to the West Hawaii (Kona) families, with the last case closing on January 21, 2022. West Hawaii IHBS has two positions: Program Director/therapist and a therapist position. Their Program Director/therapist position was already vacant and they lost their full-time therapist on January 18, 2022. Hiring staff for West Hawaii IHBS has been problematic, with the majority of applicants residing and employed in the continental U.S. Even if an out-of-state applicant were hired and moved to Kona, the cultural and lifestyle differences may add to the difficulty of finding staff who are a good therapeutic fit for families in Kona.

To mitigate the loss of IHBS provision in West Hawaii (Kona), CWSB is utilizing crisis intervention through Comprehensive Counseling and Support Services (CCSS), with additional counseling and/or skill building services as needed. Under FFH, CWSB and IHBS providers from Oahu, West Hawaii, and East Hawaii have been meeting monthly and are working collaboratively to gather weekly and monthly data that identify gaps in service and to support the expansion of IHBS's capacity and reach.

Task 3: Complete the procurement process for the new statewide Home Visiting Services contracts.

- a. Home Visiting Services, Parents as Teachers (PAT), and Healthy Families America Models (HFA)

Hawaii chose two evidence-based home visiting models, Healthy Families America (HFA) and Parents as Teachers (PAT), to provide parenting support services to parents and caregivers with children ages 0 to 5 years old. Home Visiting Services are long-term, voluntary services to help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. To provide additional support for families, CWSB collaborated with Department of Health (DOH) Maternal, Infant, and Early Childhood Home Visiting (MIECHV) to ensure continuity of care for specific families. CWSB and DOH MIECHV formed an agreement that DOH can provide home visiting services to CWSB and VCM-involved families who wish to continue these services upon CWSB or VCM case closure.

Family First Hawaii Home Visiting Services (HV) began in July 2021 when contracts were awarded to service providers. Since Hawaii implemented FFH requirements to

deliver evidence-based models, CWSB and providers collaborated to ensure all providers met the models' training and certification requirements, and other FFH requirements such as capturing specific data elements, specific reporting requirements, and ensuring communication between the providers and the evaluation team. Service providers were able to transition their families to the new model, or offer families who had almost completed services the option of continuing with their old model of intervention or switching over to FFH models. By December 2021, providers had either fully implemented the HVS PAT and HFA models or were close to full implementation.

Hawaii will start collecting required data with the official implementation of FFH Home Visiting Services on March 1, 2022.

CWSB holds monthly meetings with statewide HV providers to support transitioning to FFH implementation. These monthly meetings will continue during the implementation phase to share information, identify barriers to implementation, and to find solutions to address these barriers.

HV PAT providers have reported that PAT's PENELOPE database has been difficult and frustrating for them to understand and navigate. Some PAT providers sought additional trainings from the PENELOPE developers, which meant additional financial costs. Another source of frustration among service providers was the technical support received from the PENELOPE developers. There were different PENELOPE representatives assigned to different HV providers, so the information the providers received were inconsistent.

While CWSB, HV PAT providers, and PENELOPE developers work out issues with collecting required FFH data from the PENELOPE database, the CQI & Evaluation workgroup developed an interim process to capture the required HV data. The CQI & Evaluation co-lead shared the data report list and process with HV providers to get their feedback and made necessary revisions based on provider feedback. The CQI & Evaluation workgroup will continue to consult and work with the HV lead to find a long-term solution regarding the use of PENELOPE.

b. Future implementation of Motivational Interviewing

The projected date for implementation of Motivational Interviewing (MI) with CWSB contracted providers of substance use treatment services is 2023. Motivational Interviewing is an intervention technique that is already widely used by substance use treatment providers in Hawaii. The primary change with FFH implementation will be in the documentation, billing, and reimbursement processes for MI. In preparation for MI implementation, CWSB will convene a MI workgroup to elucidate

the requirements for documentation, billing, and reimbursement. This workgroup will include representatives from substance use treatment provider agencies, DOH Alcohol and Drug Abuse Division, and MedQuest.

Task 4: Continue to make necessary CWSB database modifications to support tracking and data collection.

A critical component to the success of FFH implementation is creating a continuous quality improvement (CQI) evaluation process to ensure fidelity of services and achieving desired program outcomes. The FFH CQI process is built upon existing CQI activities and guided by accountability to children, families, communities, DHS, and the federal government.

The established FFH CQI cycle is as follows:

1. Collect data;
2. Analyze data;
3. Share and report data to key stakeholders;
4. Gather recommendations for solutions and potential improvements; and
5. Implement changes.

This CQI framework will inform refinements to both FFH and specific EBP program implementation, changes to the service array, and practice improvements. To ensure that appropriate systems are in place for FFH data collection and management, CWSB formed two workgroups to develop the infrastructure to meet FFH data needs and requirements: the CQI & Evaluation Workgroup and IT & Data Workgroup.

a. IT & Data

The IT & Data Workgroup was formed during the FFH planning development process to identify necessary modifications to the state's IT/Data systems, CPSS, and SHAKA. This workgroup consists of representatives from SSD, CWSB PD, CCWIS, SHAKA, CPSS, UH Evaluation, Federal Fiscal Program Eligibility (FFPEU), and CWSB Social Services Assistants (SSA). The IT & Data Workgroup worked in tandem with the CQI & Evaluation and Case Pathways workgroups to make the necessary data system changes to meet FFH data needs and requirements.

b. CQI & Evaluation

The CQI & Evaluation workgroup, consisting of CWSB staff and external partners, which include University of Hawaii at Manoa (UH) evaluation team, State of Hawaii Automated Keiki Assistance (SHAKA) data team at University of Hawaii Maui College, Hawaii Child Welfare Continuous Quality Improvement Project of the University of

Hawaii Maui College (HCWCQI), and DHS Research, will collect and analyze data from multiple sources (CWSB databases (CPSS and SHAKA), EBP national databases, as applicable, and contracted service providers).

The CQI & Evaluation Workgroup has met every other week since March 2021 and created a comprehensive list of data measures related to service implementation and child and family outcomes. The group also mapped out processes for collecting, tracking, and managing the data. The CQI & Evaluation workgroup collaborated with almost all FFH workgroups, LEAG, IT & Data, Case Pathways, program contracts, and training, to ensure appropriate data processes are in place, as well as for how data can be reported to be meaningful to key stakeholders, especially persons with lived experience.

c. CQI/Evaluation/IT/Data workgroup

The CQI & Evaluation and IT & Data Workgroups have met their planning phase target goals by building a solid foundation for gathering, reviewing, analyzing, and evaluating FFH data. With FFH initial implementation underway and CWSB moving into the data collection phase, the workgroups were combined into one CQI/Evaluation/IT/Data Workgroup in April 2022. This combined workgroup will compile, analyze, and share data with the Steering Committee and Implementation Management Team (IMT) to inform refinements to FFH program implementation, changes to service array, and practice improvements.

d. External CQI/One CQI Team

CWSB is developing an external CQI team, tentatively named “One CQI Team”, to support the implementation and ongoing adaptation and growth of FFH services. The recommended membership of key stakeholders includes CWSB staff and leadership; FFH leadership, co-leads from FFH committees and workgroups; contracted service providers; cross-system partners, and community partners, including persons with lived experience. The external CQI team will meet at least every six months to review and analyze the data; discuss strengths and challenges in FFH implementation; identify potential gaps in the prevention service array; identify strategies and activities contributing to positive outcomes for children and families, as well as barriers preventing those outcomes; and make recommendations for program, process, and system improvements.

Impact of COVID-19

Prior to the onset of the COVID-19 pandemic, CWSB and service providers were challenged with recruiting and retaining staff. The pandemic elevated the challenges of recruitment and retention to new levels. The resulting high

unemployment rates, along with Hawaii's high cost of living, added to an increased number of people leaving the islands, many of them highly skilled residents. These factors negatively impacted the State's labor force, including the CWSB recruitment pool.

In addition to the multiple challenges in work practice and responsibilities, internal and external systemic barriers, and an often initial hostile environment with families whose children were being removed, CWSB staff were now faced with trying to balance children's safety with their own personal health safety. Some staff have pre-existing health conditions that put them at greater risk when exposed to COVID-19. Other staff put themselves at risk when transporting children who had tested positive for COVID-19 when the resource caregiver requested the child's removal from their home. CWSB-contracted service providers were also faced with the same challenges of putting themselves at risk when having to provide face-to-face services to children and families.

While virtual trainings provide a safe venue for staff to learn about FFH services, policies and procedures, and worker responsibilities within these services, worker engagement and interactions are limited. Technical issues and limited bandwidth have also impacted the quality of trainings. Staff benefit more from interactive and hands-on trainings that are usually done in-person. It may also be easier for staff to be distracted and disengage from virtual trainings, which can lead to limited understanding of the subject matter. So, checking in with staff and offering refresher training became necessary.

Positive impact: The COVID-19 pandemic pushed the Department to implement widespread use of technology within and between state agencies and external partners to carry out job responsibilities while keeping employees and the public safe. Staff were given the option to telework, a significant departure for a traditional State office. The shift to virtual environment and use of technology allowed staff to attend multiple virtual meetings, eliminating the need, costs, time, and stress of commuting to various locations as one would need to do for in-person meetings or when reporting to the office. FFH planning and development were carried out through virtual meetings, remote desktops, shared files, video conference calls, and email communications. These current practices appear more effective in maximizing worker productivity, performance, and time spent in executing work responsibilities.

Even when meetings are conducted virtually, staff are still able to achieve meaningful participation and collaboration while maintaining safe practices. The use of virtual meetings, shared online drives, and various technologies provide the type of support, flexibility, and creative environment for staff who choose to telework. The flexibility and freedom of this type of remote work environment has long been

utilized by the private sector, and many workers have found this change to be beneficial and desirable. CWSB Program Development staff, who are also FFH workgroup leads and are vital to FFH operations and implementation, have found the benefits of teleworking as most suitable to meet the heavy demands that come with their positions. Allowing the continued option to telework may increase worker retention rates, productivity, and job satisfaction among the CWSB workforce.

B. DATA

1. Data Sources

Hawaii CWSB collects and uses data in a variety of ways from a variety of sources. Listed below are the primary systems that Hawaii uses and references throughout this report.

a. On-Site Quality Case Reviews

Hawaii has a robust quality case review system modeled after the federal Child and Family Services Review (CFSR). All units and sections that carry cases are reviewed at least once a year, using a randomly selected sample of cases and applying the CFSR instrument. The statewide average strength rating for each CFSR performance item is reported and discussed in *Sections III, IV, and V* of this report.

b. Federal Data Sources

Listed below are three federal data sources that aggregate and substantiate Hawaii's local data.

- i. Adoption, Foster Care Analysis and Review System (AFCARS)
- ii. National Child Abuse and Neglect Data System (NCANDS)
- iii. National Youth in Transition Database (NYTD)

c. Statewide Information Systems

Please see *Section VI. Systemic Factors, A. Statewide Information System* for a more complete description of Hawaii's information systems.

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

i. Child Protective Services System (CPSS)

In use since 1989, CPSS, an electronic database, is Hawaii CWSB's official system of record. It contains information for required federal reports, such as AFCARS and NCANDS, and houses Hawaii's Central Registry of all

confirmed perpetrators of child abuse and neglect. CPSS is maintained by DHS Office of Information Technology (OIT) and a contracted provider.

ii. State of Hawaii Automated Keiki Assistance (SHAKA)

A web-based database, SHAKA, is a user-friendly interface with CPSS for selected functions, such as entering logs of contact, viewing case information, and reviewing aggregate case lists and data. SHAKA is also the primary database for NYTD, Education and Training Vouchers (ETV), higher education benefits, and Imua Kakou. Three trackers that are a key part of Hawaii's CFSR PIP are run by SHAKA: the Initial Contact Tracker, the Monthly Worker Visit with Child Tracker, and the Monthly Worker Visit with Parent Tracker. SHAKA is maintained through a contract with the University of Hawaii, Maui College.

2. APSR FFY 2023 Data Booklet

Included with this APSR as Attachment A is Hawaii's APSR Data Booklet for FFY 2023. The Data Booklet contains all the graphs, charts, and tables that are referenced in the APSR narrative. *Please note: the Data Booklet should be used alongside the relevant APSR narrative, where the data is further defined, described, explained, clarified, and given context. Viewing and using the Data Booklet contents independent of the APSR is discouraged.*

C. COLLABORATION ON CFSP/APSR

Hawaii collaborates with community partners to develop and update the CFSP and APSR. Collaboration continues to be enhanced through strategic planning and strengthened by new partnerships. Over the years, CWSB has worked to strategically align collaborations and innovations to effect change in multiple outcome areas. This work aligns with the overarching goal: Collaboration, Objective 1.

As mentioned in *Section II. CWSB Strategic Planning A. Overview of Hawaii's Child and Family Services Plan (CFSP)*, CWSB collaborates with a range of partners to develop and implement strategies to meet shared goals. Examples of engagement in substantial, ongoing, and meaningful collaboration in the implementation of the CFSP and APSR and Program Improvement Plan (PIP) goals are provided throughout the APSR.

In order to address needs and areas for improvement, key partners must be identified to inform the process and develop strategies to achieve desired outcomes. CWSB's Advisory Committee and targeted workgroups, for example, have been integral in the development and review of CWSB's plans. Strengthened through such collaborations, CWSB continues to implement and monitor strategies and other activities to improve outcomes.

D. CWSB PROGRAM ASSESSMENT

1. Statewide Case Reviews

The Department contracts with the University of Hawaii (UH) Maui College, Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) to annually conduct formal case reviews of a random selection of cases from every region of the State, using the federal Child and Family Services Review (CFSR) tool. These reviews form the basis of action plans for each section. This is the primary process CWSB uses to assess its practice.

2. Targeted Reviews

When CWSB leadership notices a pattern in CWSB data that they need to understand more fully, HCWCQI designs and conducts a review of CWSB cases to target issues to identify areas for improvement. HCWCQI also conducted targeted reviews to see how Hawaii was progressing in its CFSR items through the Program Improvement Plan round 3 (PIP3).

a. Program Improvement Plan 3 (PIP3): Integrating and Supporting PIP Goals to Improve Outcomes and Strengthen the Child Welfare System

i. Overview

Hawaii's PIP3 was approved by ACF in April 2019. The PIP3 began on May 1, 2019. The implementation period ended on April 30, 2021 and the non-overlapping evaluation period will end on October 31, 2022.

Hawaii's PIP3 addresses four cross cutting themes that include:

- Supervision
- Safety
- Engagement
- Permanency

Over the past three years, Hawaii and its partners have worked together to implement the strategies and activities in the PIP3. Nine of the 10 CFSR items addressed in Hawaii's PIP3 were successfully met. Hawaii continues to work towards improving Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect concerning CFSR item 1: Timeliness of initiating investigations of reports of child maltreatment. The table below shows the measurement period and quarter in which Hawaii's PIP3 goal was met and the strength rating that was achieved in meeting each goal.

	Measurement Period (MP) and Quarter when Goal was Met	PIP3 Strength Rating Goal	Strength Rating (Quarterly Rolling Average)
CFSR Item 1	Not yet met	94%	
CFSR Item 2	MP 12; quarter ending December 31, 2021	78%	81%
CFSR Item 3	MP 11; quarter ending September 30, 2021	45%	50%
CFSR Item 4	MP 11; quarter ending September 30, 2021	85%	85%
CFSR Item 5	MP 11; quarter ending September 30, 2021	74%	75%
CFSR Item 6	MP 11; quarter ending September 30, 2021	53%	54%
CFSR Item 12	MP 11; quarter ending September 30, 2021	37%	42%
CFSR Item 13	MP 11; quarter ending September 30, 2021	47%	47%
CFSR Item 14	MP 10; quarter ending June 30, 2021	48%	49%
CFSR Item 15	MP 11; quarter ending September 30, 2021	38%	40%

ii. Integration

The PIP3 cross cutting themes and strategies provide key infrastructural components to strengthen the child welfare system and are aligned with the overall CFSP goals related to Workforce, Prevention, and Collaboration. The PIP3 cross cutting themes and strategies also serve as a guide to align innovations and partnerships occurring within communities as a broader

function of supporting and implementing change and practice improvement.

Implementation of PIP3 strategies is designed to manage change through a streamlined approach, align change efforts to achieve desired outcomes, and connect practice change for workers.

This integration of innovations is illustrated in the ongoing use of the Specialize Workload Assessment Team (SWAT). This team is designed to be adaptive and provide workforce support, including mentoring, training, and case work services to sections/units as needed due to conditions such as high work volume and/or reduced staffing. In alignment with PIP3 activity, closing cases appropriate for closure, the SWAT has been able to assist both Kona and Maui Sections with current intakes and closing of inactive cases. Both the implementation of SWAT and these PIP3 supervision strategies are aligned under the CFSP Workforce goal.

The SWAT will also gather and provide critical information regarding overarching workload issues to the Department that can be used to develop additional strategies and initiatives to enhance and support the CWSB workforce.

Where applicable, strategies within the PIP3 cross cutting themes have been integrated across themes. For example, concepts in the safety training, topics clarified in the procedures related to permanency and concurrent planning, and trackers related to worker visits are woven into the case discussion tool used in monthly supervision.

The integration of CQI and management is also evident in the PIP 3 strategies related to quality assurance and oversight of completed activities. Many strategies are reviewed in existing management meetings such as the monthly Branch meetings with all Sections Administrators and quarterly management leadership trainings with all Supervisors to review and discuss progress and opportunities for further clarification and support.

iii. Update on Activities

All PIP3 key activities were completed timely by April 30, 2021, which was the end of implementation period. Additional detail and information is available in the PIP3 bi-annual progress reports. While the PIP3 key activities have been completed, many of the strategies are ongoing and are described throughout this report.

3. Expert Consultants

The Department regularly reaches out to national child welfare experts to guide CWSB work and ensure the best outcomes for children and families. For example, over the past several years, CWSB has been working collaboratively with the Child Welfare Capacity Building Center for States, the Center for the Study of Social Policy, Casey Family Programs, Mindspring, and Action 4 Child Protection. Consultants' work usually begins with an assessment of current Hawaii practice. Using data from the assessment, DHS and its consultants collaborate to develop strategic plans to improve CWSB.

4. CWSB Advisory Committee

The CWSB Advisory Committee is comprised of CWSB administration, HCWCQI staff, community social service providers, court staff, State Department of Health representatives, youth currently or formerly in foster care, resource caregivers, and family representatives. The Committee meets quarterly to share updates in their respective areas that affect the families. With the goal of safer children, families, and communities, the CWSB Advisory Committee advises CWSB in the development of plans to improve practice, policies, and procedures.

5. Lived Experience and Stakeholder Voices

In addition to the CWSB Advisory Committee, Hawaii seeks out and incorporates the perspectives of people with lived experience in child welfare in its workgroups, planning meetings, teams, councils, and action strategizing, among others. Only after collaboration with stakeholders and community partners does CWSB make decisions and implement programs. Information on how stakeholders and partners engaged in assessing the State's performance towards meeting the goals of the CFSP is provided throughout this report.

6. Goals

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

- a. **Improve Equity**, focusing on disparities involving:
 - i. Race and Ethnicity
 - ii. Gender Identity and Gender Expression
 - iii. Sexual Orientation
 - iv. Disabilities
 - v. Poverty
- b. **Enhance Staff Training**, to include the following

- i. Revising Staff Training Curricula
 - ii. Developing Training on CWSB Data Systems
 - iii. Increasing Availability of On-Demand Trainings, Videos, and Tip Sheets
- c. **Streamline Processes and Improve Data Quality**
 - i. Rolling out Modules of CCWIS
 - ii. Combining Crisis Response Team (CRT) and the Investigative Response Tracker into One Tracker in SHAKA
 - iii. Tracking Adoption Assistance and Permanency Assistance Paperwork
 - iv. Creating a Combined Report of AFCARS and NCANDS Corrections Needed
- d. **Increase and Improve Communication** among front-line staff, Branch, and Program Development

E. INTERVENTIONS & STRATEGIES

1. Interventions

Safety, permanency, wellbeing, family engagement, and youth transition are the center of CWSB's interventions and services. Consistent with CWSB Family Partnership and Engagement Practice Model, all interventions are:

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

2. Strategies

The strategies CWSB uses to achieve its goals rely on:

- a. Collaborative approaches that respectfully engage families to design their own solutions,
- b. Multidisciplinary approaches that include input from families, communities, and professionals from a wide range of fields and backgrounds,
- c. Creative approaches in addressing individual problems,

- d. Evidence-based, trauma, and healing informed care,
- e. Honest and earnest communication approaches with everyone,
- f. Compassionate and caring approaches, and
- g. Strength-based supportive approaches to build family and community capacity to ensure child safety.

3. Cultural Focus

CWSB has had a renewed focus on culturally tailored services, interventions, and strategies. CWSB has been collaborating with Liliuokalani Trust, Kamehameha Schools, EPIC Ohana, Inc., and the State Office of Hawaiian Affairs (OHA) to provide more culturally appropriate services to child welfare families. An example is provided below.

In ancient Hawaiian culture, there was no significant distinction made among the adults in the family that cared for a child. Aunts, grandfathers, mothers, uncles, fathers, and grandmothers were all referred to by the same Hawaiian word, *makua*. Building on this concept, Liliuokalani Trust created a program to bridge the gap between birth parents and RCGs, called Two Makua. In the Two Makua program, there is an initial facilitated meeting with RCGs and birth parents to introduce each other in a positive manner, and then ongoing assistance to promote mutual support and shared caregiving responsibilities. The Two Makua program embodies the tenets of CWSB core interventions and strategies listed above, such as: identifying and using the family strengths; tailoring care to the specific child; cultural sensitivity; respecting family lifestyle, dynamics, and choices; the spirit of partnership; engaging families; creative approaches; honest communication; and compassion.

SECTION III. PROGRAMS SUPPORTING SAFETY

A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES

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

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

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

In addition to the services above, CWSB has started to implement its approved plan to address Family First Prevention Act, “Families First Hawaii – Keeping Families Together.” This further expands Hawaii’s efforts to assess and manage child safety and to strengthen families so more children can remain safely at home with their parents and relatives.

The preparation and implementation of Families First Hawaii (FFH) provided many exciting opportunities to review and clarify practice, including the areas of safety and risk assessments, services and supports to address safety and risk concerns, and family voice in assessment and case planning. Approved FFH in-home services include the Homebuilders Model for intensive home-based services, Parents as Teachers, and Health Families America, which strengthen the service array that address and mitigate safety concerns and, hopefully, allow children to remain in or return to their family homes.

B. CHILD MALTREATMENT REPORTS AND DISPOSITION STATEWIDE AND PERFORMANCE ASSESSMENT

The topics in this section describe a variety of cross-cutting strategies that are helping to improve practice in the areas of safety, permanency, and well-being. CWSB is making efforts to

align the various aspects of case planning in its strategies and initiatives. CWSB recognizes the importance of mapping casework practice, forms, initiatives, and system functions to highlight and achieve desired outcomes. The coordination of important casework topics in training, practice, and documentation described in the topic areas below provide examples of the work to meet the overarching CFSP Collaboration goal: to develop a process to plan, evaluate, collaborate, coordinate, and implement strategies to promote outcomes related to prevention, safety, permanency, and well-being. This process helps consolidate system efforts to improve practice and support children and families to meet their needs and goals.

This section of the APSR relates to calls that are received by CWSB Statewide Intake Hotline. Data Booklet, Figure 1: Statewide Intake Hotline Calls SFYs 2017-2021 summarizes the types of calls received by the Statewide Intake Hotline for SFY 2017 through SFY 2021. “No Intervention Required” calls include requests for information and those that do not meet criteria for CWSB intervention.

“Assigned for Intervention” calls are calls deemed appropriate for some level of intervention and are assigned to CWSB or Differential Response System (DRS), i.e., Voluntary Case Management (VCM) or Family Strengthening Services (FSS), for action. The total number of calls received, and percentage of calls assigned for intervention has remained relatively steady over the last five years: SFY 2017 - 17,886 (4,609 or 26% assigned for intervention); SFY 2018 - 19,328 (4,645 or 24% assigned for intervention); SFY 2019 - 20,425 (4,706 or 23% assigned for intervention); SFY 2020 - 21,530 (4,907 or 23% assigned for intervention); and SFY 2021 – 20,348 (5,001 or 25% assigned for intervention). In addition to Data Booklet, Figure 1: Statewide Intake Hotline Calls SFY 2017 - 2021, refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2017 – 2021 and Figure 3: Percentage of Intakes Assigned to CWSB, DRS/VCM and DRS/FSS, SFY2017-2021 [Chart] for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation, VCM, or FSS.

The number of calls assigned for intervention has increased overtime from SFY 2017 (4,609) to SFY 2021 (5,001). Refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2017 – 2021 to review the number of cases assigned to CWSB and DRS for action for SFY 2017 through SFY 2021.

Although the number of calls received and the number of cases assigned for intervention have increased, the percentage of intakes assigned for intervention has been relatively steady from SFY 2017 (26%) through SFY 2021 (25%); however, the assignment distribution between CWSB and DRS has changed. The percent assigned to CWSB has increased from 52% in SFY 2017 to 61% in 2021 with a decrease in the percentage assigned to FSS from 14% to 11%, while the assignments to VCM has also decreased from 35% to 28%. If the percentage of intakes assigned to CWSB increases, the percentage to DRS will decrease.

Annual Review

Intakes assigned to CWSB have increased over the last five years from 2,383 in SFY 2017 to 3,073 in SFY 2021. Referrals to VCM have decreased from 1,592 to 1,397 in SFY 2021 and referrals to FSS have decreased from 634 in SFY 2017 to 531 in SFY 2021.

CWSB continues to strive for accuracy and consistency in handling intakes. Building on the safety threshold training, clarification was issued in January 2020 regarding the recording of reports on open cases. Reports of new maltreatment require a new intake. Second complainants are limited to capturing information from callers reporting additional information on an existing report. Reports on open cases that do not meet the criteria for investigation are documented as “calls of concern.” New CPSS codes have been implemented to track the calls of concern on open cases and the response by the assigned caseworker. The increase in intakes assigned to CWSB includes intakes on cases that are open and receive a report that meets the criteria for investigation. The procedure clarification and implementation in practice may contribute to the increase in intakes assigned to CWSB.

Additional reports may also be related to the increasing needs of families throughout the COVID-19 pandemic.

1. Confirmed Reports

An intake is a report of a child abuse or neglect incident that has been accepted for investigation and for which a determination of abuse or neglect has been made. An intake usually refers to a family unit and may involve the alleged maltreatment of more than one child. A confirmed intake means that at least one child reported in the intake was the subject of at least one abuse type that was confirmed or substantiated. A separate and unrelated incident may result in another intake for the same family or child. Refer to Data Booklet, Figure 4: Factors Precipitating Incident for Confirmed Victims SFY 2021 and Figure 5: Intake Disposition by County SFY 2021 for county specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child whose abuse(s) has been confirmed or substantiated. Refer to Data Booklet, Figure 6: Victim Disposition by County SFY 2021 for county specific data.

In SFY 2021, 3,073 reports were assigned to CWSB for investigation (including reports assigned directly from intake and those returned to CWSB from VCM or FSS). Of the 5,280 children in these reports, 1,331 (or 25%) were confirmed as victims of child maltreatment. Please note that the numbers in Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2017-2021 may not match the numbers in Data Booklet, Figures 6: Victim Disposition by County SFY 2021 and Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFY 2017 - 2021.

Figure 2: Intakes Assigned to CWSB and DRS SFYs 2017-2021, only includes cases that were assigned to CWSB for investigation directly from the initial intake by CWSB Hotline while Figures 6: Victim Disposition by County SFY 2021 and Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFY 2017 – 2021 include cases that were assigned to CWSB for investigation from any source, including cases referred from VCM or FSS.

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

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

The percentages of the types of maltreatment have remained somewhat consistent for the past several years. The base question for determining physical abuse/neglect is: did physical abuse/neglect occur? The corresponding question for “threatened harm” is: is there a reasonably foreseeable substantial risk of harm to a child? Refer to Data Booklet, Figure 15: Statewide Confirmed Maltreatment by Type SFYs 2017-2021 and Figure 16: Maltreatment Type SFYs 2017-2021 by Percentage for details on the types of reported maltreatment that were confirmed by CWSB during this five-year period. The percentage totals add up to 100% each year, representing the most serious alleged harm per case that was confirmed in that year. In comparing one year to another, when you see a lower percentage in one type of harm, there should be a rise in at least one other type of harm to total 100%. From SFY 2017 to SFY 2021, four of the seven types of harm vary slightly – medical neglect, physical abuse, psychological abuse, and sexual abuse. There has been an increase in physical neglect and a decrease in threatened harm cases, where confirmed allegations of physical neglect increased over time from 11.3% in SFY 2017 to 21% in SFY 2021 and threatened harm decreased from 74% in SFY 2017 to 64% in SFY 2021. The change in confirmations of physical neglect may be related to the challenges faced by families because of the COVID-19 pandemic, including caregiving and concrete needs.

Increased focus on information gathering helps to promote quality safety and risk assessment, understanding the needs of parents and children, and determining disposition.

As part of the PIP3, the safety and risk curriculum for new hire training and existing staff training has been revised and now incorporates a component for the role of the

supervisor to support staff in information gathering. Continued supervisory trainings and support have been provided to actively discuss the application of and coaching on the safety framework in practice, including information collection to assess family strengths and safety concerns.

As part of Family First Hawaii (FFH), information collection and the connection of needs to services has been integrated into “talk story” training sessions, as well as in the structure of the Family Service Plan (FSP). The FSP has been revised to more clearly identify services, tasks, and outcomes based on the identified safety concerns.

2. Number of Children in Foster Care

To assist in following and understanding this discussion, please view Figures 21-26 of the Data Booklet.

To understand the fluctuation in the number of children in foster care in Hawaii, it is useful to start at the time just before Hawaii implemented its Differential Response System (DRS). See Data Booklet, Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2021, and Figure 23: Monthly Average Number of Children in Foster Care in Hawaii SFYs 2004-2021. Due to Hawaii’s implementation of DRS in 2005, there was a dramatic and steady decline in the number of children in foster care from SFY 2004 to SFY 2011. The number of children in foster care remained low in SFYs 2011 through 2014. Despite Hawaii’s implementation of its Title IV-E Waiver Demonstration Project (whose activities focused on reduction of children in care) in 2015 and following national trends, the number of children in foster care began to rise in SFY 2015 and continued to slowly climb in SFYs 2016 and 2017. Based on data from the Title IV-E Waiver, Hawaii hypothesizes that the number of children in foster care would have risen much higher and faster than it did if Hawaii hadn’t implemented the Waiver services, especially Intensive Home-Based Services (IHBS) and the Crisis Response Team (CRT). The number of children in foster care remains relatively steady in SFYs 2017 – SFY 2020, with an encouraging dip in SFY 2021.

There has been a 5.9% decrease in total annual number of children in foster care from SFY 2020 (2,679 children in foster care) to SFY 2021 (2,520 children in foster care), and an 8.9% decrease in the monthly average number of children in foster care from SFY 2020 (1,706 children in foster care) to SFY 2021 (1,555 children in foster care). See Data Booklet, Figure 24: Percentage Change of Children in Foster Care SFY 2014-2021. SFY 2021 is the second consecutive year where both the total number of children in foster care and the monthly average have decreased compared to the prior year. Before SFY 2020, this hadn’t happened since SFY 2012. Data from the beginning of SFY 2022 indicates that the monthly average number of children in foster care is continuing to decline.

A graph of the total annual number of children in foster care and the numbers of children that entered and exited care over the last five years can be found in Data Booklet, Figure 21: Statewide Children in Foster Care, Entries, and Exits – SFYs 2017-2021.

Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2021, shows the incremental rise starting in SFY 2013 and ending in SFY 2019. The number of children in foster care decreases beginning in SFYs 2020 and 2021. CWSB is pleased that the upsurge appears to have leveled off and begun to decline. Considering the intense negative effects of the pandemic that created additional stress on families, Hawaii anticipates an increase in cases (both new families and returning families with new incidents) over the next couple of years.

Another factor may affect the downward trend Hawaii has been experiencing. There has been a dramatic increase in cases (and potential victims) reported to the statewide Child Abuse and Neglect Reporting Hotline that are being referred to CWSB for investigation. See the CWSB row of Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2017 – 2021, and the red-white-blue bars in Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFYs 2017-2021. There was a 42% increase in total victim count in CWSB investigations between SFY 2017 (3,711 potential child victims) and SFY 2021 (5,280 potential child victims). Similarly, in looking at the bottom row highlighted in purple in Figure 8: Report Sources of Total Reported Intakes with Disposition in SFYs 2017 – 2021, there was a 50% increase in total reported intakes with dispositions between SFY 2017 (1,910) and SFY 2021 (2,860). These increases began before the pandemic, but certainly may have been exacerbated by it.

Although there has been a significant increase in cases (and potential child victims) assigned for CWSB investigation, due to the continued reduction in confirmation rate (see the red line which graphs this decline in Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFYs 2017-2021), from 36% in SFY 2017 to 25% in SFY 2021. This increase in investigations was not correlated with an increase in the number of children in foster care. The reason for the decrease in confirmation rate remains unclear. Hawaii theorizes that the lower confirmation rate is partially due to the change in the sources of reports during this time period. Some report sources may be more attuned to identify abuse and neglect than others sources. See Data Booklet, Figure 8: Report Sources of Total Reported Intakes with Disposition in SFYs 2017 – 2021. Reports from all major sources increased from SFY 2017 to SFY 2021, except for Education because children were out of school or attending school virtually. Notably, reports from all major sources did not increase at the same rate. Reports from the Anonymous, Unknown, or Other category of complainants increased by 176% (from 219 to 599 reported intakes with dispositions) during this five-year period, and reports

from Parents, Other Relatives, Friends and Neighbors increased by 112% (from 194 intakes to 412 intakes), whereas reports from Medical sources increased by 21% (from 462 to 557) during the same period. Hawaii conjectures that the first two categories may have a tendency to report a higher percentage of cases that are correctly not confirmed for abuse or neglect, as the potential harm or risk of harm does not rise to the necessary level. In contrast, medical professionals may be more likely to report allegations that are later confirmed, due to their professional expertise in assessing the child's symptoms.

Data Booklet Figure 26: Number & Percentage Change in Foster Care by Geographic Area SFYs 2017 to 2021 shows children in foster care across geographic regions over the same five year period, SFYs 2017 – 2021. The number of children in foster care for each year statewide and in each geographic region is provided, along with the number and percentage increase over these years. The percentages in this figure compare each region to itself, e.g., when comparing West Hawaii's numbers in SFY 2017 to West Hawaii's numbers in SFY 2021, there is a decrease of 25.4%. The greatest percentage change statewide for children in foster care can be seen in West Hawaii, with the largest numeric decrease on Oahu. Modest changes can be seen in Maui County and Kauai. The only region with a significant increase during the past five years is East Hawaii, which increased by 29 children in foster care (or 5.6%).

Hawaii's total number of children in foster care had dropped by 60% in the decade from SFY 2004 (5,207 children in foster care) – SFY 2013 (2,099 children in foster care), due to DRS implementation. In the recent 33% increase from SFY 2013 (2,099 children in foster care) – SFY 2019 (2,784 children in foster care), Hawaii did not approach the levels of the 2000s. See Data Booklet, Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2021. As noted above, Hawaii is relieved that the number of children in foster care declined in the past two years, but CWSB is not confident that this number will continue to decline.

Data Booklet, Figure 23: Monthly Average Number of Children in Foster Care SFYs 2004-2021 indicates that every month, CWSB staff was working with 30% more children in SFY 2021 than they were in SFY 2013, but without additional staff or resources. Two notable exceptions are the East Hawaii pilot project, funded by the State legislature, which brought four temporary caseworker positions to the Hilo CWSB office, and the Special SWAT Team, which used existing CWSB positions and organized them into a unit to support staff statewide as needed, with guidance and direct case service.

Hawaii has been working on strategies to safely reduce the number of children in foster care, most notably, Family First Hawaii.

After years of planning, Hawaii implemented Family First Hawaii (FFH) -- Hawaii's

program to address the federal Families First Prevention and Services Act (FFPSA) -- on October 1, 2021, with Intensive Home-Based Services (IHBS) on Oahu and Hawaii Island. IHBS uses the Homebuilders evidence-based model. On March 1, 2022, Hawaii added statewide Home Visiting Services to FFH, using the Parents As Teachers (PAT) and Healthy Families America (HFA) evidence-based models. CWSB has been partnering with a range of State agencies and community social service agencies to implement FFH, which are listed below.

- A Family Tree (formerly known as Hawaii International Child)
- Bobby Benson Center
- Catholic Charities Hawaii
- Child and Family Services
- Department of Health (DOH), Maternal and Child Health Branch;
- DOH Child and Adolescent Mental Health Division
- DOH, Alcohol and Drug Abuse Division
- EPIC Ohana
- Family Court
- Family Programs Hawaii
- Healthy Mothers Healthy Babies Hawaii
- Liliuokalani Trust
- Office of Youth Services
- Parents and Children Together
- Salvation Army
- SAS Services
- Sounding Joy
- University of Hawaii (UH), Center on the Family

For more information on FFH, see *Section VII.C.5. FFPSA Family First Hawaii* of this report.

3. General Safety

a. CFSR Safety Outcome 1

Children are first and foremost protected from abuse and neglect.

Refer to the 2023 Hawaii APSR Data Booklet, CFSR Items, Figure C1 for a chart of the SFY 2017-2021 five-year strength rating for this item.

CFSR Item 1: Timeliness of Initial Response of Investigations

SFY 2021: 40 Cases Reviewed

23 STRENGTHS, 17 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed for timely face-to-face contact with children who are reported as alleged victims of abuse and/or neglect during the Period Under Review (PUR).

SUMMARY OF DATA

In 23 of 40 cases (or 58 % of applicable cases reviewed), response timeframes were met, or sufficient efforts were made for contact. Responses were timely in 21 cases. In two of these cases, there were reasons for delays that were beyond the control of the agency. Most reports from the Intake units were assigned timely. Efforts were well-documented in most of these cases. The methods in which caseworkers documented the dates of contact and efforts varied widely; some were entered in SHAKA and others in CPSS logs and investigative screens.

17 cases (or 42 %) were rated as needing improvement. The investigation was not initiated timely and/or contact with the children was not made in accordance with State timeframes.

- Often, there was no written or verbal explanation for the delay; some caseworkers who were assigned had resigned and left no logs explaining the reason for the delay.
- In six cases, there were delays in responding to intakes on open cases. In five cases, a courtesy caseworker other than the primary caseworker was assigned and communication between the caseworkers was not evident.
- In three cases, caseworkers reported delays due to workload.

Discussion and Annual Update

CWSB is continuing to build on completed PIP 3 activities, including consistent use and review of the intake tracker to monitor timely response and data entry. Discussion on efforts to locate and contact parents has occurred in meetings with sections.

The Specialized Workload Assessment Team (SWAT), Crisis Response Team (CRT), and other sections continue to assist units when there are challenges and/or high work volume to respond to intakes timely.

To support tracking of response time, especially in cases involving more than one worker, the SHAKA tracker allows the intake to be assigned to two workers. This may provide additional tracking by both assigned sections and workers. The tracker will also be reviewed to ensure consistency and accuracy with information entered and documented.

CWSB will continue to use trackers and review activities to determine if further clarification is needed in specific CWSB sections to institute the activities and/or identify new activities to improve in this outcome.

b. National Safety Outcome 1

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

Summary of Data

Compared to the national standard of 93.9% or higher, CWSB's rate of Absence of Recurrence of Child Abuse and Neglect in SFY 2021 was 92.8%. See Data Booklet, Figure 49: Absence of Recurrence of Child Abuse and Neglect SFY 2017 – 2021.

Discussion and Annual Update:

Clarification was issued in January 2020 regarding the recording of reports on open cases. Each report of new maltreatment requires a new intake; however, second complaints are limited to capturing information from callers reporting additional information on an existing report. Reports on open cases that do not meet the criteria for investigation are documented as "calls of concern." New codes have been created to track calls of concern on open cases and the response by the assigned caseworker. SFY 2021 (July 1, 2020 to June 30, 2021) includes a full year of implementation of this clarification. The increase in intakes assigned to CWSB may include cases that are open and receive a report that meets the criteria for investigation. This may contribute to the increase in intakes assigned to CWSB and possible recurrence of maltreatment if confirmed within the six months following a prior maltreatment incident. Repeat maltreatment was not identified as an area for improvement in the cases reviewed for the annual CFSR. This may be an area for further review and discussion to understand the circumstances that have confirmed disposition within six months of a prior confirmed disposition.

4. Safety in Child's Home

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

Refer to the 2022 Hawaii APSR Data Booklet, Figure C2 for a chart of the SFY 2017- 2021 five-year strength rating for this item.

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

SFY 2021: 47 Cases Reviewed

35 STRENGTHS, 15 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY OF DATA

In 35 of 50 cases (70 % of the applicable cases reviewed), concerted efforts were made to provide services to maintain the child safely in the home and to prevent a child's entry into foster care (30 cases), or a child in the family was removed without services because it was necessary to ensure their safety (5 cases).

15 cases (30%) were rated as needing improvement. In these cases, irregular caseworker visits with families were a barrier to ensuring that appropriate safety-related services were identified. In 11 cases, concerted efforts were not made to provide appropriate safety-related services and the children remained in the home.

Discussion and Annual Update

CWSB continues to integrate safety concepts in practice. The Child Safety Assessment is now completed on-line and helps inform the Family Service Plan, as applicable, to connect service to address safety and risk concerns and needs.

Case reviews have found that caseworkers are appropriately addressing safety concerns by referring families for safety services to meet their needs or that children are removed when a safety plan is not feasible to suitably manage the safety concern.

A facilitated discussion was provided in August 2021 for supervisors and section administrators as part of the Management Leadership Team meeting on the role of

supervisors to support and coach workers in information collection and safety decision-making.

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

CFSR Item 3: Safety and Risk Assessment and Management

Refer to the 2022 Hawaii APSR Data Booklet, Figure C3 for a chart of the SFY 2017-2021 five-year strength rating for this item.

SFY 2021: 95 Cases Reviewed

41 STRENGTHS, 54 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY OF DATA

In 41 of 95 applicable cases (43%), concerted efforts were made to assess and address risk and safety for children.

- Of the 32 cases opened during the PUR, the agency conducted an initial assessment that accurately assessed all risk and safety concerns in 24 cases (75%).
- Of the 93 cases that required ongoing risk and safety assessments, the agency accurately assessed all risk and safety concerns in 41 cases (44%).
- In 23 cases that required a safety plan, those safety plans were developed and monitored in 15 cases (65%).

54 cases (57%) were rated as needing improvement. Irregular monthly caseworker visits, including consecutive missed months of caseworker visits with families greatly contributed to the lack of ongoing assessments; critical junctures at the point of reunification and case closure were also missed. In 16 cases, when there were known concerns about safety and risk both in the family home and in foster care, sufficient action was not taken to address those concerns.

Discussion and Annual Update

Caseworker visits and support from supervisors help workers in making safety related decisions. As part of PIP3, efforts to reduce or eliminate caseloads for supervisors result in increased supervisory support and availability for case workers to consult and discuss safety decisions. Monthly supervision with caseworkers provides the opportunity to review monthly caseworker visits, explore efforts to locate parents, and talk through individualized engagement strategies to support caseworkers in connecting with and supporting families. Caseworkers and supervisors continue to utilize the tracker for monthly worker visits with parents to monitor monthly visits with parents and discuss strategies to make contact if monthly visits were not completed.

Additional efforts are being made to monitor and provide quality monthly face-to-face contacts with parents and children that include safety assessment and management. In 2020, the monthly caseworker visit form was revised to support discussion and documentation of important information and practice items. Elements that define a quality visit are outlined and documented on the form. A section titled *Safety* includes notes on a review with parents and children regarding relevant safety concerns, new intake or logs of concern, and safety between each child, parent/resource caregiver, and other household members. The form also includes a review of in-home safety plans with parents and children, as well as parents' needs and progress in services.

Information gathering on the six domains continues to be a focus in various settings with workers and supervisors and in meetings such as case staffing and consultation to promote a deep understanding of information gathering and safety decision-making in practice.

Family First Hawaii (FFH)

Family First Hawaii's primary purpose is to keep children safely with their families and to prevent the trauma of removal and placement into foster care by providing preventative services to families of at-risk children. During the planning and development phase, candidacy and eligibility criteria were established to provide guidance for caseworkers in determining appropriate referrals to FFH services. The six categories of candidates are as follows:

- a. Children receiving in-home Crisis Response Team Services (CRT),
- b. Children participating in Family First Hawaii Voluntary Case Management Services (FFH VCM),
- c. Children who need ongoing CWSB monitoring in the home,
- d. Siblings of children in foster care,
- e. Adoptions or Guardianships at risk of disruption, and

- f. Candidates receiving Family First Hawaii Ongoing Services (FFH-OS).

Children are eligible for Family First Hawaii if:

- a. the child is at risk of entering foster care;
- b. the child or his/her parent/caregiver is in need of services; and
- c. the child can remain safely in the home or in the home of a relative, family friend, or other adult who has a relationship with the child. This eligibility criterion is limited to temporary arrangements as part of a present danger plan or safety plan, not placements in foster care or temporary foster care.

A robust analysis of data about the needs and characteristics of Expectant and Parenting Young People (EPYP) and candidates for foster care revealed that their largest need was for parenting support services. To ensure effective prevention services for FFH eligible children and families, four well-supported evidence-based practices were chosen: HOMEBUILDERS; Parents as Teachers (PAT); Healthy Families America – Child Welfare Adaptation (HFA); and Motivational Interviewing. Three of the four selected evidence-based practices are in-home parenting services.

Family First Hawaii officially implemented HOMEBUILDERS® Intensive Home-Based Services (IHBS) on October 1, 2021, and Home Visiting Services, HFA, and PAT models on March 1, 2022. Policies and procedures for these services have been established and implemented. The case pathways for other related candidacy groups (VCM, EPYP, and Permanency Strengthening Services) are currently under development and will be implemented upon completion of the policies and procedures.

With IHBS and Home Visiting Services implementation underway, FFH is moving into its data collection phase, which will be managed by the combined CQI/ Evaluation/ IT/ Data workgroup. Data collection, management, and evaluation processes for IHBS, PAT, and HFA services were developed by the FFH CQI and Evaluation workgroup to ensure fidelity of services and to achieve the following proximal and distal outcomes for FFH.

Proximal Outcomes:

- a. PAT – Improved parenting practices;
- b. HFA – Improved parenting practices, increased nurturing parent – child relationships; and
- c. HOMEBUILDERS – Improvements in Parental capabilities, Family Interactions, and Family safety.

Distal Family Outcomes:

- a. Reduced occurrence of maltreatment,
- b. Reduced recurrence of maltreatment,
- c. Reduced foster care entry, and
- d. Reduced risk factors.

Distal System Outcomes:

- a. Reduced occurrence of maltreatment,
- b. Reduced recurrence of maltreatment, and
- c. Reduced foster care entry.

The combined CQI/Evaluation/IT/Data workgroup is responsible for collecting, monitoring, analyzing, and reporting FFH data, as well as for making recommendations for program improvement based on data analyses.

Please refer to Section II.A.1 Family First Hawaii Overview for details on HOMEBUILDERS® IHBS, Home Visiting Services, and FFH CQI data collection and evaluation processes.

5. Safety in Foster Care

National Standard for Safety Outcome 1

Of all children served in foster care, what percent were not victims of a substantiated or indicated maltreatment by a resource caregiver or facility staff member during the fiscal year?

a. Annual Update

At the rate of 99.6% in SFY 2021, CWSB is slightly under the national standard of 99.7%. Refer to the Data Booklet, Figure 50: Absence of Maltreatment in Foster Care for a chart of the SFY 2017 – SFY 2021 rates.

b. Discussion

Continued monitoring of data for part of PIP3 indicates that the frequency of face-to-face contact with children is improving. Face-to-face contact may help caseworkers continually assess for safety of children in family homes and in resource homes. An improvement in assessing needs and services for children (from a strength rating of 43% in SFY 2020 to 71% in SFY 2021) and resource caregivers (from a strength rating of 63% in SFY 2020 to 83% in SFY 2021) was also noted. Increased worker contacts, assessment of needs, and the provision of

services and supports for children and resource caregivers (RCGs) may help strengthen the safety and stability of children in foster care.

Efforts to support quality monthly worker contact with children and RCGs and monthly supervision can help assess and address child safety in foster care. Continued use of the monthly case worker tracker may help improve this outcome.

As noted above, the monthly caseworker visit form was revised to support discussion and documentation of important information and practice items, including safety between each child, parent/RCGs, and other household members, and a review with the RCG of their needs.

Training and supporting RCGs improve the quality of care and safety of children in foster care. Over the last year, services and supports have continued to be provided to RCGs.

A website and mobile app for recruitment, resources, and supports has been developed to provide information and support RCGs. The website is available at: rcg.hawaii.gov. Many resources are available through the site. It is continually updated and serves as a hub of information for RCGs.

Materials available include brochures on becoming a relative RCG and concurrent planning, a guide on normalcy called “Don’t Say No Until You Know,” and quarterly newsletters. The website also includes a tab for information and opportunities to sign up for support groups. General and targeted support groups have been developed, including one for RCGs who are grandparents caring for their grandchildren and one for RCGs who are caring for teens. CWSB hopes to expand the targeted support groups, including one that will be facilitated by behavioral health professionals to support caregivers meet the individual needs of children.

CWSB is expanding and strengthening its relationship with Department of Health, Maternal and Child Health Branch. The Maternal and Child Health Branch provides a number of functions and resources, including supports for parenting and child development in Hawaii. This partnership allows broader access to information and training for RCGs, e.g., the Parent Line. This partnership has created new opportunities for CWSB RCGs to access play yards, trainings, and information administered through the Maternal and Child Health Branch.

CWSB is also partnering with Benefits, Employment, and Support Services Division – Child Care Connections to access available trainings on child development for RCGs.

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

CWSB will also review and revise licensing rules that pertain to RCGs to clarify standards and licensing requirements that promote quality, safe care for children in foster care. Training will be provided for assessment workers, workers who place children, and all licensing workers on assessing conviction history.

Section IV. PROGRAMS SUPPORTING PERMANENCY

A. PROGRAM AND SERVICE DESCRIPTION

There are a variety of strategies and services that support permanency. Permanency includes reunification, adoption, legal guardianship, and Another Planned Permanent Living Arrangement (APPLA). These strategies and services are developed and implemented in collaboration with stakeholders. Collaboration supports a diverse array of strategies and services to help achieve each child's and family's permanency goal.

There are many approaches to support permanency, including Program Improvement Plan (PIP3) strategies and community led efforts. CWSB is continually reviewing outcomes and practice to make strategic improvements to promote positive outcomes. CWSB is working to align efforts to achieve cross-cutting outcomes in the areas of safety, permanency, and well-being. Some examples of strategies and services that support permanency are discussed below.

1. Reunification Efforts

a. Safety & Risk Assessment Tools

CWSB caseworkers utilize many tools to mitigate unnecessary removal and maintain children in the family home whenever possible. Utilization of the safety and risk assessment tools, such as the Child Safety Assessment, Worker Monthly Contact Forms, Safety in Placement Tool, and Comprehensive Strength and Risk Assessment, help prevent unnecessary removal and promote a more thoughtful, planned, timely, and safe return home. CWSB continues to integrate safety concepts in practice and supervision.

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

The Child Safety Assessment is now completed on-line and helps inform the Family Service Plan, as applicable, to connect services to address safety and risk concerns and needs.

A facilitated discussion was held in August 2021 for Supervisors and Section Administrators as part of the Management Leadership Team meeting on the supervisor's role to support and coach workers in areas related to information collection and safety decision-making.

b. Crisis Response Team

The Crisis Response Team (CRT), initiated as part of Hawaii's Title IV-E Waiver, continues on Oahu and Hawaii Island to respond and work to prevent foster placement when safely possible. This workforce strategy has provided rapid responses to families to promote engagement and assess and address family needs. Representatives of the CRT participate in the Family First Hawaii Case Pathways Workgroup and other pertinent meetings to provide insight from their experiences and inform prevention casework practice. CRT workers also share their practice and service referral experiences with other workers and sections as CWSB expands the use of prevention strategies and Intensive Home-Based Services.

c. Intensive Home-Based Services

As part of the Comprehensive Counseling and Support Services (CCSS) contract, CWSB continues to provide Intensive Home-Based Services using the well-supported evidence-based Homebuilders Model. Homebuilders therapists work with families and children to prevent out-of-home placements, support reunification, support placement stability, and support the return from out-of-home placements in higher level of care settings when appropriate. This service is currently available on Oahu and Hawaii Island and will be expanded in SFY 2023 as a part of FFH on the islands of Maui and Kauai.

d. Wraparound

Wraparound – Family Wrap Hawaii, a Title IV-E Waiver service on Oahu and Hawaii Island, continues to be available for these regions. Family Wrap Hawaii works with families whose needs are identified as the most complex and who are experiencing multiple barriers to achieving identified goals, often with limited time remaining in the legal timeline. A defining feature of the Wraparound process is the unconditional support provided by the team. If the initial plan is not achieving desired outcomes, the team gathers to rethink the configuration of supports, services, and interventions to ensure success.

Family Wrap Hawaii's eligibility expanded to allow referrals before a child has been in foster care for nine months in order to identify and resolve barriers to timely reunification if possible and if reunification is assessed to be unrealistic or explore alternative permanency goals. This expansion provides children and families with permanency planning services earlier, allowing for expeditious and creative case planning with the support of various team members to ensure timely permanency for children in foster care. Wraparound parent partners and staff have contributed their lived-experience voices to Family First Hawaii. They have also helped to

connect CWSB families with Partners In Care (PIC), a continuum of homeless service providers, to facilitate housing options for CWSB families working toward reunification.

In SFY 2021, the total number of children receiving Wraparound services was 61.

- 23 out of 61 (38%) children were reunified.
- Five out of 61 (8%) children remained safely in the home.
- 33 out of 61 (54%) children remained in foster care; however, there were varying levels of permanency considered for some cases at the time of closure.

e. Ohana Conferencing

Ohana Conferencing (OC) is provided for all children in foster care. When a child is placed in foster care, an automatic referral is made to the contracted agency to arrange an OC for identified family members to discuss required services and to expedite family finding efforts, especially if the child is placed with non-relatives. Timely automatic referrals have helped move cases faster and support early identification of relatives who may serve as placement resources or added support for the family. A successfully completed PIP3 activity was to routinely hold quarterly OCs to ensure family engagement, hear the family voice, participate in family decision-making, and progress in family planning.

There has been an increase in OCs from 969 OCs in SFY 2019 to 1,170 OCs in SFY 2020. In SFY 2021, the number of OCs increased to 1,290. In SFY 2021, EPIC Ohana sent out 21,871 Relative Notification Letters. These ongoing efforts contribute to the high percentage and increase of relative placements in Hawaii from SFY 2019 to SFY 2021. In SFY 2019, 51% of placements were with relatives, in SFY 2020, 52% of placements were with relatives, and in SFY 2021, 55% of placements were with relatives.

Ongoing surveys of the families who have had OCs note very positive feedback. Families feel that their voice is being heard and that holding quarterly OCs strengthened their engagement and participation in their case plans.

Ongoing meetings between CWSB Administration and EPIC have strengthened their partnership, reinforced the importance of OCs, and facilitated open discussion that supports creative growth and the resolution of challenges and barriers. EPIC provided tracking lists and invited CWSB administrators to some the section OCs to support each other and develop enhanced positive working relationships.

f. Ohana Time

Ohana Time (OT) refers to visits between children in foster care and their parents. CWSB calls this effort “Ohana Time” to embrace the Hawaiian cultural appreciation for this effort. For several years, CWSB, the Judiciary, service providers, relatives, and resource families have maintained a strong collaboration to increase the frequency and improve the quality of OT. Collectively, these groups believe that OT is a time for families to interact, and not simply a time to visit. CWSB believes that regular, frequent, and quality OT increases the likelihood of successful reunification and timely permanency. To move forward with this broader perspective on OT, CWSB revised its procedures and forms with the assistance of a National Resource Center and national consultants. All CWSB staff are trained on OT during new hire orientations and RCGs are also trained on the importance and needed support for OT. Agencies are also contracted to provide OT.

COVID-19 Impact

The pandemic initially changed Ohana Time (OT) from being all in-person to virtual. As the situation improved, and with court approval, in-person visits resumed with safety precautions in place. Virtual visits and contacts have increased connections between children and parents and are continuing as needed to ameliorate health and safety concerns. It has been challenging to consistently revise OT requirements to comply with mandates and guidelines established by the Centers for Disease Control and Prevention (CDC), Department of Health, and State and County officials, continuing to encourage social distancing and mask wearing during the fluctuating COVID pandemic.

Liliuokalani Trust Ka Pili Ohana, Two Makua Meetings, Na Kama a Haloa/Fostering Strong Connections Hui, Project First Care, and Shared Parenting contracts have been instrumental in supporting frequent and quality OT and building a relationship between birth parents and resource caregivers (RCGs) using culture as a healing component. These projects are described in more detail in the following narratives.

Recent collaborations:

- i. Part of Hawaii’s five-year Child and Family Service Plan (CFSP) includes an all-State Team with members from CWSB, Department of Health, and Family Court. The team meets regularly to plan and implement Hawaii CFSP strategies. One of the CFSP projects is to increase the duration and frequency of Ohana Time (OT) through a collaboration between the Judiciary’s Zero-To-Three (ZTT) specialty court and Liliuokalani Trust’s Ka Pili Ohana program. Together, they help to integrate culture and strengthen

relationships between birth parents and RCGs. Through this collaboration, ZTT also partnered with Project First Care and an Ohana Navigator mentor.

- ii. The Ka Pili Ohana program also partnered with EPIC Ohana to pilot the Two Makua Meetings program (TMM) involving RCGs and birth parents. Makua means parent in Hawaiian and thus, the project's name refers to "Two Parents." The TMMs are informal meetings between the birth parent and the RCG designed to encourage the development of a relationship that fosters open communication between the child's caregivers. The pilot project started in June 2021 in the West Oahu Section. Since then, a total of six TMMs have been completed. In January 2022, TMM expanded to the East Oahu Section and plans to expand to additional sections in the coming months.

CWSB initiates the process by introducing and explaining the TMM program to parents and RCGs and sets a date and time that works for them to meet. EPIC Ohana facilitates the TMMs meetings where parents and RCGs are introduced to each other, exchange information about the children, and create a visitation plan. For families with Native Hawaiian ancestry, LT continues to work with RCGs, birth parents, and CWSB to build a trusting working relationship, and thereby expedite safe and timely reunification. An Ohana Conference (OC) is scheduled soon after a TMM meeting.

- iii. Na Kama a Haloa Network-Fostering Strong Connections Hui (strengthening resource caregiver roles) has created a video through a donation from Hawaii Medical Service Association (HMSA). The video is entitled "*Our Keiki, Our Kuleana: Weaving Ohana Together*" and depicts the various ways that children and families benefit when CWSB, birth parents, and RCGs collaborate on behalf of the children. The video is viewable at: <https://www.epicohana.org/news/our-keiki-our-kuleana-weaving-ohana-together>.
- iv. CWSB contracts providers to strengthen the recruitment, training, and support for RCGs and to model a practice that builds RCG relationships with parents and provides support for Ohana Time services.

g. Relative Placement Efforts

CWSB recognizes the importance of placement with relatives and maintaining and enhancing connections with relatives.

CWSB continues diligent, upfront efforts to make the first placement the only placement through early Family Finding searches and attempts to hold Ohana

Conferences for every child entering foster care. CWSB continues to identify relatives and provide the revised relative notification letter to inform and engage relatives as supports and placement resources. Initial and ongoing Ohana Conferencing provides a venue to identify and include relatives to discuss placement options, including placement with relatives.

The relative RCG brochure has been translated into targeted languages to promote engagement, help relatives understand the importance of relatives as caregivers, and explain the process to become an RCG. Contracted support services also include targeted training and support groups for RCGs, adoptive parents, and legal guardians who are Marshallese or Chuukese.

CWSB is also working to identify fathers early to promote engagement and identify paternal relatives that may be a support to the child and a possible placement option. This may help identify more relatives initially and increase options for placement.

Additional supports are also available for relative RCGs that may promote their availability and capacity to care for their relative in foster care. The Ohana Navigator Program will focus on helping to stabilize and maintain placement. There are two components of the Ohana Navigator Program. The first is to provide and establish a one-to-one supportive peer mentoring relationship between seasoned RCGs (peer navigators), and new relative RCGs. The second component of the Ohana Navigator Program is to coordinate and provide quarterly social events and ongoing training opportunities to promote greater connection to resource family networks and resources, recruitment, and peer navigator connections. Due to current COVID-19 pandemic restrictions in place, social events have been held using technology in a virtual setting. When COVID-19 restrictions are fully lifted and it is safe to do so, the service provider will host quarterly Ohana Navigator events in various locations statewide. These events will be family friendly, in locations that are easily accessible, and held at times that are convenient for RCGs.

CWSB firmly believes that children can greatly benefit from placement with relatives and continues efforts to identify and support relatives as RCGs.

2. Most Vulnerable Populations

Children aged 0-5 and Native Hawaiian children represent the largest percentages of children in foster care. LGBTQ youth and Native American children are also particularly vulnerable to abuse and neglect and are therefore also discussed in this section.

a. **Hawaiian Children**

Native Hawaiian and part Native Hawaiian people make up 21.5% of the general population of the State, according to 2019 statistics from the University of Hawaii Center on the Family¹. See the first table of Data Booklet, Figure 52: Hawaiian Children in Foster Care SFYs 2017-2021. A higher percentage of Native Hawaiian children enter foster care (ranging from 40-44%) than exist in the general population in Hawaii (21.5%); this is disproportionality. (Race and ethnicity are normally identified during interviews of families through self-disclosure to CWSB and then entered in CPSS.)

Sadly, outcomes for Native Hawaiian and part Native Hawaiian children are worse than for other children in foster care. When comparing the percentage of Native Hawaiian and part Native Hawaiian children *in* foster care to the percentage of Native Hawaiian and part Native Hawaiian children *entering* foster care (see the first two tables of Figure 52: Hawaiian Children in Foster Care SFYs 2017-2021), the percentage of Native Hawaiian and part Native Hawaiian children *in* foster care is 3-6% higher than the percentage who *entered* each year. This means that Native Hawaiian and part Native Hawaiian children are staying in foster care longer than their peers. Because the percentages refer to the total children *entering foster care* and *in foster care*, if Native Hawaiian and part Native Hawaiian children moved through the CWSB system at the same rate as all the other children, then their percentage out of the total would stay the same for both *entering foster care* and *in foster care*. The fact that the percentage of Native Hawaiian children *in foster care* is higher than the percentage *entering foster care* means that non-Hawaiian children are exiting care, while Native Hawaiian and part Native Hawaiian children are staying in care (or a higher number/percentage of non-Hawaiian children are exiting care than Native Hawaiian and part Native Hawaiian children exiting care.)

Data Booklet, Figure 55: Discharge Type by Hawaiian and Non-Hawaiian Children SFYs 2017-2021, indicates that reunification rates for Native Hawaiian and part Native Hawaiian children are consistently significantly lower than for non-Hawaiian children (ranging from 4% lower in SFY 2020 to 19% lower in SFY 2021). Compare the percentages in Figure 55: Discharge Type by Hawaiian and Non-Hawaiian Children SFYs 2017-2021 with the percentages in Figure 44: Termination Type by Age Group for SFYs 2017-2021. The latter figure shows the percentages for all children in foster care statewide of all ethnic backgrounds and their reasons for exiting foster care. The reunification rate for all children in SFY 2021 was 50%. This is 5% lower than the prior year SFY 2020. This drop is entirely due to the decrease in Native Hawaiian and part Native Hawaiian children who were reunified. In SFY 2020, of non-Hawaiian children who exited foster care that year, 57% reunified. In SFY 2021, that percentage went up to 58%. In contrast, in SFY 2020, of Native Hawaiian and

part Native Hawaiian children who exited foster care that year, 53% reunified with their families, and in SFY 2021, that percentage dramatically dropped to 39%. As safe reunification is the best outcome for children in foster care, Hawaii is examining what may have caused this concerning change. CWSB ensures culturally-attuned supports are in place for Hawaiian children and parents. These supportive projects and services are described below in this section. See in Figure 55: Discharge Type by Hawaiian and Non-Hawaiian Children SFYs 2017-2021 that Native Hawaiian and part Native Hawaiian children are adopted or entered legal guardianship at higher rates than non-Hawaiian children. This is a correlate of Native Hawaiian and part Native Hawaiian children reunifying at lower rates. Successful efforts to move children who had been in foster care over a year to adoption or legal guardianship may have contributed to the shift, as both the number and percentages of adoptions and legal guardianships went up from SFY 2020 to SFY 2021. See Figure 44: Termination Type by Age Group for SFYs 2017-2021.

In Figure 55: Discharge Type by Hawaiian and Non-Hawaiian Children SFYs 2017-2021, each year shows lower reunification rates and higher adoption and legal guardianship rates for Native Hawaiian and part Native Hawaiian children as compared to non-Hawaiian children (with the exception of SFY 2020 when the legal guardianship rate was the same for both groups, at 18%). Because discharge type percentages always add up to 100% (to account for every child that exited foster care), when the percentage for one type is lower, at least one other discharge type is higher and vice versa. The fact that the adoption and legal guardianship rates for Hawaiian children rose is why the reunification rate declined; CWSB is not certain which is the trigger or cause. Across SFY 2017 – SFY 2020, the emancipation rate for Native Hawaiian and part Native Hawaiian children was the same or lower than non-Hawaiian children. In SFY 2021, this changed. Nine percent of Native Hawaiian and part Native Hawaiian children who exited foster care in SFY 2021 emancipated, compared to 6% of the non-Hawaiian youth. DHS does not believe that this is the beginning of a trend, but Hawaii will keep a close eye on the situation, as emancipation is the least desirable way for a child/youth to exit foster care.

Figure 52: Hawaiian Children in Foster Care SFYs 2017-2021, illustrates that the percentage of Native Hawaiian and part Native Hawaiian children in foster care decreased one percent each year from SFY 2017 to SFY 2019, and then has remained steady at 45% for SFYs 2019, 2020, and 2021. During the years when the percentage stayed the same, it is encouraging to see that the number of Native Hawaiian and part Native Hawaiian children in foster care decreased each year, with 1,240 children in SFY 2019, 1,200 children in SFY 2020, and 1,131 children in SFY 2021. This encouraging trend more clearly seen in the data for past fiscal years. See Figure 54: Hawaiian and Non-Hawaiian in Care SFYs 2012-2021. From SFY 2012 – SFY 2016, the black line (representing non-Native Hawaiian children in foster care)

and the green line (representing Native Hawaiian and part Native Hawaiian children in foster care) are almost on top of each other. In contrast, in SFYs 2017 – 2021, the black line rises, diverging from the green line. This figure shows:

- From SFY 2012 – SFY 2016, the numbers and percentages of Native Hawaiian and part Native Hawaiian children in foster care were approximately the same as non-Hawaiian children in foster care.
- For Native Hawaiian and part Native Hawaiian children in foster care, the numbers and percentages have remained relatively stable at approximately 45% from SFY 2016 through SFY 2021.
- For non-Hawaiian children in foster care, the numbers increased from SFY2014 to a peak in SFY 2019, and decreased each year through SFY 2021 when this group represented approximately 55% of the children in foster care.

While younger children are inherently at greater risk of maltreatment, poverty adds another risk factor. National studies have shown that poverty plays a key role in representation in foster care. According to World Population Review 2022² statistics, Native Hawaiians are living in poverty at more than twice the rate of the general population of the State – Native Hawaiians at 22.95% and the general population at 9.44%. Native Hawaiian overrepresentation in CWSB is sadly similar to disproportionality in numerous social services and programs throughout the State, i.e., juvenile justice, adult criminal justice, probation, TANF (Temporary Assistance to Needy Families), QUEST Integration (Hawaii’s Medicaid program), SNAP (Supplemental Nutrition Assistance Program), WIC (Women, Infants, and Children federal subsidy), substance abuse treatment, Vocational Rehabilitation, and community mental health, public housing, special education, and others. In addition to poverty, factors that contribute to poorer outcomes for Native Hawaiian and part Native Hawaiian children in foster care (and often correlate with poverty) include:

- Native Hawaiian families have higher rates of unemployment than non-Hawaiian families.
- Native Hawaiian families have lower educational attainment, i.e., graduation rates from high school and college, than non-Hawaiian families.
- Native Hawaiian families are challenged by substance abuse at higher rates than non-Hawaiian families.
- The Judiciary, i.e., court system, was designed based on mainland models.

- Native Hawaiian families live in more densely populated areas, which translates to more eyes on the family to report potential abuse and/or neglect.

These factors often increase stress on families. Nationally, family stress has been identified to be a primary precursor for child maltreatment. CWSB is concerned about Native Hawaiian disparities and is working to ameliorate this complex situation. Hawaii has implemented targeted efforts and programs to meet the cultural needs of Native Hawaiian families.

Poverty is a major issue for many Native Hawaiian families. To meet the concrete needs of these families, CWSB partners with community organizations that focus on serving Native Hawaiian families like Liliuokalani Trust and Alu Like, Inc. Alu Like's Hoomanea Oihi program is an employment and training program funded by the Workforce Innovation and Opportunity Act. Alu Like's Ka Ipu Kaeo program provides scholarships for higher education and professional training programs. Liliuokalani Trust has services that primarily focus on the social and emotional needs of Native Hawaiian children, young adults, and their parents and caregivers. An example of their services is no-cost after school programs for children which allow parents to work and not pay for childcare. Liliuokalani Trust services for children and youth also develop their knowledge and skills in numerous areas, including technology and entrepreneurship, setting them up for later financial success. CWSB also assists families who are struggling financially with first month's rent and/or a rental security deposit, as well as similar emergency expenses to promote family stabilization.

Addressing Native Hawaiian overrepresentation is a high priority for CWSB. Continued collaboration with Casey Family Programs (CFP), Annie E. Casey Foundation, EPIC Ohana, Liliuokalani Trust (LT), Kamehameha Schools (KS), DOH, DOE, and other community stakeholders strengthens partnerships and supports a community approach to providing the best services for children and families. The frequency of these meetings and work groups varies dependent on the mission and goals. For example, the Casey Race Equity Collaboration workgroup meets monthly, while other workgroups meet quarterly and more frequently as needed. Hawaiian culture and values are frequently discussed when developing new initiatives and revising ongoing practice. CWSB collaborated with DOH to draft language supporting clients' culture and diversity for inclusion in contracts. To address Native Hawaiian disproportionality, with stakeholder and community collaboration, CWSB is focused on:

- looking at ethnicity data in CWSB at key decision-making points to identify and dismantle bias;

- surveying CWSB statutes, rules, policies, procedures, practices and forms to identify areas to revise to increase equity; and
- partnering with other State agencies and community providers who are working to address Native Hawaiian disproportionality, so we can pool our resources, insight, and data to develop a data-informed, comprehensive approach to the issue.

A primary focus during the implementation phase of Family First Hawaii (FFH), has been to bring awareness of culture, equity, diversity, and family voice and experience to the forefront of new initiatives, policy, and practice. CWSB continues to explore programs and services that are culturally sensitive and incorporate Native Hawaiian values and practices. FFH aims to prevent children from entering foster care by identifying the family's needs and challenges and referring families to programs, services, and resources that best meet each family's situation. FFH has also created space for the Lived Experience Advisory Group (LEAG) composed of family leaders such as RCGs, parent partners, and young people with lived experience. LEAG has been critical in the development of policy and procedure to promote the lived experience voice into family-centered practice (e.g: ensuring that the Safe Family Home Report focuses on family strengths).

CWSB participated in Na Kama a Haloa, a statewide collaboration of community stakeholders with five subworkgroups, each tasked with creating critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, uplifting youth and family voice, training and supporting nurturing RCGs), and honoring sibling connections. Na Kama a Haloa reviewed and provided feedback for the CWSB new hire training and H.A.N.A.I. training for RCGs and identified additional training needs. This collaboration also focuses on developing a Native Hawaiian culture-based engagement training that will be offered to CWSB and the broader community.

Ka Pili Ohana, on Oahu, is a collaborative Liliuokalani Trust (LT) pilot project focused on strengthening parent and child relationships during visitations with birth parents, children, RCG, and CWSB. LT provides cultural guidance to the project and participants.

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

b. Children Aged Zero to Five

Infants and toddlers rely solely on their caretakers to meet their needs and have almost no capacity to protect themselves; therefore, this population of children is at the highest risk for abuse and neglect worldwide. It is not surprising that this youngest cohort is also the largest cohort in Hawaii's foster care system. See Data Booklet, Figure 29: Age Distribution of Children in Foster Care by Number and Percentage: SFY 2017 – SFY 2021 and Figure 30: Number of Children in Care by Age Group: SFY 2017 – SFY 2021 for details on the numbers of child in care by age group and percentages of those groups as part of total annual number of children in foster care for each of the past five years.

The percentage of children who are age 0-5 in foster care, as compared to children of other ages in foster care, has steadily declined (yet remains the largest age group in foster care) over the past five years, from 44% in SFY 2017 to 39% in SFY 2021. During this same period, children age six to eleven years has stayed stable (at 29% - 30%), whereas the oldest set of youth in care (aged 12-18) has steadily risen from a low of 27% in SFY 2017 to a high of 32% in SFY 2021. This shift in the ages of those in foster care may be due to Hawaii's focus on reducing both infants' entries into foster care and their time in foster care. When Hawaii noticed the rise of the overall children in foster care in the State (see SFY 2013 to SFY 2019 in Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2021), DHS researchers investigated various hypotheses and found that the increase was due to infants on Maui and in East Hawaii who were entering foster care and staying in care at higher rates than in the past. When examining these cases further, this pattern appeared to be linked to parental substance use. This information was shared with the CWSB Maui and East Hawaii sections with the goal of having staff focus on providing additional support to families with infants. Subsequently, parental substance abuse services were fortified in those areas as well.

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

While the services and activities discussed below and throughout this APSR are employed by Hawaii to help reduce a child's length of stay in foster care, many of the services and interventions also assist in addressing the developmental needs of children under age five.

i. Addressing Developmental Needs

CWSB continues to build its partnerships with different agencies to promote access to an array of services to meet the developmental needs of children zero to five. Some recent partnership efforts are described below.

CWSB is expanding and strengthening our relationship with the Department of Health, Maternal and Child Health Branch. The Maternal and Child Health Branch includes a number of functions and resources that support parenting and child development in Hawaii. This partnership allows broader access to information and training for CWSB resource caregivers (RCGs), including the Parent Line, and has created new opportunities for CWSB RCGs to access play yards and other services administered through the Maternal and Child Health Branch.

CWSB is also partnering with the Department of Human Services, Benefits, Employment, and Support Services Division – Child Care Connections and Preschool Open Doors to access available trainings on child development for RCGs.

Trainings and supports for RCGs contribute to quality, safe care for children in foster care, including those zero to five. Over the last year, services and supports have continued to be developed and provided to RCGs.

Many resources are available through a website and mobile application developed to support RCGs by providing information on recruitment, resources, and other supports. The website (rcg.hawaii.gov) is continually updated and serves as a hub of information for RCGs, CWSB workers, and other community partners.

Materials available include brochures on becoming a relative RCG and concurrent planning, a guide on normalcy called "Don't Say No Until You Know," and quarterly newsletters. The website also includes a tab for information and opportunities to sign up for RCG support groups. General and targeted support groups have been developed for RCGs, including one for grandparents caring for grandchildren and one for RCGs who are caring for teens. CWSB hopes to expand the targeted support groups to include

one that will be facilitated by behavioral health professionals to help support caregivers in meeting the individual needs of children.

Over the last year, the All-State Team has continued to meet and broaden participation to identify needs and resources to meet the needs of families with children age zero to three, which may also include those aged three to five. Through ongoing meetings and discussions, participants have shared known resources and collaborated to implement new strategies to meet the identified needs. The team has nurtured relationships and invited presenters from other agencies to share programs and services, and foster connections to improve awareness of and access to these resources. Some recent partnerships have included sharing by We Are Oceania, which serves Micronesian and Pacific Island communities throughout the state, and the Hawaii Department of Health on a child development program and informational materials. Catholic Charities Hawaii shared about the supports they provide to families that have achieved guardianship and adoption. The Na Kama a Haloa Network-Fostering Strong Connections Hui (strengthening RCG roles) shared a video created through collaboration and a donation from Hawaii Medical Service Association (HMSA), *“Our Keiki, Our Kuleana: Weaving Ohana Together”*. The video is also available at the RCG and licensing portal at: <http://rcg.hawaii.gov>. This approach may help increase Ohana Time/visitation for children zero to five, which is an important consideration for children in foster care. This cohesive approach can support child development, bonding and attachment, and strengthening the relationship between the parents and RCGs to support the child together.

As part of Family First Hawaii (FFH), home visiting services have been adjusted to include the evidence-based models, Healthy Families America (HFA) and Parents As Teachers (PAT), to provide parenting support services to parents and caregivers with children ages zero to five years old. Home Visiting Services are long-term, voluntary services to help prevent child abuse and neglect, support positive parenting, improve maternal and child health, and promote child development and school readiness. CWSB is partnering with the Department of Health to promote a continuum of care for families that receive home visiting services to allow for continued services pre- and post-CWSB involvement.

ii. Reducing Length of Stay

Targeted services and approaches that help reduce the length of stay for children in foster care are described below and throughout this APSR.

Efforts to support families involved with CWSB in areas such as shared parenting and the Two Makua Meetings (TMM) pilot, are helping to develop and support positive relationships between the parent and RCG to work together to care for the child and achieve permanency goals. In the Hawaiian language, *makua* means parent, so Two Makua means two parents, referring to the child's parent(s) and RCGs. TMM clarifies the role of the RCG as an asset to parents and the child and identifies strategies to achieve permanency goals. The TMM pilot project started in June 2021 in the West Oahu section. From June 2021 to October 2021 a total of six TMM's have been completed. In January 2022, TMM has expanded to the East Oahu section, with plans to expand to more sections in the coming months.

The H.A.N.A.I. RCG training has been revised to include a Trauma and Healing Informed Care lens as the foundation of the curriculum and includes a shared parenting approach to support parents and children involved in foster care. The curriculum lays out a holistic approach to care for and support families while addressing and dispelling some myths about parents who are involved with CWSB. Coordinated efforts help support timely permanency and may help reduce reentry as RCGs become a natural support to parents after reunification.

Efforts for all families, including those with children zero to five, continue to promote placement with relatives, maintain and enhance relationships, and Ohana Time/Visitation with parents and siblings. These activities may also support the achievement of timely permanency.

Hawaii has completed all of its Program Improvement Plan 3 (PIP3) strategies that support the goal of achieving timely permanency. Some of the strategies utilized are described below.

In SFY 2020, the Safe Family Home Report was revised to include information about activities that promote concurrent planning early on and throughout the life of the case in case planning with the family; clear documentation of the concurrent plan and efforts to achieve the concurrent plan; documentation of safety assessment and decisions; and the identification of reasonable efforts.

Concurrent permanency planning procedures were clarified to help staff better understand the importance of concurrent planning from the beginning of the case. A parent-friendly brochure explaining concurrent planning was designed to improve parental engagement from the beginning of the case through full disclosure about the processes and goals of CWSB intervention.

The PIP3 strategies of coaching and supervision of staff by supervisors and administrators include enhanced tracking of cases from foster custody to permanency. Reinstatement of the case visitation tracker system help supervisors and section administrators discuss with workers their efforts to file timely petitions to achieve a permanency goal.

Family First Hawaii efforts to prevent placements in foster care and support reunification may also help decrease the length of stay for children in foster care. Evidence-based home visiting services and intensive home-based services help increase parenting supports and skills that can help prevent placement or support parents to reunify with their children and prevent re-entry into foster care.

iii. Hawaii's Zero to Three Court Specialty Court (HZTT)

The HZTT is a current and initial partner of the All-State Team that meets to discuss and identify the needs of children aged zero to three and to identify available resources. HZTT is a specialty court in the Family Court of the First Circuit. The primary function of HZTT is to ensure that maltreated infants and toddlers involved in the child welfare system reach permanency (reunification, legal guardianship, or adoption) in a timely manner while limiting the number of placements and providing appropriate developmental assessments and interventions. Participation by HZTT members helps the All-State Team better understand the needs of families with children age zero to three. HZTT members also share resources and creative strategies used to engage and support families. This partnership has helped the team problem solve challenges, identify resources, and develop new collaborations to serve families.

One of the 5-Year Child and Family Services Plan projects is to increase the duration and frequency of Ohana Time through a collaboration between the HZTT and Liliuokalani Trust's Ka Pili Ohana program to facilitate cultural integration and strengthen the relationship between birth parents and RCGs. Ka Pili Ohana is a collaborative Liliuokalani Trust pilot project on Oahu focused on strengthening parent-child relationships during visits with birth parents, children, resource caregivers, and Child Welfare Services staff. Through this collaboration, HZTT also partnered with Project First Care and a Ohana Navigator mentor.

HZTT is also providing information on the specialty court to CWSB staff through quarterly presentations for CWSB new hires and presentations for staff in the East and West Oahu CWSB sections.

Promoting collaboration and helping families access services along the continuum of care helps strengthen partnerships and supports for families to safely care for their children and to thrive.

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

CWSB is committed to upholding the rights of LGBTQIA+ children, youth, and families by supporting freedom of gender identity and expression while taking a firm stance on anti-discrimination under the State of Hawaii Child Welfare Services' Anti-Harassment and Non-Discrimination Policy and Procedures Regarding People who are Lesbian, Gay, Bisexual, and/or Questioning.

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

i. Recent Accomplishments

- 1) CWSB LGBTQIA+ workgroup reviewed and provided feedback on the LGBTQIA+ and Diversity module of the New Hire Training.
- 2) CWSB joined and is collaborating with DOH's Safe Spaces Committee to develop resources and support for children and families.
- 3) CWSB joined and is collaborating with DOH's Sexual and Gender Minority Workgroup composed of various statewide community providers and state agencies.
- 4) CWSB joined a workgroup and is collaborating with DOH on recent legislation to develop pathways for gathering and sharing data on LGBTQIA+ children, youth, and families within state systems.

ii. Current Efforts

- 1) Continue to partner with DOH in developing guidance for aligning data systems and data collection.
- 2) Continue to participate in and support inter-agency collaboration focused on the strengths and needs of LGBTQIA+ populations with the goal of creating and improving integrated systems to best support children and families.
- 3) Continue to collaborate with DOH to provide guidance on inclusive and affirming language, writing practice, consultation, and education to CWSB.

d. Indian Child Welfare Act (ICWA)

Although there are no federally recognized tribes in the State of Hawaii, Hawaii continues to ensure ICWA eligible children in foster care are identified at the very beginning of the case and that the Bureau of Indian Affairs (BIA) is notified immediately. CWSB's written procedures include guidelines for staff and supervisors, which include:

i. Hawaii's ICWA Process

Hawaii CWSB has written procedures that provide direction and guidance in ICWA compliance, including:

- 1) Information to be addressed when consulting the tribes,
- 2) Notification to Native American parents, tribes, and the BIA,
- 3) CWSB's efforts to prevent breakup of the Native American families,
- 4) Placement preferences for Native American children in foster care, and
- 5) Importance of tribal input at all stages of the case.

For children who are identified as potentially eligible for ICWA, CWSB has a process in place. This process includes the caseworker, the family courts, the Attorney General, and the State's ICPC office.

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

When there is reason to believe that the child may be Native American, the caseworker informs the State Attorney General's office. The office then sends a registered letter to the Secretary of the Interior, Bureau of Indian Affairs (BIA), and if known, to the tribe and to the biological parents, if necessary. These letters notify the BIA and all parties of the State's proceedings involving Native American children, and ensures they are aware of their right to intervene. In some cases, given the information provided to the BIA, the BIA is unable to confirm that the child is registered as a Native American child.

In these situations, the caseworker may encourage the family to register the child with their tribes. In cases where ICWA applies and the tribe wishes to assert jurisdiction over the case, CWSB complies with the laws set forth in ICWA by allowing the tribe to take custody of the child, relinquishing the

child to the tribe, and terminating Hawaii's jurisdiction in the case. CWSB then provides all of the child's necessary vital documents and information, including Title IV-E eligibility to the Native American representative.

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

ICWA is also pertinent in ICPC cases and in adoption cases where children are crossing state lines and leaving their family of origin.

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

ii. Data

Case review data showed that:

In SFY 2021, sufficient inquiry was conducted to determine whether a child was a member or was eligible for membership in a federally recognized tribe in 56 (92%) of the 61 cases, for Item 9: Preserving Connections. In SFY 2019, only 62% of the cases had a sufficient inquiry conducted. Improvement from SFY 2019 to SFY 2021 may have been attributed to the revision of the Safe Family Home Report (SFHR). The SFHR now includes a section requiring caseworkers to document inquiries into whether the family has Native American ancestry.

Of the five cases where sufficient inquiry was not conducted in SFY 2021, three cases had evidence of the child's Native American ancestry, but timely notification was not made to the Tribe and placement preferences were not followed. CWSB will continue to make improvements on documentation and collaborate with the Deputy Attorney General (DAGs) to ensure sufficient inquiries and notification are made.

iii. Annual ICWA Improvements

Hawaii continues to explore ways to enhance CWSB's ability to comply with ICWA and best support Native American children and families. CWSB is continuing to improve its Safe Family Home Report and practice guidelines associated with ICWA inquiries. CWSB is also exploring avenues to include documentation of ICWA inquiries within the information gathering phase of the safety assessment. Hawaii will continue to consider additional options to track ICWA requirements.

3. Relative Placement Efforts

CWSB recognizes the importance of placement with relatives and maintaining and enhancing connections with relatives.

CWSB continues diligent, upfront efforts to make the first placement the only placement through early Family Findings searches and attempts to hold Ohana Conferences for every child entering foster care. CWSB continues to identify relatives and provide the revised relative notification letter to inform and engage relatives as supports and placement resources. Initial and ongoing Ohana Conferencing provides a venue to identify and include relatives to discuss placement options, including placement with relatives.

The relative resource caregiver brochure has been translated into targeted languages to promote engagement, help relatives understand the importance of relatives as caregivers, and explain the process to become a RCG. Contracted support services also include targeted training and support groups for RCGs, adoptive parents, and legal guardians that are Marshallese or Chuukese.

CWSB is also working on efforts to identify fathers early on to promote engagement and identify paternal relatives that may be a support to the child and a possible placement option. This may help identify more relatives initially and ongoing to increase options for placement.

Additional supports are also available for relative RCGs that may promote their availability and capacity to care for their relative in foster care. The Ohana Navigator Program focuses on helping stabilize and maintain placement. There are two components of the Ohana Navigator Program. The first is to provide and establish a one-to-one supportive peer mentoring relationship between seasoned RCGs (peer navigators), and new relative RCGs. The second component of the Ohana Navigator Program is to coordinate and provide quarterly social events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and peer navigator connections. Due to the current COVID-19

pandemic, social events have been held using technology in a virtual setting. When COVID-19 restrictions are fully lifted and it is safe to do so, the service provider will host quarterly Ohana Navigator events in various locations statewide. These events will be family friendly, in locations that are easily accessible, and held at times that are convenient for RCGs.

CWSB firmly believes that children can greatly benefit from placement with relatives and continues efforts to identify and support relatives as RCGs.

4. Adoption and Guardianship Promotion and Support Services

Reunification continues to be the primary permanency goal for children in foster care. In SFY 2021, CWSB continued to see a decrease in reunifications (to 50% of all exits from foster care) and the number of adoptions has continued to increase. In SFY 2020, there were 217 adoptions and in SFY 2021 there was an all-time high of 247. Legal guardianships also saw an increase from 188 in SFY 2020 to 232 in SFY 2021.

See Data Booklet Figure 51: Percentage of Children Reunified with Parents SFY 2017-SFY 2021 and Figure 58: Exits by Adoption and Legal Guardianship SFY 2017-SFY 2021 for details on the number of exits from foster care by reason of adoption and legal guardianships and what percentages those numbers represent of the total exits from foster care.

Refer to Data Booklet, Figure 64: Timely Adoption (Within 24 months) SFY 2017– SFY 2021. Although there have been fluctuations in the percentages throughout SFY 2017 – 2021, only in SFY 2019 at 30.1%, did timeliness fall below the National Standard (32.0%). In SFY 2021, 35.9% of all children in foster care exited timely to adoption. Hawaii continues to perform above the National Standard.

Discussion:

Although Hawaii continues to perform above the National Standard, Hawaii did experience a decline in timely adoptions in SFY 2021. Between SFY 2020 and 2021, Hawaii saw an approximately 7% decline in timely adoptions. CFSR review findings determined that inadequate face-to-face contact with families was the main factor in meeting federal timelines for all permanency outcomes, including adoption. Additional challenges included a lack of urgency to achieve permanency. Children were residing in the same home for years, but discussions had not happened and processes were not followed towards permanency. While Court-related delays were not evident, it did not appear that the Court's orders compelled timely permanency.

Hawaii has completed all of its PIP3 strategies to support the goal of achieving timely permanency. In SFY 2020, an overhaul of the Safe Family Home Report was done to

include information and activities that promote concurrent planning early on and throughout the life of the case in case planning with the family, and to ensure clear documentation of and efforts to achieve the concurrent plan, as well as safety assessments and decisions, and identification of reasonable efforts. Clarifying concurrent permanency planning procedures was undertaken so that staff better understand the importance of concurrent planning from the beginning of the case. In addition, a user-friendly brochure on concurrent planning for parents improves parental engagement from the beginning of the case through full disclosure. The PIP3 strategies of coaching and supervision of staff by supervisors and administrators will help to better track cases from foster custody to permanency. Reinstatement of the case visitation tracker system will help supervisors and section administrators discuss with workers their efforts to file timely petitions to achieve a permanency goal. These strategies have supported Hawaii's positive outcomes and kept Hawaii above the National Standard in timely adoption.

Hawaii recognizes the decline in timely adoption and continues to analyze its data to understand the dip in percentages. Hawaii continues to look at additional strategies to meet the federal timeline for adoption. As part of Hawaii's PIP3 goal of achieving timely permanency, CWSB and the various court circuits have been meeting quarterly to discuss timely permanency, barriers, successes, and strategies to improve outcomes in this area. These meetings continue and have provided an opportunity for stakeholders to provide suggestions and ideas to help improve outcomes.

In addition, CWSB has provided its DAGs with time at monthly leadership meetings to discuss legal issues that may be inhibiting timely adoption. Discussions have focused on the streamlining of the adoption packet process and monitoring its implementation to determine if adjustments need to be made. Another topic discussed were updates on CWSB partnership with DOH to secure birth certificates, which has been identified as a barrier to timely adoption.

As adoptions increase, of concern is the decreasing percentage of children exiting care through reunification with their parents. CWSB continues to work toward the most appropriate permanency goals for children. Based on findings from the permanency target review that was conducted in SFY 2021, recommendations were made to clarify the use of legal guardianship for young children who are in relative and non-relative foster care. A workgroup consisting of members from CQI and PD developed guidance to staff on selecting between the permanency goals of adoption and legal guardianship. The guidance identifies factors to consider when determining the best permanency goals, which include the child's best interests; long-term needs in and beyond childhood; bonds to individuals in the child's life; and overall needs for safety, permanency and well-being. This guidance will assist staff in appropriately selecting between adoption and legal guardianship and provide justification to the courts for the

selection of the permanency goal.

a. Post-Permanency Support, Services, and Pathways under Family First Hawaii

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

b. Permanency Strengthening Services

CWSB recognizes the importance of providing supportive services to “permanency families,” who have achieved adoption and guardianship, to help stabilize placements and enhance the caregivers’ skills when they are challenged with caring for children with special needs and/or who have experienced past trauma.

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

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

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

Annual Update:

In SFY2021, fewer than ten families statewide were referred to PSS. Hawaii believes the existing strong continuum of supportive services has contributed to the low need for PSS, which is reflected in the low number of referrals and the trend of most families to decline PSS services. In addition to PSS, permanency families can access the WARM line when in need of support. The WARM line’s target population includes legal guardianship, pre-adoptive, adoptive, and post-adoptive families. The WARM line provides services aimed at supporting and strengthening the bond

between the caregiver and child and enhancing the caregiver's skills to meet the child's needs. Hawaii's Kinship Navigator program also assists caregivers with navigating the services available to them by providing information and referrals and explaining eligibility requirements. CWSB has developed a strong working relationship with other community resources like Department of Health's Child and Adolescent Mental Health Division (CAMHD) to ensure that an array of quality services is available to support families with children with complex needs.

CWSB continues to collaborate with its contracted provider to ensure families are aware of PSS. CWSB, in collaboration with its provider, has utilized venues such as the All-State Team Meeting to share information on PSS. These presentations have shown to be beneficial as they have led to providers working with permanency families to seek out the service as a potential resource. Other venues that have been identified include monthly and quarterly trainings provided through the Recruitment, Licensing and Support Services contract, which are available to all resource caregivers and adoptive and guardianship families.

Recently, CWSB helped to revise a brochure that its contracted provider developed that explains PSS services, its purpose, target population, and services provided. The brochure was revised to highlight FFH and identifies adoptive and legal guardianship families as candidates for FFH prevention services. Permanency Strengthening Services aligns with FFH's goal of strengthening families and keeping children safe at home. The brochure highlights how FFH allows PSS to expand its array of services to include home visiting and Comprehensive Counseling and Support Services. CWSB believes that by enhancing its service array, the needs of adoptive and legal guardianship families will be better served as they often have more complex needs that require a higher skill level.

FFH teams are actively working on a development and implementation plan, including a review of the PSS provider's scope of work and provision of services to determine the most effective ways for the provider to support families receiving FFH. FFH will enhance utilization by early identification of families and providing services that are appropriate to meet the family's needs.

c. Inter-country Adoptions

Since the last APSR, there were no children adopted from other countries who entered state custody because of the disruption of their adoptive placement or the dissolution of their adoption. Hawaii monitors inter-country adoptions through the receipt and review of ICPC requests specific to Marshallese birth mothers, as well as through data collected from Statewide CWSB Intake Hotline.

CWSB continues to keep a vigilant watch for private adoptions involving Marshallese birth parents. In SFY 2021, there were no ICPC requests for adoptions that involved Marshallese children. These adoptions appear to have declined significantly, primarily due to the retirement of one local attorney who was involved in a large number of adoptions involving Marshallese birth mothers and their children.

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

If there was a report of suspected child abuse or neglect involving an inter-country adoption, the department would respond in the same manner it responds to any report of suspected child abuse or neglect as required by statute. Per Hawaii Revised Statute (HRS) §350-1, child abuse and neglect is defined as involving "any person who, or legal entity which, is in any manner or degree related to the child, is residing with the child, or is otherwise responsible for the child's care." HRS §587A-11 mandates that the department investigate a report of suspected child abuse/neglect. In addition to birth families, these reports may include RCGs, pre-adoptive caregivers, adoptive caregivers, and legal guardians.

d. Family First Hawaii

PSS are voluntary specialized post-adoption and guardianship services that are currently available to all adoptive and legal guardianship families to support a child's placement stability, well-being, and other needs. Understandably, some of the child's needs--medical, emotional, or behavioral--were not exhibited or assessed before finalization of the adoption or legal guardianship, and as child grows older other needs may surface. PSS can be critical to the success of these families.

Families can access PSS at the time the adoption or legal guardianship is achieved or at any time after that. Adoptive and legal guardianship families may receive support directly from a PSS caseworker and may also be referred to other available community resources, such as the FFH services, for additional supports.

Under FFH, PSS case managers help CWSB identify candidates and link families with FFH services. The focus is on preventing foster care placement, avoiding disruption of the adoption or guardianship, and safely promoting the protective roles of adoptive parents and guardians to support the child's permanency and well-being. PSS provider case management services include identification, assessment, and

referral for appropriate FFH interventions. Each CWSB section will designate a caseworker or liaison to oversee their respective FFH PSS cases.

The FFH PSS case pathway, including policy and procedures, system coding, training, data collection, and reporting, is still under development as Hawaii had initially focused on implementing FFH services for CWSB and Voluntary Case Management (VCM) cases. Hawaii anticipates implementing FFH for PSS cases before the end of calendar year 2022.

5. Adoption Savings

In FFY 2021, Hawaii continued to leverage its adoption savings funds to support services aligned with its current CFSR PIP3, its 5-year CFSP, and its FFH plan. This included funding for post-adoption and post-guardianship services to support children living with their adoptive parents and children living with their legal guardians. In alignment with Hawaii's Family First Plan, these services focus on stabilizing placements, preventing disruption, and preventing re-entry to foster care. Hawaii plans to use its adoption savings funds next year to support the differential response systems, including services provided by its voluntary case management (VCM) for children assessed with moderate risks, and its family strengthening services (FSS) for children assessed with low risks.

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

1. Permanency Outcome 1: Permanency and Stability

Children have permanency and stability in their living situations.

CFSR Item 4: Stability of foster care placement

Refer to the 2023 Hawaii APSR Data Booklet, CFSR Items Figure C4 for a chart of the SFY 2017-2021 five-year strength rating for this item.

61 Cases Reviewed

47 STRENGTHS, 14 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 47 of 61 applicable cases (77%), children in foster care either remained in one stable placement during the period under review or changed placement to meet their needs for permanency and/or best interest. Placement with relatives and support to the resource caregiver (RCG) contributed to placement stability.

14 cases (23 %) were rated as needing improvement.

- In 11 cases, placement changes for the child were not for the purpose of achieving the child's case goals or to meet his needs.
- In seven cases, the child's current placement was not stable at the time of the review.
 - In three of these cases, there was information that indicated that the current caregiver may not be able to continue to care for the child and no support was provided.
 - In four cases, the child's placement was in a temporary shelter home.

Discussion and Annual Update

From SFY 2020 to SFY 2021, CWSB made some improvement in this item, from 70% in SFY 2020 to 77% in SFY 2021. CWSB continues to make efforts to make the first placement the only placement, place children with relatives when safe and appropriate, make planful changes in alignment with the case goal, and support RCGs to be able to care for the child.

CWSB continues to utilize early Family Finding searches to identify relatives that may be a support or placement resource and initial and ongoing (every 3 months) Ohana Conferences for every child entering foster care to support the family identify needs, resources, and placement options. CWSB licensing workers also attend Ohana Conferences to offer supports to RCGs and to support the licensing process by reviewing licensing requirements and supporting planned changes.

CWSB is enhancing supports for RCGs to better understand and meet the needs of children in foster care to support stable placements. Trainings and supports for RCGs contribute to stable placements. Over the last year, services and supports have continued to be developed and provided to RCGs.

A website and mobile app for recruitment, resources, and supports has been developed to provide RCGs with information, resources, and support. The website is available at: rcg.hawaii.gov and is continually updated serving as a hub of information for RCGs, CWSB workers, and other community partners.

Materials available to RCGs include brochures on becoming a relative RCG and concurrent planning, a guide on normalcy called “Don’t Say No Until You Know,” and quarterly newsletters. The website also includes a tab for information and opportunities to sign up for RCG support groups. General and targeted support groups have been developed, including one for RCGs that are grandparents caring for grandchildren and one for RCGs that are caring for teens. CWSB hopes to expand the targeted support groups, including one that will be facilitated by behavioral health professionals to support caregivers to meet the individual needs of children.

CWSB has translated RCG training curriculum and agency brochures in four targeted languages to support caregivers to understand desired outcomes and strategies to meet the needs of children, families, and RCGs.

The H.A.N.A.I. RCG training has been revised by CWSB to include a Trauma and Healing Informed Care lens as the foundation of the curriculum. This also includes shared parenting as the mindset and practice to support parents and children involved in foster care. This may help RCGs understand the experience of children and families in foster care and better support their needs from a trauma informed perspective.

One agency now provides RCG training and conducts required home studies. This coordinated approach helps establish relationships, support pre-service training (H.A.N.A.I. Training), and ongoing trainings and support groups to provide a continuous assessment and support to RCGs. In addition, the ongoing trainings have been adapted and enhanced based on information from calls to the Warm Line, questions from RCGs, and topics discussed at support groups and monthly meetings with CWSB caseworkers and licensing workers. Ongoing training provides a continuum of learning building upon the foundation of the H.A.N.A.I. training.

Recognizing the great benefit to children who are placed with relative caregivers, the Ohana Navigator Program focuses on helping stabilize and maintain placement for these families. There are two components of the Ohana Navigator Program. The first establishes a one-to-one supportive peer mentoring relationship between seasoned RCGs (Peer Navigators), and new relative RCGs. The second component of the Ohana Navigator Program organizes quarterly social events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and Peer Navigator connections. Due to the COVID-19 pandemic restrictions, social events have been held using technology in a virtual/online setting. When COVID-19 restrictions are fully lifted, the service provider will host quarterly Ohana Navigator events in various locations statewide. These events aim to be family friendly, in locations that are easily accessible, and held at times that are convenient for resource caregivers.

CWSB promotes increased awareness for RCGs to access home visiting services and Parent Child Interactive Therapy, where available. In addition, the Homebuilders® Model is also available when a child may be at risk for placement disruption.

Ongoing monthly caseworker visits, assessments, and referrals to services also support children and their RCGs to meet their needs and promote placement stability. The monthly caseworker visit form has been revised to support discussion and documentation of important information and items. Topics that define a quality visit are outlined and documented on the form, including a review with each child and RCG, how the child and RCG are doing in the current placement, needs and services, and the RCG's ability to meet child's needs.

Licensing workers also meet with RCGs at minimum two times per year and maintain phone contact at least four times per year to assess needs and coordinate services, referrals, and linkages.

CWSB has made significant progress in assessing and addressing the mental/behavioral health needs of children to identify supports and resources for each child and their parents and caregivers.

A variety of strategies have contributed to improvements in this area. The frequency and quality of monthly contacts between caseworkers and children has increased and that helps to ensure their safety, permanency, and well-being and promotes the achievement of case goals. Revisions of forms have also been made to highlight important topics for caseworkers to assess and address all needs of children including mental/behavioral health needs (For more information, refer to Section V.B.3 Item 18 Mental and Behavioral Health)

CWSB will continue to identify opportunities to strengthen its support for RCGs to meet the needs of children and make planned changes when a child's move is necessary to meet their best interest and achieve their permanency goal(s).

CFSR Item 5: Appropriate and timely permanency goal

Refer to the 2023 Hawaii APSR Data Booklet, Figure C5 for a chart of the SFY 2017-2021 five-year strength rating for this item.

60 Cases Reviewed

36 STRENGTHS, 24 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 36 of 60 applicable cases (60%), the child's permanency goal was identified timely and was appropriate to the needs of the child.

- In 42 cases (70%), the goals were established timely.
- In 50 cases (83%), the goals were appropriate to the children's needs and the circumstances of the case. In some of these cases, reunification was still appropriate beyond 12 months because efforts were being made to engage the parents toward reunification and the parent was making progress.
- In 28 of 34 applicable cases (82%), the agency either filed or joined a termination of parental rights petition in a timely manner or an exception applied as documented in the SFHR.

Twenty-four cases (40 %) were rated as needing improvement.

- In 18 cases, the identification of concurrent goals for the child was not identified until more than six months after the child's removal.
- In six cases, while reunification was the child's goal, this goal was no longer appropriate, as the child had been in foster care for one year and parents were not making progress toward reunification.
- Other circumstances included: older children had not been consulted about the permanency goal and did not agree with the goal that was identified; APPLA was not appropriate due to child's age (12); the goal was identified based on RCG's preference; and the SFHR was not completely timely or properly.
- In six cases, a TPR motion was not filed timely, and an exception did not apply or a compelling reason was not documented.

Discussion and Annual Update

With the enhancements made over the last year, CWSB and with its partners, have demonstrated an improvement in this item, from 42% in SFY 2020 to 60% in SFY 2021. CWSB has sustained these efforts through continued discussions with CWSB workers and partners, focusing on practice enhancements, and utilizing tools developed to support concurrent permanency planning and quality casework.

Hawaii has completed all of its Program Improvement Plan 3 (PIP3) strategies to support the goal of achieving timely permanency, including identifying appropriate permanency

goals in a timely manner. Efforts have included a focus on concurrent planning through a variety of cross-cutting strategies. In SFY 2020, the Safe Family Home Report was revised to include information on activities that promote concurrent planning early on and throughout the life of the case in case planning with the family, ensure clear documentation of the concurrent plan and efforts to achieve the concurrent plan, as well as safety assessment and decisions, and identification of reasonable efforts. Clarifying concurrent permanency planning procedures helps caseworkers better understand the importance of concurrent planning from the beginning of the case. In addition, a parent-friendly brochure on concurrent planning improves parental engagement from the beginning of the case through full disclosure.

As mentioned above, CWSB has translated curriculum and brochures into four targeted languages to support caregivers in understanding the shared outcomes and strategies to meet the needs of children, families, and RCGs. The Concurrent Permanency Planning brochure is one of the brochures that has been translated. This is one way to help all members supporting the child and family, including RCGs to understand and be aligned in developing permanency goals and working towards achieving them.

The Program Improvement Plan 3 (PIP3) strategies for coaching and supervision of staff by supervisors and administrators helps to track case progress from foster custody to permanency. Reinstatement of the case visitation tracker system helps supervisors and section administrators discuss with workers their efforts to file timely petitions to achieve a permanency goal.

CWSB continues to work towards the most appropriate permanency goals for children. Based on findings from the SFY 2021 permanency targeted review, recommendations were made to clarify the use of legal guardianship for young children who are in relative and non-relative foster care. A workgroup consisting of members from Continuous Quality Improvement and Program Development developed guidance for staff on selecting the permanency goals of adoption and legal guardianship. The guidance identifies factors to consider when determining the best permanency goals, which include the child's best interest; long-term needs in and beyond childhood; bonds to individuals in the child's life; and overall needs for safety, permanency, and well-being. This guidance will assist staff in appropriately selecting between adoption and legal guardianship and provide justification to the courts for the selection of the permanency goal.

The monthly caseworker visit form has also been revised to support discussion and documentation of important information. The form also includes a section documenting the caseworker's discussion with each child and parent of the permanency options, desires, and progress.

Early and ongoing (every 3 months) Ohana Conferencing helps the family and team identify appropriate permanency goals, strategies to achieve the goals, and monitor progress. The primary focus of Ohana Conferencing (OC) is to establish support and transparency with the family (including developmentally age-appropriate children), empowering them to voice their opinions, and engaging them in decision-making. OC strengthens CWSB's relationship with families and positively impacts safety and timely permanency for children in foster care. Current PIP3 activities have included early and consistent quarterly OC to ensure timely permanency, enhancing family voice, and increasing the use of OC at critical points in a case, such as before case closure.

Other meetings that focus on promoting a shared understanding and responsibility for permanency outcomes and implementation of concurrent planning, and other topics such as the Interstate Compact for the Placement of Children (ICPC) and Family First Hawaii (FFH) continue to occur. Participants include the Court Improvement Program (CIP), CSWB leaders, Family Court judges, Deputy Attorney Generals (DAGs), Guardians ad Litem (GALs), Court Appointed Special Advocates (CASAs), parents' counsel, and other judicial partners. Key partners help ensure consistent improvement towards identifying appropriate permanency goals timely.

CWSB provides information to partners in various venues to increase shared understanding of permanency goals and outcomes. In October 2021, CWSB provided an informational meeting for GALs and Family Court Judges and others, that focused on a variety of topics such as RCG licensing requirements, the on-line licensing and resource portal, update on the revamped resource caregiver training, and providers to ensure stable foster care placements. The meeting also reviewed elements of the guardianship and adoption process that may help in identifying appropriate permanency goals in a timely manner.

Establishing and achieving appropriate permanency goals for the child in a timely manner is an important casework practice that can be enhanced by listening to the voices of families and partners and through careful ongoing review and adjustments, as needed. The use of casework prompting tools/checklists and supervisory review of cases are also casework practices that foster timely achievement of permanency goals.

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

Refer to the 2023 Hawaii APSR Data Booklet, Figure C6 for a chart of the SFY 2017-2021 five-year strength rating for this item.

61 Cases Reviewed

26 STRENGTHS, 35 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 26 of 61 applicable cases (43%), reunification, guardianship, adoption, or APPLA was achieved or likely to be achieved timely. In these cases, when reunification was the goal, there were quality monthly caseworker visits with parents, caregivers, and children, or other communication (phone call, text, email, or virtual) and Ohana Conferences. Also, services were provided as needed and referrals were made timely. Relative placement and early concurrent planning were also evident in these cases.

Thirty-five cases (57%) were rated as needing improvement. In all cases, the goals of reunification, guardianship, adoption, or APPLA were not or will not be achieved within federal timelines. Inadequate face-to-face contact with families was the main factor.

- Of the applicable cases, at the time of the review or recent case closure, children were in foster care:
 - Less than 12 months: 6 children
 - 13 – 24 months: 11 children
 - 25 – 36 months: 9 children
 - 37+ months: 9 children
- In 23 cases, there were insufficient caseworker contacts with the child and parents, which was a barrier to engagement and case planning. Meaningful discussions with parents infrequently occurred regarding permanency.
- In seven cases, there was a lack of urgency to achieve permanency. Children were residing in the same home for years, but discussions had not happened and processes had not been followed towards permanency. While Court-related delays were not evident, it did not appear that the Court's orders compelled timely permanency.
- In five cases, reunification timeframes were approaching, and reunification may have been possible, if not for delays related to lack of efforts.

Discussion and Annual Update

Through a variety of efforts, including the clarification of the concurrent planning process; clarification of practice guidelines; and training on tools, brochures, and revised

Another Planned Permanent Living Arrangement (APPLA) procedures, there has been an improvement in this item, from 28% in SFY 2020 to 43% in SFY 2021.

CWSB continues to promote practice and collaboration to achieve reunification, guardianship, adoption, or another planned living arrangement (APPLA) in a timely manner. In addition to the strategies to establish appropriate permanency goals for the child in a timely manner noted above for item 5, CWSB has continued to look at additional strategies to meet the federal timelines for adoption and permanency goals. As part of Hawaii's PIP3 goal of achieving timely permanency, CWSB and the different court circuits have been meeting quarterly to discuss timely permanency, barriers, successes, and strategies to improve in this area. These meetings continue and have provided an opportunity for stakeholders to provide suggestions and ideas to help improve outcomes.

In addition, CWSB invites its DAGs to the monthly leadership meetings to discuss legal issues that may be inhibiting timely adoption. Discussions have focused on the streamlining of the adoption packet process and monitoring its implementation to determine if adjustments need to be made. Other topics have been updates on CWSB partnership with the Department of Health (DOH) to help support securing birth certificates, which has been identified as a barrier to timely adoption.

As mentioned above many strategies help to achieve timely permanency goals, including:

- Early and ongoing Ohana Conferencing, which includes a discussion on permanency goals and progress towards achieving the goals;
- Efforts to support quality monthly worker contact with children and parents to promote discussions on permanency goals and progress. Continued use of the monthly case worker tracker may help improve monthly caseworker visits with parents and children and this outcome;
- The use of the monthly caseworker visit form that includes a review with each child and parent of permanency options, desires, and progress;
- Coaching and supervision of staff by supervisors and administrators to track cases from foster custody to permanency; and
- Reinstatement of the case visitation tracker system to help supervisors and section administrators discuss with workers their efforts to file timely petitions to achieve a permanency goal.

As mentioned in item 5, meetings with partners to discuss outcomes and strategies to achieve outcomes supports a coordinated effort to achieve timely permanency for children.

2. Permanency Outcome 2: Continuity of Family Relationships

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

CFSR Item 7: Placement of siblings

Please see Data Booklet CFSR Items Figure C7 for the SFY 2017-2021 strengths rating trend for this item.

SFY 2021

42 Cases Reviewed

36 STRENGTHS, 6 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 36 of 42 applicable cases (or 86 %), siblings in foster care were either placed together or siblings were placed apart due to special circumstances. When siblings were placed apart, it was to meet the needs of the children. Circumstances included: children's specialized needs, children's preferences, different family attachments (often paternal), and different permanency goals.

- Six cases (14%) were rated as needing improvement. In most of these cases, siblings were initially placed apart due to a lack of available homes and efforts to reassess placing these siblings together were not made.

Discussion and Annual Update

CWSB recognizes the importance of placing siblings together whenever possible and appropriate. CWSB continues to make efforts to work with parents to identify relatives that could be a potential placement resource and contracts for targeted recruitment of resource caregivers (RCGs) who are able to care for large sibling groups.

Initial and ongoing Ohana Conferencing provides a venue to discuss placement options, placements for siblings, and sibling connections.

CWSB is also working to identify fathers early on to promote engagement and identify paternal relatives that may be a support to the child and possible placement options for siblings. This may help increase options for placement with relatives and for siblings to be placed together.

Additionally, CWSB is involved in a workgroup to support sibling connections and placement. Activities being considered include: development of guidelines for sibling placement and maintenance of sibling connections, including those placed together and those placed apart; increased support for RCG to maintain sibling connections; and training for RCGs on the importance of sibling connections, the Pono Process, and adult self-advocacy. Enhanced understanding of sibling connections may lead more caregivers to be open and available to support sibling placements.

CWSB is committed to keeping siblings together in foster care and continues to explore options to place and maintain siblings together and to support and maintain connections when they are not initially placed together.

Item 8: Visiting with parents and siblings in foster care (Ohana Time)

50 Cases Reviewed

33 STRENGTHS, 17 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine if, during the period under review, concerted efforts were made to ensure that visitation, aka Ohana Time, between a child in foster care and his mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members. (Only parents from whom the child was removed and with whom the child could be reunified are assessed for this item.)

SUMMARY

In 33 of 50 applicable cases (66%), the child in foster care was provided with opportunities for quality visits with parents and siblings to ensure that the child had continuity in relationships with family members. In many of these cases, visitation was facilitated by the RCG, the DHS aide, or contracted provider. The caseworker knew about the quality of visits because of documentation from the visitation supervisor or discussions with the parent, child, or RCG. During the COVID pandemic, modifications were made to visitation plans and visits were conducted virtually.

17 cases (34%) were rated as needing improvement. Efforts were needed to locate parents, set up visitation, and monitor the frequency and quality of visits. In these cases, barriers to visits were not always addressed. In some cases, when virtual visits were held, it was often with poor preparation and quality, and not improved over time despite requests and complaints from parents.

- In 12 cases, concerted efforts were needed to ensure sufficient frequency of visitation for mothers and their children.
 - In six of these cases, the child did not have visits with the mother.
- In six cases, concerted efforts were needed to ensure sufficient visitation for fathers and their children.
 - In one of these cases, the child did not have visits with father.
- In five cases, concerted efforts were needed to ensure sufficient visitation with siblings.
 - In four of these cases, the child did not have visits with their sibling(s).

Discussion

CWSB has seen a great improvement in the performance on this item. The pandemic initially seemed to create much confusion in 2020, especially in how to ensure safety, permanency, and well-being in this new world of uncertainty and fears. However, in 2021, with the pandemic still surging, CWSB learned to pivot and integrate technology into the work of caring for families. CWSB made tremendous efforts to safely conduct in-person investigations to ensure safety and was able to integrate virtual visitations into the Ohana Time service array. CWSB worked with the federal government, State, DHS, and communities to develop safe policies; to purchase devices, masks, and sanitization products; and to support the COVID recommendations for vaccinations. CWSB worked with RCGs, providers, CWSB families, and young people to implement virtual visitations and safe in-person visits.

CWSB recognizes the value of Ohana Time while balancing the competing demands of this difficult work. Barriers of insufficient staffing and time still exist; however, CWSB staff and CWSB partners demonstrated tremendous resolve to face this pandemic to ensure the safety, permanency and well-being of families, young people, and communities. As the pandemic continues with a still uncertain path, it is hoped that CWSB will be able to continue its exemplary efforts and work with families.

CFSP

- Plans for the next five years include a major focus on the CWSB workforce, including strategies for maintaining and hiring staff, providing quality staff and supervisor training, supervision, and support.

- Other collaborations, such as with ZTT Court, Project First Care, Hui-PIDF/FPH, EPIC Ohana First meetings and Ohana Conferences, and Liliuokalani Trust Ka Pili Ohana, highlight the energy, passion, and expertise of providers and communities partnering with CWSB to increase family visits; to improve work with finding and engaging fathers; to enhance work with sibling connections, visitations, and placements; to support the “shared parenting” work between RCGs and birth parents (BPs); and to promote cultural healing. Collaborative trainings on topics such as documentation and concerted efforts will be needed.
- CWSB will continue to work through the pandemic challenges with partners and stakeholders to provide in-person and virtual visits and improve documentation of actual visits and related efforts.

Item 9: Preserving connections

61 Cases Reviewed

47 STRENGTHS, 14 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 47 of 61 applicable cases (77%), children were maintained in their same community and kept connected to culture, school, and family (including older siblings, grandparents, cousins), sports, and friendships. In 56 cases (92%), sufficient inquiry was conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe.

14 cases (23%) reviewed were rated as needing improvement:

- In 12 cases, concerted efforts were needed to keep the child’s important connections. Often, connections were not identified or recognized by the caseworker.
 - In eight of these cases, the child had prior relationships with extended relatives with whom they were not connected.
 - In three of these cases, the child did not have connections to community/friends that were important to them.
 - In three of these cases, efforts were needed to explore maintaining the child in his/her school.

- In three of these cases, the child did not maintain connections with siblings who were not in foster care and efforts were not made to explore these.
- In five cases, sufficient inquiry was not conducted to determine whether a child might be a member of, or eligible for membership in, a federally recognized Indian tribe.
- In three cases, there was evidence of Native American ancestry for the child. Timely notification was not made to the Tribe and placement preferences were not followed.

DISCUSSION

CWSB's work focuses on maintaining and nourishing the important bonds in a child's life while the child is in foster care. Preserving family, friends, tribe, culture, faith, neighborhood, community, and school relationships is at the core of CWSB's work. CWSB's use of the automatic referral for Ohana Conferencing and Family Finding has led to performance above the national level. Ohana Time's goal of enriching connections with biological family members not only reduces the time a child spends in foster care, but also improves the child's emotional health.

CFSP

- CWSB will be enhancing its HANAI training for resource caregivers and one of the items of focus in that training is on keeping connections. The new contracts which began on July 1, 2021 for Recruitment, Training, Home Studies, Support emphasize an effort to strengthen the relationship between birth parents (BPs) and resource caregivers (RCGs), and increase Ohana Time with family and siblings. There are also collaborations to strengthen the parent/RCG relationship, such as Liliuokalani Trust-Ka Pili Ohana (KPO) program, which enhances cultural identity and healing; KPO and Two Makua First meetings; and Na Kama a Haloa/Hui Makua and Hui Fostering Connections Na Kama a Haloa collaboration focuses on maintaining permanent connections for Hawaiian children in care. Hui Pilina in the Na Kama collaboration has a focus on sibling connections.
- The COVID-19 pandemic presented challenges, confusion, and concerns. CWSB, partners, and courts had to quickly work on safety, personal protective equipment, investigations, CWSB first responders vs. monthly visits, in-person vs. virtual visits, and CWSB vs. contractor visits, among many other concerns. At the same time, CWSB, partners, and stakeholders rose to the challenge and demonstrated compassion for families, young people, partners, and communities and creatively approached challenges to keep everyone safe while supporting in-person and virtual visits.

- CWSB is finalizing a Memorandum of Agreement for Educational Stability with the Department of Education (DOE) that spells out procedures and processes for determining the best interest of the child when making school placement change decisions. This will help CWSB advocate for a child to stay in their home school and provide a process to work with the DOE. Meanwhile, DOE and CWSPD leads have provided case specific support to schools to help with educational stability, using the tools and producers in the MOA for youth to remain in their school.
- The CFSP five-year plan emphasizes case staffing, which will include a consideration of the child's needs, such as, lessening the trauma of the foster care experience and keeping the child connected to family and significant others in the child's life.

Item 10: Relative placement

Refer to the 2023 Hawaii APSR Data Booklet, CFSR Items Figure C10 for a chart of the SFY 2017 - 2021 five-year strength rating for this item.

61 Cases Reviewed

47 STRENGTHS, 14 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 47 of 61 applicable cases (77%), children were placed with relatives and they were stable (in 31 cases), or efforts were made to place children with relatives. Relatives were identified at the time of removal to explore whether children could be placed immediately. Relative searches through Family Finding by EPIC Ohana, Inc. (EPIC) were completed to identify and locate appropriate relative placement for the child. Also, letters were sent by EPIC to inform relatives that the child was in foster care.

14 of the 61 cases (23%) were rated as needing improvement.

- In 13 cases, concerted efforts were needed to pursue maternal relatives for placement during the PUR.
 - In four of these cases, relatives were not identified.
 - In two of these cases, relatives were not located.
 - In six of these cases, relatives were not informed of the child's placement into foster care.

- In 11 of these cases, relatives were not evaluated for placement.
- In 13 cases, concerted efforts were needed to pursue paternal relatives for placement during the PUR.
 - In five of these cases, relatives were not identified.
 - In four of these cases, relatives were not located.
 - In eight of these cases relatives were not informed of the child's placement in foster care.
 - In 12 of these cases, relatives were not evaluated for placement.

Discussion and Annual Update

This item has improved from 72% in SFY 2020 to 77% in SFY 2021.

CWSB recognizes the importance of placement with relatives and maintaining and enhancing connections with relatives.

CWSB continues diligent upfront efforts to make the first placement the only placement, through early Family Findings searches and attempts to hold Ohana Conferences for every child entering foster care. CWSB continues to identify relatives and provide the revised relative notification letter to inform and engage relatives as supports and placement resources. Initial and ongoing Ohana Conferencing provide a venue to identify and include relatives to discuss placement options, including placement with relatives.

CWSB is also working to identify fathers early in a case to promote engagement and identify paternal relatives that may be a support to the child and/or a possible placement option. Early engagement of fathers may help identify more relatives and increase possible relative placement options.

CWSB has translated the relative RCG brochure into four targeted languages to promote engagement, help relatives understand the importance of relatives as caregivers, and explain the process to become a RCG. Contracted support services also include targeted training and support groups for Marshallese and Chuukese RCGs, adoptive parents, and legal guardians.

Additional supports available for relative RCGs may promote their availability and capacity to care for their relative in foster care. There is great benefit to children who are placed with relative caregivers and the Ohana Navigator Program focuses on helping to stabilize and maintain placement for these families. There are two components of the Ohana Navigator Program. The first is to provide and establish a one-to-one supportive peer mentoring relationship between seasoned RCGs (peer navigators), and new relative RCGs. The second component of the Ohana Navigator Program is to coordinate

and provide quarterly social events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and peer navigator connections. Due to COVID-19 pandemic restrictions, social events were held using technology in a virtual/online setting. When COVID-19 restrictions are fully lifted, the service provider will host quarterly Ohana Navigator events in various locations statewide. These events will be family friendly, in locations that are easily accessible, and held at times that are convenient for RCGs.

CWSB is continuing efforts to identify and support relatives as RCGs.

Item 11: Relationship of child in care with parents

45 Cases Reviewed

24 STRENGTHS, 21 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 24 of 45 applicable cases (53%), efforts were made to promote, support, and/or maintain positive relationships between the children and parents through activities other than just arranging for visits. Ohana Conferences were helpful in coordinating activities to maintain relationships with parents and children. Activities included attending the child's appointments, caseworker sharing information about the child's medical and dental needs and appointments - if parents could not attend appointments, informal RCG mentorship, and participating in family therapy. In 17 cases, the RCG played a significant role in supporting a positive relationship between parent and child.

21 cases (or 47%) were rated as needing improvement. Better documentation about barriers and efforts may have explained these ratings. Parents were not encouraged or informed of opportunities.

- In 20 cases, efforts were needed to support the children's relationships with their mothers.
- In eight cases, efforts were needed to support the children's relationships with their fathers.

DISCUSSION

CWSB has seen a great improvement in the performance on this item, aligning with the improvement in Item 8, Visiting with parents and siblings in foster care. The tremendous efforts of CWSB and all partners contributed to these positive movements.

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

As noted in Item 8, other collaborations, such as with ZTT Court, Project First Care, Hui-PIDF/FPH, EPIC Ohana First meetings, and Liliuokalani Trust-Ka Pili Ohana, contribute to the effort to support the relationships between the children and their parents. Collaborative trainings on topics, such as documentation and concerted efforts, will be needed.

CFSP

- CWSB will continue to work through the COVID-19 pandemic challenges with partners and stakeholders to provide in-person and virtual visits and to improve documentation of actual visits and efforts.
- CWSB is awaiting the award of a contract to build a new CCWIS system of record. It is anticipated that the time saved inputting data into the new system will result in more time for workers to complete required case work and to more thoroughly document the good work that is being done.
- In the next five years, CWSB will be reorganizing its structure and current position allocations. This will increase staffing in some locations and add or restore needed positions that were lost during the 2009 reduction in force.
- The PIP3 focuses on fundamentals for line staff, supervisors, and section administrators, many of whom are new to their positions. Through the *Wiki Wiki hire* process and HCWEC, CWSB has been able to fill many long vacant positions. The next five years will be crucial in training, re-training, and retaining staff to implement best practices in child welfare case work.

SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

A. PROGRAM AND SERVICE DESCRIPTIONS

1. Monthly Caseworker Visits

CWSB staff understands the importance of monthly face-to-face visits with children, as frequent, quality contact between the worker and the child are key to successful casework and good case outcomes. Hawaii prioritizes monthly caseworker face-to-face visits with children.

See Data Booklet, Figures 65-68 on the Worker Visit Survey. The data displayed in these four figures is from the annual federal Title IV-B Worker Visit Survey. In FFYs 2017, 2018 and 2019, due to limitations of Hawaii's data system, only a sample of all the children in foster care were reported in the survey each year; this sample was roughly 20% of the applicable children in foster care statewide. In FFYs 2020 and 2021, Hawaii reported on the entire applicable population of children in foster care.

Please note that Worker Visit Survey data only includes children who were in foster care, whereas the CFSR Item 14 data includes children in foster care and children in in-home cases, including Voluntary Case Management (VCM).

The column titled "% of Visits" of Figure 65: Worker Visit Survey FFYs 2017 – 2021 and Figure 66: Worker Visit Survey Percentage of Monthly Visits to Children in Care FFYs 2017-2021 show how, over the past five years, Hawaii has continued to struggle to meet the national standard of 95% monthly caseworker visits with children in foster care. It is encouraging to see that SFY 2021's performance of 84% is the highest it has been in the past five years. Some of the strategies outlined below and in the discussion of Section V.B.1. CFSR Item 14: Face-to-face contact with children, are responsible for the improvement and point toward continued progress.

Hawaii has been more successful in consistently exceeding the national standard of 50% of caseworker visits conducted with the child in the home where the child is living. This data is shown in the column titled "% of In-Home Visits" in Figure 65: Worker Visit Survey FFYs 2017 – 2021 and in Figure 67: Worker Visit Survey – Percentage of Monthly Visits in the Child's Home: FFYs 2017 – 2021. Each year, Hawaii has exceeded the 50% standard, ranging from a low of 58% in FFY 2019 to a high of 72% in FFY 2021.

The most useful of the Worker Visit Survey data figures is Figure 68: Worker Visit Survey – Reasons for Lack of Visit – FFY 2021, because this figure provides insight into caseworkers' challenges in seeing children on their caseloads every month. Each year, when Hawaii gathers data for this survey, workers are asked for reasons why timely

visits did not occur. The data in Figure 68: Worker Visit Survey – Reasons for Lack of Visit – FFY 2021 is from caseworker self-reports. A more complete description of each coded reason is provided here.

a. No Documentation/Unknown

No documentation/unknown was the reason for 1,259 missed visits out of a total of 2,563 missed visits in FFY 2021:

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

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

b. Workload

Workload was the reason for 538 missed visits out of a total of 2,563 missed visits in FFY 2021.

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

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

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

The structured monthly supervision, mentioned above in *a. No Documentation/Unknown* helps caseworkers prioritize their conflicting demands, which directly addresses the workload problem. Additionally, the overall effect of regular, supportive supervision is staff retention. Research in numerous fields, including child welfare, demonstrates that a primary reason for leaving one's job is a lack of supportive supervision. CWSB's exit interview anecdotal data is consistent with this finding. Hawaii's strengthened supervision is leading to improved staff retention, which is leading to a reduction in staff turnover, which will lead to fewer vacancies, which will lead to fully staffed units, which will lead to reduced workload, which will lead to higher rates of completed monthly caseworker visits. One can see this success when comparing the missed visits survey data in FFY 2020 with FFY 2021. In FFY 2020, 902 missed visits (27% of missed visits) were due to staff workload. In contrast, in FFY 2021, 538 missed visits (21% of missed visits) were due to staff workload. From FFY 2020 to FFY 2021 both the number and percentage of missed visits due to workload decreased.

c. Scheduling Problems

Scheduling problems was the reason for 384 missed visits out of a total of 2,563 missed visits in FFY 2021.

This category covers scheduling problems that arose for either the worker or the RCG and child, examples include: caregiver not home at planned meeting time, worker is on sick leave, vacations, confusion about the time of the appointment, child is sick, child is truant, and worker and caregiver could not find a time that worked for both of them.

Use of the Worker Visit Tracker, in conjunction with structured monthly supervision, is helping to address this problem.

d. ICPC Issues

ICPC issues was the reason for 30 missed visits out of a total of 2,563 missed visits in FFY 2021.

When a child is placed in another state via ICPC, CWSB works to set up monitoring visits for that child in the new location with a local social worker. Unfortunately, the child is often placed in the new state without those arrangements fully in place, and visits are then missed. Often during this gap period, the Hawaii caseworker will videoconference, call, and/or text the child to try to ensure the child's safety, but since the contact is not live face-to-face and the reason is not pandemic related, these contacts are counted as missed visits.

One way that Hawaii has been working to address this problem is by workers more clearly expressing to judges their concerns about the judges prematurely ordering a child's placement in another state without visits being arranged in the receiving state to ensure ongoing safety.

e. Youth on the run

"Youth on the run" was the reason for 153 missed visits out of a total of 2,563 missed visits in FFY 2021.

When a child in foster care runs away from placement, Hawaii follows a Missing Children protocol to find the child. Even if the caseworker is successful in having some contact with the child in a given month, if that contact was not face-to-face, this still counts as a missed visit. Hawaii surmises that this problem may be more pronounced in the State because the consistent warm weather allows people to live outside more easily.

With support from administration, caseworkers are learning and using a variety of social media platforms to track down and communicate with youth on the run in an effort to increase contact and ensure their safety. Additionally, staff are trained and mentored in engagement strategies and the use of trauma and healing informed care, which CWSB anticipates will create rapport between caseworkers and youth, thereby increasing communication and face-to-face visits, even when youth are living on the street.

f. Transfer or Courtesy Case

"Transfer or courtesy case" was the reason for 140 missed visits out of a total of 2,563 missed visits in FFY 2021.

This category includes cases where a case is moving from an assessment worker to a permanency worker, or from one caseworker to another, or when the worker on one island is doing visits for a worker on another island. Problems of missed visits tend to arise here because of a lack of clarity regarding whose responsibility it is, along with a lack of ownership for the activities in a new case.

With increased structured supervision, Hawaii has seen improvement in this area. In FFY 2020, there were 231 missed visits due to a transfer or courtesy case, which decreased to 140 missed visits in FFY 2021. Administrators and supervisors are also working to reinforce the practice of completing a face-to-face visit prior to any transfer and completing a face-to-face visit immediately upon receipt of a transferred case.

g. Worker Oversight

Worker oversight was the reason for 52 missed visits out of a total of 2,563 missed visits in FFY 2021.

Worker oversight is, as it implies, that the worker made a mistake and forgot to see the child. Failure to remember important job responsibilities could be a symptom of overwork. See the strategies in the discussion of *Section V.B.1.a.* that address this challenge.

CFSR Item 14: Face-to-face contact with children may prove useful.

From FFY 2020 to FFY 2021, the number of missed visits due to worker oversight dropped 62% (from 137 missed visits to 52 missed visits.) Although the missed visits due to worker oversight can be viewed as simple human error, and one can imagine that some percentage of missed visits is unavoidable, CWSB is optimistic that this category of missing visits will decrease once the Worker Visit Tracker is fully integrated into daily practice statewide.

2. Inappropriate Diagnoses

To prevent inappropriate diagnoses and placements, CWSB continues to monitor cases. Measures include consultation with the Multidisciplinary Team, training, and collaboration with other agency partners. These actions help to ensure appropriate diagnoses and that children are living with families or in the least restrictive setting when they are not able to safely remain in a home setting. The Multidisciplinary Team includes an Advanced Practice Registered Nurse (APRN) who has oversight of all youth in care for whom psychotropic medication is prescribed. The APRN is tasked with reviewing each referred case for appropriateness, safety and efficacy of the medication, and for bringing any concerns to the treatment team for further

review. Consultation is also available for all CWSB-involved children with medical and mental/behavioral health needs. CWSB does not currently gather aggregate data related to inappropriate diagnoses or inappropriate placement settings.

Case review data for CFSR Item 18 includes measuring the appropriate oversight of prescription medication for mental/behavioral health needs. In eight out of the 11 applicable cases reviewed in SFY 2021, CWSB provided oversight of psychotropic medication for children in foster care. Monthly and quality contacts help to ensure that assessments are completed, children are referred to and receive appropriate services, and that appropriate oversight of prescription medication for mental/behavioral health needs is provided. Additional information on this item is in Section V.B.3 Children's physical and mental health needs.

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

In addition, CWSB provides services to address the mental/behavioral health needs that may prevent placements in mental health facilities. CWSB continues to provide Wraparound services for families involved with CWSB with complex needs. Wraparound, called Family Wrap Hawaii, works with families whose needs are identified as the most complex, and who are experiencing multiple barriers to achieving the identified permanency goal, often with limited time remaining in the legal timeline. Teams meet frequently and creatively to develop individualized plans to meet the family's underlying needs. The referral criteria have been expanded to provide Wraparound to prevent out-of-home placements and to serve youth with permanency goals of legal guardianship and adoption. CWSB continues to provide Intensive Home-Based Services using the well-supported, evidence-based Homebuilders Model. Homebuilders therapists work with families and children with complex needs to prevent out-of-home placements and/or placements in mental health facilities. This service is currently available on Oahu and Hawaii Island and will be expanded in SFY 2023 to serve the counties of Maui and Kauai as a statewide service.

A multi-agency-funded residential crisis stabilization program called Hiki Mai Ka La continues to be available to any youth, regardless of the youth's involvement in any

State system. This short-term (up to 30 days) service includes case management, individual therapy, group therapy, safety planning, milieu-based programming, family/caregiver(s) therapy, and individualized treatment plan. This positive addition to the spectrum of care successfully serves children, their families, and caregivers. Children involved with CWSB are receiving and continue to benefit from this service. Hiki Mai Ka La provides insight and support related to the child's needs, diagnosis, and medication.

This variety of approaches and resources helps to ensure appropriate diagnoses and minimally restrictive placements, when necessary.

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

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

CFSR Item 12: Services to children/youth, parents, and resource caregivers

95 Cases Reviewed

34 STRENGTHS, 61 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 34 of 95 applicable cases (36%), efforts were made to assess the needs of children, parents, and RCGs, to identify the services necessary to achieve case goals and adequately address the relevant issues and provide appropriate services. Caseworkers discussed needs and services during monthly visits, which allowed for ongoing assessment and monitoring of progress.

61 cases (64%) were rated as needing improvement. Inadequate monthly caseworker visits or alternative communication, like phone calls, negatively impacted this performance item; without some contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments were not evident to ensure the

services met their needs and that progress was being made with those services toward meeting case goals.

Sub-Item 12A: Needs assessment and services to children

71% Strength

29% Area Needing Improvement

95 Cases Reviewed

67 STRENGTHS, 28 AREAS NEEDING IMPROVEMENT

- In 71 cases (75%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed children's needs.
- In 41 cases (60%), appropriate services were provided to children to meet their needs. In cases when youth were age 16 or older, all but one youth was offered or provided with independent living services.

DISCUSSION

Although there is still much more work to be done, CWSB is headed in the right direction with the best percentage in five years. There have been significant efforts to increase caseworker visits to children, parents, and RCGs, thus increasing assessments to determine the needs of children, parents, and resource caregivers, and increasing the provision of appropriate services to achieve case goals and address relevant issues. PIP3 efforts to enhance tracking, supervision frequency and quality, monitoring documentation in the case record, and the close collaboration between Branch administration and CQI-UH Maui, contributed to the positive outcomes.

It is a tribute to the strong collaboration of CWSB, CQI, and partners that Hawaii CWSB continues to maintain positive outcomes, especially during the ongoing pandemic. In addition to managing the children and families in its workload, CWSB had to pivot and manage the fears, uncertainties, ongoing changes, and State mandated requirements during the pandemic for its internal staff, RCGs, birth families, and service providers. CWSB tried to balance the many needs of all parties with respect. In attending to the needs of the children, CWSB had to address the issues raised by children, parents, RCGs, the courts, GALs/CASAs, and the public related to the pandemic. There were daily challenges regarding worker visits, Ohana Time, travel requirements, and placements with RCGs and shelters.

CWSB continues its efforts to increase and retain staffing. CWSB continues to use the *Wiki Wiki hire* process, a collaborative effort between DHS Personnel Office and the Hawaii Department of Human Resources. The continuing PIP3 activities to improve supervision and coaching staff will also improve services for families, as well as help

support and retain staff. CWSB has spent much time and effort to improve staff supervision this past year by providing training for staff and leadership to develop their skills.

CFSR Item 12B: Needs assessment and services to parents

35% Strength

65% Area Needing Improvement

86 Cases Reviewed

30 STRENGTHS, 56 AREAS NEEDING IMPROVEMENT

For mothers:

- In 46 of 84 applicable cases (55%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed mothers' needs.
- In 39 of 80 applicable cases (49%), appropriate services were provided to mothers to meet their needs.

For fathers:

- In 26 of 75 applicable cases (35%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed fathers' needs.
- In 22 of 65 applicable cases (34%), appropriate services were provided to fathers to meet their needs.

Discussion

CWSB has improved in this sub-item from 10% in SFY 2020 to 35% in SFY 2021. CWSB has continued to build on different strategies that help improve this item, including enhancing caseworker connections with parents, increasing monthly and ongoing supervision, developing and revising forms, and including parent voice in case planning.

CWSB continues to emphasize information gathering to understand a family's strengths and needs. As part of FFH work, the Family Service Plan is being revised to highlight the connection from identified needs to services. A FFH workgroup, LEAG (Lived Experience Advisory Group), works collaboratively with other FFH workgroups and gave input to strengthen the Family Service Plan (FSP). LEAG created a video to explain the value of the FSP and provided suggestions on how to best engage and work with birth parents. The FSP has been revised as a strategy to enhance casework processes and practices and reflects the values of family voice, culture, identity, and functional strengths to support family

empowerment and self-determination. It is intended to serve as a strategy to enhance parents' or caregivers' protective capacities to resolve present safety concerns, strengthen the family, and prevent the occurrence or re-occurrence of child abuse and neglect. It is to be developed in partnership with the family and considers information from various collateral sources and the Department of Human Services' (DHS) assessment. The revised FSP highlights the connection from identified needs to services. Training on the revised FSP highlights the importance of family engagement and family voice in case planning.

Na Kama A Haloa is a Native Hawaiian collaborative with CWSB, EPIC Ohana, Annie E. Casey Foundation, Casey Family Programs, and Native Hawaiian and Lived Experience leaders. There are five different groups, called Hui in Hawaiian: Hui Kauhale (Native Hawaiian Training Curriculum/Consult); Hui Makua (Birth Parent Voice - developing a Parent Advisory Group); Hui Pilina (Sibling Connections); Hui Hilo (Hilo projects with Resource Caregivers (RCGs)); and Hui-Fostering Strong Connections (support group for RCGs).

Birth Parents from Hui Makua, the LEAG, and the Wrap HI contract have been instrumental in growing the voices of birth parents. EPIC, Casey Family Programs, and the GEIST Foundation have provided technical support and funding to guide the development of birth parent work, and offer leadership trainings.

The Na Kama a Haloa - Hui Fostering Strong Connections collaborated with Hawaii Medical Service Association. This collaboration funded the production of a video to promote the growing concept of "Shared Parenting-between Birth Parents and Resource Caregivers" which can be seen at <https://www.epicohana.org/news/our-keiki-our-kuleana-weaving-ohana-together>.

The concepts of shared parenting and strengthened relationships between RCGs and birth parents through cultural healing are demonstrated in pilots with CWSB, Liliuokalani Trust (LT), EPIC Ohana, and other partners. Ka Pili Ohana is a pilot for teaming with the family, CWSB, LT, and other partners. The Team meets frequently with LT bringing the support and the healing of Native Hawaiian cultural practices to the family and to the Team. Two Makua Meetings is a pilot with CWSB, EPIC Ohana, and LT, to serve Native Hawaiian families. It is based on the concept of immediately coordinating First Meetings between the parent and RCGs to develop a relationship that supports the child, and provides mentorship, Ohana Time, and cultural healing.

Caseworkers have used a variety of strategies to engage parents in reviewing and developing an understanding of the family's strengths, needs, and available services. Phone contact has been a useful alternative when face-to-face contact

cannot be made. Parents have noted that this is helpful way to remain connected to their caseworkers. Caseworkers monitor parents' needs and services through updates on service provision and progress from service providers. Caseworkers are also building authentic connections with parents to promote engagement to identify needs and services.

Caseworkers continue to improve their practice utilizing different strategies and are supported through supervision. Monthly supervision with caseworkers provides supervisors the opportunity to review monthly caseworker visits, explore efforts to locate parents, and talk through individualized engagement strategies to support caseworkers connect with and support families. Caseworkers and supervisors utilize the monthly worker visit tracker to monitor a caseworker's monthly visits with parents and if monthly visits are unable to be completed, discuss strategies to make contact with parents.

To increase contact with parents, a checklist of efforts to locate parents and guardians was developed and implemented in 2021 to support caseworkers' efforts in this regard. Sending a contact letter to parents was also utilized as another tool to promote contact with parents.

In 2020, the monthly caseworker visit form was revised to support discussion and documentation of important information and practice items. Topics that define a quality visit are outlined and documented on the form and includes a section on addressing parents' needs and progress in services.

Hawaii believes these tools and its shift in practice to uplift parent voice yield positive outcomes in engaging both parents and children, as well as increases the number of written case plans that are developed jointly with the parents and with the child as developmentally appropriate.

The strategies noted above assist caseworkers locate and contact parents, engage parents in meaningful discussions about their case; and provide caseworkers with tools to document initial and ongoing assessments of necessary services to help parents safely care for their children as well as document parents' progress in these services.

CFSR Item 12C: Needs assessment and services to resource caregivers

Please see Data Booklet Figure 12c for SFY 2017-2021 strength rating trend

83% Strength

17% Area Needing Improvement

60 Cases Reviewed

50 STRENGTHS, 10 AREAS NEEDING IMPROVEMENT

- In 52 of 60 applicable cases (87%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed RCG's needs.
- In 49 of 59 applicable cases (83%), appropriate services were provided to RCGs.

Discussion and Annual Update

This item improved from 66% in SFY 2020 to 83% in SFY 2021.

As mentioned in previous sections, a number of supports and resources have been identified and provided to support RCGs meet the needs of children in foster care. CWSB also continues to enhance and target services to support RCGs. CWSB is strengthening its approach to support RCGs in a coordinated and responsive manner through caseworker contacts and assessments, connection to an array of services, and targeted strategies.

Ongoing monthly caseworker visits, assessments, and connection to services also support RCGs to meet the needs of children in foster care. The monthly caseworker visit form has been revised to support discussion and documentation of important information and items. Topics that define a quality visit are outlined and documented on the form and include a review with each child and RCG, how the child and RCG are doing with the current placement, needs and services, and the RCG's ability to meet the child's needs.

Licensing workers also meet with RCGs minimally two times per year and maintain phone contact at least four times per year to assess for needs and to coordinate services, referrals, and linkages.

Frequent and quality contacts with RCGs can help CWSB workers understand their needs and connect them to the variety of services available to them. New and ongoing partnerships help expand the array of services available to RCGs.

CWSB is strengthening its relationship with Department of Health, Maternal and Child Health Branch. The Maternal and Child Health Branch includes a number of functions and resources, e.g., supports for parenting and child development in Hawaii. This partnership allows broader access to information and training for RCGs, including the Parent Line. This partnership has also created opportunities for RCGs to access play yards, trainings, and information administered through the Maternal and Child Health Branch. CWSB is also partnering with Department of Human Services, Benefits, Employment, and Support Services Division – Child Care Connections and Preschool

Open Doors to allow RCGs access to available trainings on child development and potential child care subsidies.

A website and mobile app for recruitment, resources, and supports has been developed to provide RCGs with information, resources, and support. The website is available at: rcg.hawaii.gov and is continually updated to serve as a hub of information for RCGs, CWSB workers, and other community partners. CWSB is working to align resources and information through the mobile app and website to streamline consistent information to RCGs, CWSB workers, and partner agencies.

Materials available to RCGs include brochures on becoming a relative RCGs and on concurrent planning, a guide to normalcy called “Don’t Say No Until You Know,” and quarterly newsletters. The website also includes a tab for information and opportunities to sign up for RCGs support groups. General and targeted support groups have been developed, including one for RCGs that are grandparents caring for their grandchildren and one for RCGs who are caring for teens. CWSB hopes to expand the targeted support groups to include one that will be facilitated by behavioral health professionals to support caregivers meet the individual needs of children in their care.

CWSB translated its curriculum and brochures into four targeted languages to assist caregivers understand desired outcomes and strategies to meet the needs of children, families, and RCGs. Contracted support services also include targeted training and support groups for RCGs, adoptive parents, and legal guardians that are Marshallese or Chuukese.

The H.A.N.A.I. RCGs training has been revised to include a Trauma and Healing Informed Care lens as the foundation of the curriculum. The training also includes shared parenting as the mindset and practice to support parents and children involved in foster care. This may help RCGs understand the experience of children and families in foster care and better support their needs from a trauma informed perspective.

One agency now provides RCG training and conducts the required home studies. This coordinated approach helps establish relationships, support pre-service training (H.A.N.A.I. Training), and ongoing trainings and support groups to provide continuous assessment and support to RCGs. In addition, the ongoing trainings have been adapted and enhanced based on information from calls to the Warm Line, questions from RCGs, and topics discussed at support groups and monthly meetings with CWSB caseworkers and licensing workers. Ongoing training provides a continuum of learning building upon the foundation of the H.A.N.A.I. training.

Recognizing the great benefit to children who are placed with relative caregivers, the Ohana Navigator Program focuses on helping stabilize and maintain placement for these families. There are two components of the Ohana Navigator Program. The first establishes a one-to-one supportive peer mentoring relationship between seasoned RCGs (Peer Navigators), and new relative RCGs. The second component of the Ohana Navigator Program organizes quarterly social events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and Peer Navigator connections. Due to the COVID-19 pandemic, social events were held using technology in a virtual/online setting. When COVID-19 restrictions are fully lifted, the service provider will host quarterly Ohana Navigator events in various locations statewide. These events aim to be family friendly, in locations that are easily accessible, and held at times that are convenient for resource caregivers.

RCGs provide an essential support to children in foster care and their families. CWSB continues to collaborate with many partners to expand the supports and resources available to RCGs.

Item 13: Engagement of child and parent in case planning

92 Cases Reviewed

35 STRENGTHS, 57 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 35 of 92 cases (38%), concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed case direction in quality monthly visits, which allowed families to express their feelings and have a voice in their plan. Ohana Conferences were used in many of these cases as an avenue for engagement. Efforts to locate and engage parents and children contributed to strength ratings.

57 cases (62%) were rated as needing improvement. In many of these cases, the infrequency of contact and quality of contact did not allow for the children and parents to be engaged in case planning. Parents and children in these cases were not seen monthly and, in some cases not seen for several consecutive months. Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents.

- In 26 of 68 applicable cases (38%), concerted efforts were not made to actively involve the child in case planning.
- In 38 of 82 applicable cases (46%), concerted efforts were not made to actively involve the mother in case planning.
- In 38 of 63 applicable cases (or 60%), concerted efforts were not made to actively involve the father in case planning.

DISCUSSION

Since March 2020, the COVID-19 pandemic presented challenges, confusion and concerns for CWSB and its community partners statewide. Restrictions were quickly ordered regarding face-to-face contacts and travel to neighbor islands and out of State. CWSB, with its collaborators, including the Family Courts and contracted service providers, had to quickly establish protocols and practices to ensure the safety of CWSB staff, children in foster care, resource caregivers, parents, investigators/CWSB first responders regarding monthly visits, in-person and virtual visits. Expectations of on-going service delivery by CWSB and contracted providers had to be communicated as CDC guidelines and State proclamations changed. Procedures were quickly developed and amended as the world learned about the pandemic and as guidance was received from ACF. Ongoing and frequent communication with staff, providers, collaborators, and stakeholders was critical, including integrating feedback on the procedures, policies, and practice.

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

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

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

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

CWSB partners with EPIC Ohana Conferencing (OC) to help increase caseworker skills in engaging children and families in their case planning through enhanced modeling and relationship building. Workers' limited understanding of procedures regarding OCs was identified as a barrier. PIP3 activities for this issue included clarifying procedures for mandatory initial referral of families to Ohana Conferencing and subsequent quarterly conferences. CWSB administrators and EPIC meet to review progress and identify additional areas that need to be addressed. CWSB administrators also attend some of the OCs to support the relationship building between EPIC and the sections and to address any pertinent issues.

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

EPIC Ohana and HI HOPES young people advisory council are collaborating with CWSB, UH Law School, and other partners to enhance youth participation in case planning per Public Law 113-183. This group has successfully worked on the Bill of Rights and related Grievance/Pono Process to bring these projects to fruition.

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

CFSP

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

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

Refer to the 2023 Hawaii APSR Data Booklet, Figure C14: Item 14 – Caseworker visits with child for a graph of the SFY 2017-2021 five-year strength rating for this item.

95 Cases Reviewed

47 STRENGTHS, 48 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY OF DATA

In 47 of 95 applicable cases (49%), the frequency and quality of visits between caseworkers and children were sufficient to ensure their safety, permanency, and well-being and promote the achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and well-being in a way appropriate for that specific child. In many of these cases, caseworkers had built good rapport with children and saw them in a variety of settings—home, school, and community. Caseworkers often observed interactions of the children with parents, resource caregivers and/or siblings as part of their monthly contact. In some of these cases, the monthly contact record was used to capture and document information. In 52, the frequency of visits was sufficient, and in 77 cases, the quality was sufficient.

Forty-eight cases (51%) were rated as needing improvement.

- In 47 cases, the frequency of contact with the children was less than monthly. Staff turnover, including transfers, appeared to account for several cases.
 - In 26 of these cases, children were not seen for consecutive months at a time.

- In 18 cases, the quality of visits with the children was not sufficient.
 - In 15 of these cases, discussions with children did not sufficiently address safety, permanency, and well-being. In some of these cases, information from documentation and interviews did not describe sufficient quality and the caseworker was not available for an interview due to employment change.
 - In 12 of these cases, children were not met with alone and efforts were not made to meet alone.

DISCUSSION

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

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

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

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

See Data Booklet, Figure C15: Item 15 – Caseworker visits with parents for a graph of the SFY 2017 - 2021 five-year strength rating for this item.

83 Cases Reviewed

9 STRENGTHS, 74 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY OF DATA

In 27 of 85 applicable cases (32%), the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. In these cases, both the mothers and fathers were contacted, involved, and engaged in case planning.

- For mothers, in 37 of the cases, the frequency of visits was sufficient and in 59 of the cases, the quality was sufficient.
- For fathers, in 19 of the cases, the frequency of visits was sufficient and in 32 of the cases, the quality was sufficient.

Fifty-eight cases (68%) were rated as needing improvement. According to supervisors and caseworkers that were interviewed, a combination of staff turnover and workload affected seeing parents. Lack of efforts to locate parents also contributed to the rating.

- For mothers:
 - In 54 of 82 applicable cases, the typical pattern of visits with the mother was not monthly. In five of these cases, there were no visits with mothers.
 - In 59 of 77 applicable cases, visits with the mother were not of sufficient quality. In 14 cases, meaningful conversations with mothers did not occur, as issues related to case planning, services, and goal achievement were not discussed. In seven of these cases, the usual location of the visits was limited to Family Court, Ohana time, or CWSB offices.
- For fathers:
 - In 46 of 63 applicable cases, the typical pattern of visits with the father was not monthly. In nine of these cases, there were no visits with fathers.
 - In 32 of 53 applicable cases, visits with the father were not of sufficient quality. In 17 cases, meaningful conversations with fathers did not occur, as issues related to case planning, services, and goal achievement were not discussed. In seven of these cases, the usual location of the visits was limited to Family Court, Ohana time, or CWSB offices.

DISCUSSION

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

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

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

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

CFSR Item 16: Educational needs of the child

See Data Booklet, Figure C16 for a chart of the SFY 2017 - 2021 five-year strength rating for this item.

Item 16: Educational needs of the child/youth

60 Cases Reviewed

46 STRENGTHS, 14 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 46 of 60 applicable cases (77%), children were assessed and provided with services to meet their educational needs. In some of these cases, resource caregivers are credited

for initiating and following up on much of the work needed to meet children's education needs.

14 of the cases (23%) were rated as needing improvement.

- In nine cases (six Foster Care, one CWSB in-home, two VCM in-home), initial and/or ongoing assessments of the children's educational needs were not completed.
- In 11 cases (eight Foster Care, one CWSB in-home, two VCM in-home), efforts were needed to address educational needs and provide appropriate services.
 - In four cases, school attendance issues existed, but were not addressed.
 - In three cases, DOH and DOE services were needed to address children's academic and behavioral needs, but were not provided.
 - In two cases, there were no ongoing assessments and oversight to ensure services were appropriate to meet children's needs.
 - In two cases, services, including tutoring/academic support, were needed for children that were not performing at grade level.
 - In two cases, identified developmental delays for the child were not addressed.
 - In one case, school enrollment assistance was identified as a need, but not provided.

Discussion and Annual Update

CWSB's strength rating has improved in this item from 54% in SFY 2020 to 77% in SFY 2021.

Quality monthly caseworker contacts help assess and monitor services to meet identified needs. Caseworker visits with children improved over the last SFY. The monthly caseworker visit form has also been revised to support discussion and documentation of important information and items. Topics that define a quality visit are outlined and documented on the form and include education related topics, e.g., school, grade, attendance, and academic performance.

CWSB continues to partner with Department of Education (DOE). DOE has joined specific CWSB workgroups that target needs of children, which may be educationally related. CWSB and DOE will provide a training on educational stability for children in foster care as a joint departmental professional development opportunity.

This training will also connect CWSB supervisors with DOE Points of Contact and discuss the federal Every Student Succeeds Act, Hawaii Revised Statutes related to DOE and CWSB, and shared processes.

CWSB coordinates with DOE to provide lunch for children in foster care and those that reunify within the school year through the enrollment in the free lunch program. CWSB and DOE also continue to partner to provide support to solve case-specific needs to achieve educational stability and success.

CWSB continues to strengthen its efforts to assess and address the educational needs of children involved with CWSB and partner with DOE to meet the educational needs of children.

3. Children's Physical and Mental Health Needs

Item 17: Medical and dental health of the child/youth

83 Cases Reviewed

60 STRENGTHS, 23 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 60 of 83 applicable cases (72%), children were assessed and provided with services to address their physical and dental health needs. Placement physical exams were common. Caseworkers had sufficient contact with children and their caregivers about physical health needs. In some cases, resource caregivers, unit aides, and unit assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs.

23 of the cases (or 28%) were rated as needing improvement.

- In 12 cases (four Foster Care, six CWSB in-home, two VCM in-home), assessments were not completed to determine the child's physical health needs.
- In 14 cases (eight Foster Care, four CWSB in-home, two VCM in-home), assessments were not completed to determine the child's dental health needs.
- In 17 cases (nine Foster Care, six CWSB in-home, two VCM in-home), services were needed to address the child's physical health needs but were not provided.
 - In three cases, routine physical health exams were needed.
 - In six cases, oversight/monitoring of the children's medical issues was needed.

- In three cases, referrals or other follow-up were needed on recommended services.
- In 16 cases (10 Foster Care, four CWSB in-home, two VCM in-home), appropriate services were needed to address the child’s dental health needs, but services were not provided.
 - In six cases, routine dental exams/cleanings were not provided to children.
 - In eight cases, dental services were needed and not provided.
- In five foster care cases, appropriate agency oversight of the child’s prescription medication(s) was needed.

DISCUSSION

There has been a promising increase in this area -- the highest in the past five years.

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

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

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

See CFSR Item 12A above regarding Meeting Child’s needs for vaccinations, etc.

CFSR Item 18: Mental health assessments and services for children

Refer to FFY 2022 Hawaii APSR Data Booklet, Figure C18 for a chart of the SFY 2017 - 2021 five-year strength rating for this item.

72 Cases Reviewed

51 STRENGTHS, 21 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 51 of 72 cases (71%) applicable cases reviewed, children were assessed and provided with services to address their mental/emotional health needs. Caseworkers had sufficient contact with children and their caregivers about mental health needs. Resource caregivers contributed to setting up appointments and transporting children.

21 cases (29%) were rated as needing improvement.

- In 16 cases (seven Foster Care, five CWSB in-home, four VCM in-home), assessments were not completed initially, or ongoing, to assess the child's mental/behavioral health needs to inform case planning decisions. Consecutive missed months of caseworker visits and lack of in-depth conversations with the child and caregivers were factors.
 - In five cases, informal or formal assessments were not completed.
 - In 13 cases, ongoing assessments were not completed.
- In 16 cases (10 Foster Care, three CWSB in-home, three VCM in-home), appropriate services were needed to address the child's mental health.
 - In eight cases, children were not provided services for identified mental health needs. In five of these cases, although children were exposed to domestic violence and/or had trauma-related needs, these matters were not addressed.
 - In five cases, children were not regularly attending mental health therapy, and this was not addressed.
 - In three cases, caseworker oversight was needed for the assessment and treatment of children's significant mental health needs (such as suicide ideation, depression, self-harm).
- In three foster care cases, appropriate oversight of prescription medication for mental/behavioral health was not provided.

DISCUSSION

CWSB has made significant progress in this area and has improved from 42% in SFY 2020 to 71% in SFY 2021.

A variety of strategies contribute to a strength rating in this item and in overall quality casework. Quality monthly contacts and the revisions of forms to highlight important

topics help caseworkers to assess and address all needs of children, including mental/behavioral health needs.

CWSB continues to improve on the frequency and quality of caseworker visits with children and to promote information gathering to understand the needs of parents and children. The frequency and quality of visits between caseworkers and children has increased and that helps to ensure their safety, permanency, and well-being and promotes the achievement of case goals. In quality visits, caseworkers are meeting with children alone, as appropriate for their age and development, and discussing safety, permanency, and well-being in a way appropriate for that specific child. In many of the cases reviewed, caseworkers built good rapport with children and saw them in a variety of settings—home, school, community. Caseworkers often noted observing interactions of children with their parents, resource caregivers and/or siblings as part of their monthly contact. In some of these cases, the monthly contact record was used to capture and document information. Regular visits, relationship building, observation, and documentation help achieved outcomes in this and other items.

Quality monthly contacts also provide appropriate oversight of prescription medication for mental/behavioral health needs. In eight out of the 11 applicable cases reviewed in SFY 2021, CWSB provided oversight of psychotropic medication for children in foster care. Monthly and quality contacts help to ensure that assessments are completed, children are referred to and receive appropriate services, and that appropriate oversight of prescription medication for mental/behavioral health needs is provided.

Tracking and supervision also helps to promote quality monthly caseworker visits with children. Continued supervisory efforts include tracking monthly caseworker visits with children, parents, and caregivers and discussing strategies with caseworkers to complete visits. Supervisors also discuss the quality of the visit with caseworkers, including ongoing assessments, service coordination, and progress. Tracking and supervisory support may lead to more completed monthly caseworker contacts with children, quality assessments, and connection to services to meet each child's needs, including mental/behavioral health.

In addition to improving on monthly caseworker contact with children, key casework forms have been revised to help support practice in many areas, including the mental/behavioral health needs of children.

CWSB is working to align and connect various aspects of case planning to new and ongoing strategies and initiatives. CWSB recognizes the importance of mapping casework practice, forms, initiatives, and system functions to highlight and achieve desired outcomes. The coordination of important casework topics in training, practice, and documentation supports implementation of the overarching CFSP collaboration

goal, i.e., to develop a process to plan, evaluate, collaborate, coordinate, and implement strategies to promote outcomes related to prevention, safety, permanency, and well-being. This process helps bring system efforts together to improve practice and to support children and families meet their needs and goals. Some examples related to aligning strategies and initiatives with supporting children's mental/behavioral health are addressed below.

The Safe Family Home Report (SFHR) now includes a section header for Mental Health and Medication for each child. The guidelines to complete the SFHR include the following guidance for mental health: diagnoses, psychosexual/mental health/psychological assessments, care plan and recommendations, observations of symptoms, behavior, and verbal expression of mental health concerns. The guidelines for medication include: name of prescriber, type of medication, dosage, reason for prescriptions and how it's being monitored. This section prompts workers to gather and document information related to this area.

As part of Family First Hawaii, the Family Service Plan (FSP) document has been revised to further connect needs to services. Training on the FSP highlighted the importance of family engagement and family voice in case planning.

The monthly caseworker visit form has also been revised to support discussion and documentation of important information and items. Topics that define a quality visit are outlined and documented on the form and include assessing and referring to services to address the physical/mental/behavioral needs of children and others.

CWSB continues to partner with Department of Health, Child and Adolescent Mental Health Division and other government and community agencies to understand the mental/behavioral health needs of children and resources available to meet their needs, as well as to provide a coordinated system of care for children in Hawaii.

SECTION VI. SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM (CFSR ITEM 19)

1. Child Protective Services System

Hawaii's child welfare continues to use its legacy data base system, a system that was implemented in 1989. This system, known as the Child Protective Services System (CPSS), continues to be the system of record for both Child Welfare Services Branch (CWSB) and Adult Protective Community Services Branch (APCSB).

CPSS collects, stores, extracts and helps to generate NCANDS, NYTD, and AFCARS reports to ACF. It also stores all information of confirmed perpetrators of child and adult abuse and neglect in the "Central Registry" which allows CWSB and APCS to provide employment background clearances for potential employers. CPSS information is not available to the general public.

The DHS Office of Information Technology (OIT) staff, as well as a contracted vendor, continue to provide the overall maintenance and operations of CPSS. In 2021, they focused on:

- Multiple CPSS modifications to allow Hawaii to capture Family First Hawaii required data elements as well CFSR PIP data.
- Implementing an application programming interface (API) to allow CPSS and Hawaii's new web-based licensing solution to communicate with each other, allowing the licensing application to access legacy data. Functionalities for the general licensing application were implemented in 2021, and current work is focused on child specific licensing and placement functions.
- Continued collaboration with AugIntel Software Development on data extraction, data mapping, and piloting with specific child welfare sections, with the hope of rolling out statewide by middle of 2022. Augintel software allows the system to quickly read and process case notes, to quickly inform and help case workers and managers make informed-decisions without having to read through multiple pages of documentation, saving time and expediting the process.
- In partnership with eWorld, established a data integration architecture utilizing Boomi iPaaS solution. Boomi is an integration platform that enables the CPSS mainframe system to interface with external systems using APIs, automate file transfers, and connect to a modern report generation software.

- Partnered with Catch Intelligence to assist SSD develop a strategy and roadmap for the data management and future state of our Comprehensive Child Welfare Information System (CCWIS). Identified actionable items and possible technical solutions along with a conceptual enterprise architecture vision.

2. State of Hawaii Automated Keiki Assistance System

Hawaii CWSB continues to use the web-based SHAKA system to support CWSB business. The UH Maui College Software Development Center (UHMC SDC) team continued the development and enhancement of the supplemental data information in SHAKA for both child welfare and adult protective services. CWSB SHAKA provides a department-facing information system for caseworkers, supervisors, and administrators, as well as a youth centered portal named ShakaTown.

A primary CWSB SHAKA activity includes the ongoing maintenance of the PIP3 Worker Visit Tracker to manage and report on child and parent visits. The Worker Visit trackers are an innovative method of aggregating and reporting the completion status of monthly visits across disparate data from CPSS and SHAKA. This tool gives caseworkers and supervisors the best overview of monthly worker visit completion and is used to help facilitate an end of year worker visit survey, which is reported to ACF.

The First48 tracker is a response measurement tool in SHAKA to help address PIP3 goals around agency response to CWSB disposed intake reports. This tool allows workers to track critical date junctures of investigations, help monitor agency response times and facilitate further understanding of obstacles involved in meeting timeliness goals. The UHMC SDC team helps facilitate weekly meetings with branch and section administrators to review current investigation timeliness.

The 2021 year kicked off implementation of Family First Hawaii (FFH): Keeping Families Together prevention activities with several FFH tools in SHAKA. A provider contract reporting portal was created for centralized and collaborative report submissions. The SHAKA provider contract report module further processes client eligibility lists for FFPSA clients and shuttles information to the mainframe and CPSS. This helps to automate data collection used in annual FFPSA reporting. Additionally, a fully electronic Family Service Plan (FSP) was implemented to better standardize the creation of service plans and the overlap of casework data collection that include FFPSA related prevention plan data. This allows the streamlining of caseworker process and data collection simultaneously and eventual automation of annual reports.

Ongoing CWSB SHAKA activities include the bi-annual Federal ACF NYTD submissions for Independent Living Program services and mandatory NYTD cohort follow-up surveys, extended assistance program application management and case services for ETV/Higher

Ed and Imua Kakou, VCM case provider portal services, and ShakaTown youth extended assistance and information portal. These systems will continue to be maintained for the foreseeable future until Hawaii implements the new CCWIS.

3. Comprehensive Child Welfare Information System

Hawaii continues its effort to design, develop, and implement its comprehensive CCWIS. In 2014, CWSB began to develop a Statewide Automated Child Welfare Information System (SACWIS). However, when the CCWIS final rule became effective on August 1, 2016, Hawaii changed its focus to CCWIS, and submitted its intention to build a Hawaii CCWIS.

In 2021, DHS was taking a modular approach to competitively bid, procure, and implement its CCWIS. The project has suffered several setbacks over the past year, the consequence of understaffing and funding issues exacerbated by the COVID-19 pandemic.

To date, BINTI, a software licensing solution that includes three modules--Licensing, Placement, and Public Recruiting--is anticipated to be in full production by the end of this year. These modules will be integrated into CCWIS. SSD is also awaiting final approval from ACF for the combined procurement of the following.

- a. Project Manager services for the planning, development, and implementation of Hawaii's CCWIS.
- b. Business Process Redesign services to identify system and process improvements that should be included in the new system build of Hawaii's CCWIS.
- c. Organizational Change and Communication Management services to develop and implement a communications strategy and plan to meet CCWIS training needs.

At this time, DHS is expanding its CCWIS internal project team. The Social Services Division administrator will oversee a core CCWIS project team comprised of a Project Manager, Project Assistant, Business Lead, Business Assistant, Technical Lead, and Technical Aid. The CCWIS Project is also supported by SSD Procurement and Contract Team, Staff Development Office (SDO), Data Quality Manager (DQ), Organization Change Manager (OCM), and Planner. Additional vendors will be procured as necessary.

A federal consultant from the Center of Capacity Building (CBC) was brought on in 2022 to assist the CCWIS project team. The expansion of the project team and additional support from ACF is helping DHS/SSD redefine the CCWIS project approach, incorporating PIP, CFSR and Family First data into the CCWIS project planning. Data will

inform the sequence of system functionality to ensure the project meets federal principles, practices, and goals of a CCWIS system, and ensure that the work plans/operations of the various phases are integrated effectively and efficiently.

B. CASE REVIEW SYSTEM

1. CFSR Item 20: Written Case Plan (Family Case Plan)

The Family Case Plan, defined in Hawaii Administrative Rules (HAR) 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4, consists of the Safe Family Home Report (SFHR) and Family Service plan (FSP) or Permanent Plan.

Safe Family Home Report (SFHR)

The SFHR provides information concerning the family's current situation pertaining to the Safe Family Home Factors in HRS 587A-7, which include present safety factors, in-home safety assessment, child placement, psychosocial information on the child and family, strengths and needs, case workers efforts, concurrent permanency plan, family services and progress, and the case worker's comprehensive assessment and recommendations.

Family Service Plan (FSP)

The FSP serves as a supportive strategy to enhance parents' or caregivers' protective capacities to resolve the present safety concerns, strengthen the family, and prevent the occurrence or reoccurrence of child abuse and neglect. It includes parent or caregiver strengths, needs and goals, Ohana Conferencing participation status, case plan goals and target dates, an overview of services and activities, services completed, and a section on disclosures, roles, and responsibilities. An Ohana Time plan is also included as appropriate.

The HAR requires that all children and families under the jurisdiction of the department who are assessed as needing ongoing child welfare casework services shall have a Family Case Plan. Hawaii's Family Case Plan procedures have been revised to align with CWSB's values of family engagement and parent voice. Development of the case plan is to be developed in partnership with the family, include and consider information from a variety of sources, and include the CWSB caseworker's assessment of the situation. The goal is to provide a clear, comprehensive, realistic, and achievable plan to address the safety issues in the home. The Family Case Plan must be individualized and include the family and age-appropriate child voice, culture, identity, and functional strengths to support family empowerment and self-determination. The Family Case Plan must be approved no later than 60 days after the date of receipt of the report of abuse or neglect.

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

Hawaii continues to assess through case reviews whether each child has a Family Case Plan developed jointly with the parents, and whether efforts were made to engage both parents and each child, if developmentally and age appropriate, in the case planning process, through the following:

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

Case Review Data:

Hawaii's case review data for SFY 2021 shows the following:

- a. The percentage of cases in which concerted efforts were made to actively involve the mother in case planning (Item 13, B) was 50% or 24 of 48 cases applicable to mother.
- b. The percentage of cases in which concerted efforts were made to actively involve the father in case planning (Item 13, C) was 38% or 17 of 45 cases applicable to father.

To further assess whether case plans were developed jointly with parents, additional data was collected and examined as part of the State's annual case review during SFY 2021. All children selected as part of the foster care sample were included in this targeted review process. Reviewers had to first determine if there was a current case plan in the child's file. Reviewers then had to determine if the child(ren)'s parents' parental rights had not been terminated, and whether parents were involved in case planning, through evidence documented in the case file, narratives, or interviews. Reviewers documented their findings on a review tool, which was then verified by CQI staff.

The targeted review results for SFY 2021 show the following:

1. Of the 61 cases reviewed, 58 were applicable and required a current case plan.

2. Of the 58 applicable cases, 49 cases files (84%) contained a current case plan (Safe Family Home Report); nine cases (16%) did not contain a case plan.
3. Of the 48 applicable cases as to mother, 24 case plans (50%) were developed with the mother.
4. Of the 45 applicable cases as to father, 17 case plans (38%) were developed with the father.

Discussion:

The Family Case Plan is a critical document that provides a comprehensive assessment of the family and a realistic, achievable plan to address the safety issues in the home. Its primary audience is the family and also serves to communicate to the courts the safety concerns, family's needs and services, and progress in providing a safe family home. Due to the critical role that the Family Case Plan plays in communicating information to all parties, it is important that each child has a Family Case Plan. In situations where parents are disengaged or uninvolved and there has been limited progress in the case, the Court has waived the full SFHR and case workers have submitted a short report. To emphasize the important role the Family Case Plan has in communicating case planning, clarification was provided to case workers that the full set of SFHR guidelines are to be completed at the initial hearing, at 6-month periodic review hearings, and upon filing for termination of parental rights.

Ongoing discussions about the Family Case Plan occur at PIP3 quarterly court stakeholder meetings, CWSB meetings, and other venues. These strategies have helped to ensure that children have a written Family Case Plan, as data from reviews indicate improvement in the area of all children having a Family Case Plan.

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

Fathers tend to be engaged less when mothers do not identify them and their identities are unknown. In these cases, unknown fathers are made not applicable in case reviews. Fathers that are non-custodial at the time of case openings are inconsistently contacted and/or included in developing the case plan. Existing procedures provide case workers with clear guidance that they are required to meet with biological fathers who are both custodial and non-custodial parents on a regular basis. In addition, Hawaii's attention to practice values and development of regular and comprehensive supervision seems to be supporting improved practice of better engagement of fathers. Data from case reviews support improvement in the area of engage fathers compared to in the past.

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

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

Through implementation of these strategies, Hawaii received confirmation from the Children's Bureau in December 2021 that it had met data measures for CFSR items 14 and 15: Caseworker visits with parents and children. Case review data for SFY2021, reveals that Hawaii is trending upwards in its monthly face to face visits with parents and children. Findings show that as a state, Hawaii makes better efforts to engage mothers versus fathers and is better with quality of visits versus frequency. Areas identified as needing improvement include making better efforts to locate, contact, and engage parents, with an emphasis on fathers.

In conjunction with the PIP3 Engagement strategies, various tools have been developed to further support quality engagement.

- In 2020, the caseworker monthly visit form was revised to identify topics that define a quality visit and are to be documented on the caseworker visit form.
- A documentation/checklist for efforts to locate parents was developed and implemented in 2021 to support staff in making reasonable efforts to locate and engage parents who may be difficult to find or engage.
- Hawaii's Purchase of Service (POS) contract for monthly worker visits has also been revised to expand caseworker's use of contracted visits. Historically, monthly worker visits were restricted to face-to-face visits with children, parents, and resource caregivers to support the continual assessment of child safety and ensure safety, permanency, and wellbeing outcomes for children. It has now been expanded to include face-to-face visits with courtesy cases, and attempted face-to-face visits with parents using reasonable efforts to contact and physically locate parents.

Hawaii believes that expanding the use of contracted workers to make targeted efforts to locate parents will help support staff in engaging difficult to locate parents. Once parents are located, the assigned caseworker can then meet with the parents to gather information, conduct a safety assessment, and collaborate to identify needs and services.

Hawaii's collaboration with Family Court has created opportunities to discuss how court stakeholders can support engagement. Discussions have identified Court related activities that can support engagement, including the responsibility of court partners to encourage parents who attend court hearings to stay in contact with the caseworker; the use of pre-hearing meetings for all parties to gather before the court hearing to discuss the issues and develop a better understanding of the case plan in an attempt to come to an agreement; and having judges address parents directly and by name. In the PIP3 stakeholder meetings, many stakeholders voice that they have implemented some of these strategies.

Hawaii's implementation of Family First Hawaii (FFH): Keeping Families Together, has created additional opportunities to improve the child welfare system for the children and families CWSB serves. Through these improvements, CWSB has identified key values that are reflected in its work:

- Culture and Identity: Keeping children and families at the center of what we do; and
- Family voice and experiences: creating space for empowerment and system changes.

The Family Service Plan (FSP) has been revised as a strategy to enhance casework processes and practices and to reflect the values of family voice, culture, identity, and functional strengths that support family empowerment and self-determination. It is intended to also serve as a strategy to enhance parents' or caregivers' protective capacities to resolve present safety concerns, strengthen the family, and prevent the occurrence or reoccurrence of child abuse and neglect. The FSP is to be developed in partnership with the family and to consider information from various collateral sources and DHS assessments.

A workgroup comprised of supervisors, section administrators, CWSB Program Development staff, and Hawaii Continuous Quality Improve (CQI), reviewed and revised the FSP. Feedback from the Department of the Attorney General – Family Law Division, as well as the Lived Experience Advisory Group, was incorporated into the revisions. Highlights of the revisions include:

- Reformatting to create a clearer, more concise form to facilitate the caseworker's use of the FSP as an engagement tool during visits with the family.
- Highlighting family strengths and needs and emphasizing that the case plans must be developed in partnership with the child and families.

- Transitioning to a user-friendly web based FSP document that is available in SHAKA.
- Aligning and linking the SHAKA FSP to the results of Child Safety Assessments (CSA). A CSA must be completed in SHAKA before a SHAKA FSP can be completed.
- Integrating requirements of the Family First Prevention Services Act (FFPSA) to support data collection and fiscal claiming for Family First Hawaii evidenced-based services.

Family Service Plan revisions align with the 2020 revisions to the Safe Family Home Report (SFHR), which together comprise the entire Family Case Plan. The revisions emphasize a strengths-based perspective and place the family as the active participants. The Family Case Plan provides a clear, comprehensive assessment of the family and a realistic and achievable plan to address the safety issues in the home. To support implementation of the Family Service Plan:

- Practice guidelines were developed to provide staff with clear directions on how to answer each section;
- The Family Case Plan procedures, which provide information on the Family Case Plan development, content, and use with families, were revised to align with revisions to the SFHR and FSP;
- Training was provided by the Staff Development Office (SDO) in January 2022 to all CWSB staff statewide; and
- A FAQ document was developed based on questions raised during the training that were reviewed and answered collaboratively by SDO, PD, and CWSB.

Hawaii believes these tools and its shift in practice to uplift parent voice yield positive outcomes in engagement with both parents and children and an increase in the number of written case plans that are developed jointly with the parents and each child, if developmentally and age appropriate.

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

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

2. CFSR Item 21: Periodic Review Hearings

Case Review Data

In SFY 2021, there was a total of 61 foster care cases eligible for review. Of the cases reviewed, there were 43 applicable cases with a total of 83 periodic review hearings. Of these hearings, 80 (96%) had timely periodic hearings. The timing of the hearings was just under six months from the last periodic review or from the child's entry into foster care.

See Data Booklet Figure 70: Periodic Reviews Achieved Timely FFY 2017B – 2021B for a graphic representation of the timeliness of review hearings during the FFY periods 2017 through 2021. Within the last five years, DHS has consistently rated 95% or higher, with the exception of FFY2018B (90%). This continues to be an area of strength for Hawaii.

Discussion

DHS and CIP continue to coordinate and facilitate ongoing collaborative quarterly meetings to discuss permanency, PIP initiatives, and other concerns for which CWSB, the Family Court, and the Deputies Attorney General (DAGs) have mutually agreed can improve the functioning of the periodic case review system. Court stakeholders have provided positive feedback on these meetings and state that they find them helpful by providing a venue to support collaboration and support families involved with the CWSB system.

CWSB continues to work with the courts and the DAGs to decrease and eliminate inconsistencies in court orders between circuits that can make it difficult to identify whether the hearing was a periodic review or a permanency hearing. CWSB meetings with section administrators have added the Family Law Division DAGs as a standing agenda item. This has provided an opportunity to address issues with case filings, hearings, court orders and other legal matters and to collaborate on strategies to improve cases within the legal system.

Revisions to the SFHR implemented in 2020 clarified for staff when to complete a full set of Safe Family Home guidelines. This has helped to provide all parties with complete information on the case plan and has helped move cases towards timely permanency.

In addition, the recent revisions to the Family Service Plan intended to make information more concise, clearer, and directly link to the Child Safety Assessment

(CSA); these changes may support improved permanency outcomes. The revisions focus on supporting parents/caregivers in understanding why a service has been selected and how that service relates to resolving an identified safety factor. Based on feedback from the LEAG workgroup, CWSB, in consultation with the Family Law Division DAGs, revised the order in which the Family Case Plan is filed. LEAG requested that the FSP be filed on top of the SFHR to help parents focus on the services that support reunification and maintain their child(ren) safely in the home without the involvement of DHS.

A targeted review conducted by the Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project focused on timely achievement of permanency goals and concurrent planning for children in foster care. Recommendations from this review identified that casework staff would benefit from guidance on selecting between adoption and legal guardianship as a permanency goal.

In 2021, a workgroup was formed that helped to develop a guide to support staff in selecting the best alternative permanency goal for children and youth in foster care when they are unable to reunify with their parents/caregivers. This guidance requires staff to consider the child's best interest; long-term needs in and beyond childhood; bonds to individuals in the child's life; and overall needs for safety, permanency and well-being. This guide helps to ensure that permanency goals are reassessed at minimum every six months and that support for the goals are documented in the SFHR.

It has also been helpful that Family Court judges, Deputy Attorneys General, GALs, CASAs, parent counsel, and CWSB staff have recently been trained on the PIP3 timeliness goals for permanency and concurrent planning, emphasizing the need for all to work towards moving foster care cases toward reunification, adoption, or guardianship. Future trainings for court stakeholders are being developed on the revisions to the Family Service Plan. These trainings will help to support engagement of parents and children in the development of the case plan and timely permanency outcomes.

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

3. CFSR Item 22: Permanency Hearings

Case Review Data

For SFY 2021, there was a total of 61 foster care cases eligible for review. Of the cases reviewed, there were 31 applicable cases. There was a total of 64 permanency and/or permanency review hearings. Of these hearings, 58 (91%) had a permanency hearing no later than 12 months from the child's entry into foster care or every six months for

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children in permanent custody. There were six (9%) hearings that were not timely.

Discussion:

Hawaii has completed its PIP3 concurrent permanency planning activities and has met its goals for item 5 and 6. The development and implementation of the following have continued to assist in the timely achievement of permanency goals.

- a monthly supervisory tool,
- revision of concurrent planning procedures,
- development and implementation of a checklist,
- a concurrent planning brochure that staff can use with families, and
- a visual timeline tracker to help staff be mindful of target dates.

Another PIP3 initiative to assist in achieving timely permanency was the development of a revised permanency training curriculum and training of all staff statewide in 2020. The training placed an increased emphasis on the importance of permanency planning beginning with receipt of the case and continuing during the ongoing casework process. Staff Development provided training for section administrators and supervisors on supervision and coaching staff, with a focus on safety, engagement, and permanency using CFSR PIP data. In addition to this, the concurrent planning brochure was developed specifically for youth to ensure their involvement and understanding of their case and the critical timelines toward reunification or another permanent plan goal.

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

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

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

Impact of COVID-19

COVID-19 impacted some cases where periodic and permanency review hearings were not held timely. The governor's proclamation and orders from the Judiciary's chief justice placed restrictions on operations and affected the opening of courts and the ability to hold in-person hearings. The courts also continued hearings when parents

were not engaged and could not be located despite reasonable efforts to engage. As Hawaii is now loosening restrictions due to the availability of testing and the development of vaccines, courts have implemented changes to their operations allowing for more in-person hearings while still making virtual options available. These changes are expected to improve the timeliness of hearings.

4. CFSR Item 23: Termination of Parental Rights

In case record reviews, whether motions for TPR are timely filed is evaluated using Item 5 of the Onsite Review Instrument to report on cases from all circuits in the State. In SFY 2021, reviews of Items 5d, 5e, 5f, and 5g show that of all the 61 cases reviewed, eight children had been in foster care for at least 15 of the most recent 22 months. Of those eight children, there were five (63%) children that the agency filed or joined a motion for TPR (MTPR) in a timely manner. There was no child who had a judicial exception to the requirement to file a motion for TPR, resulting in 0% of the children reviewed meeting the ASFA requirements. Of the remaining three children (37%), the TPR was not filed in a timely manner.

Discussion:

CWSB continues its plans to enhance its capabilities to track timely filings of the MTPR by creating a unique code within CPSS, and in the future CCWIS, to document the filing dates for MTPRs. As part of the future CCWIS development, CWSB envisions a system designed to interface with the Deputy Attorney General's (DAG's) Office and the Judiciary to further track and monitor children needing timely TPR, adoption, or legal guardianship.

In February 2021, the DAG's office trained CWSB staff on a revised adoption packet designed to streamline the adoption paperwork procedure and decrease delays in attaining permanency. The DAGs have also worked with the family courts in each jurisdiction to ensure consistent practice and documents across the state.

CWSB's permanency planning training clarified the circumstances under which MTPRs should be filed and the requirement to document compelling reasons, when applicable, in the SFHRs. In addition, a guide to compelling reasons previously developed by HCWCQI was redistributed to casework staff. Casework staff can refer to this guide, which includes common compelling reasons and exceptions to not file a petition to TPR timely that can be documented in the SFHR as the exception is requested.

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

Pursuant to HRS Chapter 587A (587A) and Hawaii Family Court Rules, the child's current resource family must be served written notice of hearings no less than 48 hours before a

scheduled hearing. HRS 587A further states that the child's current resource family is entitled to participate in the hearings to provide information to the court, in person or writing, concerning the status of the child in their care.

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

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

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

CWSB monitors whether required notices are given, as follows:

- CWSB requires all caseworkers, effective October 3, 2016, to obtain written acknowledgment of receipt of hearing notices from both RCGs and, as appropriate, the subject child, during monthly face to face visits.
- The data tool for the State's annual case review looks to see if copies of the notices to caregivers are in the case files. Reviewers also ask RCGs during case review interviews if they recall receiving written notices of hearings. For SFY 2021, there was a total of 61 foster care cases eligible for review. Of the cases reviewed, there were 58 applicable cases, with a total of 176 court hearings. Of these court hearings, 80 (45%) written notices were provided to RCGs and 35 (44%) RCGs attended court hearings.

In the upcoming year, CWSB will collaborate with RCGs to seek their input on how to improve notifications of court hearings. In addition, CWSB will be developing a court reporting form about the youth's overall well-being, service updates, educational progress and medical updates, which will be completed by RCGs prior to each hearing. The form will include feedback and suggestions provided by RCGs. The form will serve multiple purposes, one of them is ensuring that written notifications and instructions on submitting the form to the courts, are provided to the RCGs prior to the court hearing.

The HCWCQI project continues to conduct a supplemental review in conjunction with regularly scheduled Child and Family Services Review (CFSR) case reviews and will

continue to check whether written notices of court hearings were provided to RCGs and whether the RCG attended the court hearings.

C. QUALITY ASSURANCE SYSTEM

The CWSB quality assurance (QA) and continuous quality improvement (CQI) system remains the same as described in the 2020 Annual Progress and Services Review (APSR) and the Statewide Self-Assessment (SwSA) for the 2017 CFSR. The QA and CQI systems meet the five requirements in the following ways:

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

a. Overview of Foundational Administrative Structure

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

b. Quality Assurance Process

Adherence to the standards set by statute, rule, and procedure is monitored through quality assurance processes. The QA process was fully described in the 2020 APSR and the SwSA for the 2017 CFSR and has not changed significantly. See those documents for further details.

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

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

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

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

Targeted reviews in this past year were related to safety and risk assessments, parent engagement in case planning, identification and use of Another Planned Permanent Living Arrangement (APPLA), transitioning youth from foster care, Child Protective Service System (CPSS) – DHS’ computer database system data accuracy, new hire and ongoing staff training, timeliness of periodic and permanency hearings, permanency, and notice of court hearings to resource caregivers.

Contract reviews in the past year included contracts for the following services: Home Visiting; Comprehensive Counseling and Support Services (CCSS); and Psychological Evaluation, Mental Health Assessment, Consultation Services, and Court Testimony.

- iii. **Data Sharing** includes sortable lists and graphs of children in foster care, potentially inactive cases, children under family supervision, Native Hawaiian families involved with CWSB, youth eligible for Independent Living Program (ILP) services, families eligible for Home Visiting Services, children under voluntary foster custody agreements, length of stay of children in foster care, children who may emancipate from care, position vacancies, workers’ caseloads, and investigations without dispositions.
- iv. **CWSB Advisory Committee** members include a broad array of state-wide participants such as CWSB staff, contracted CQI staff, social service providers, court staff, Department of Health representatives, current and former foster youth, resource caregivers, and family representatives.

As Hawaii moved forward with planning and implementing its Program Improvement Plan (PIP), the Continuous Quality Improvement Council transitioned to become the Child Welfare Advisory Committee in November 2018. The Child Welfare Advisory Committee’s purpose is to inform positive system change towards the goal of improving outcomes for children and families. The Committee meets quarterly to share updates in CWSB and in each community that affects clients and to review and discuss CWSB data, including case review findings. CWSB continues to share data, goals, and progress toward outcomes; successes, challenges, and strategies; and receive feedback from members that bring geographic perspectives and experiences on how things are working in their local areas. Effective June 2020, meetings were moved online because of the COVID-19 pandemic.

c. CQI and QA Staff

Staffing patterns have not changed from those described in the 2022 APSR and the SwSA for the 2017 CFSR.

d. HCWCQI Additional Activities

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

2. Standards to Evaluate the Quality of Services

This includes standards to ensure that children in foster care are provided quality services that protect their health and safety. CWSB has written procedures for all program areas from intake through permanency, consistent with federal laws, and State laws and rules. Procedures are available at <https://shaka.dhshawaii.net>. Procedures for the case review, contract review, and targeted review processes were last updated in 2020. Purchase of Services contracts include requirements that all providers establish ongoing standardized QA procedures.

3. Identifies Strengths and Needs of the Service Delivery System

CWSB identifies strengths and needs through conducting various types of reviews that promote consistency in the quality of practice and adherence to practice standards. Data is shared and discussed internally with staff at all levels and externally with child welfare partners and stakeholders to identify progress towards goals. Family voice is vital to this process. Please refer to the 2017 SwSA and the 2022 APSR for further details in addition to the information discussed below. The types of reviews include:

- a. Administrative Review Processes. A team review is held when unusual and challenging situations arise in active cases. Beginning late in 2020, Administrative Review Panels (ARPs) have been required and held for cases in which a child may be placed permanently with a non-relative caregiver. The ARP team, comprised of representatives from CWSB leadership and CQI, meet with the caseworker and supervisor to discuss, review, and support efforts to consider relative placement and support familial connections.
- b. Implementation Reviews and Measures for new programs, services, and initiatives. In 2019, the PIP Core team designed and implemented measurement strategies to gauge the success of various PIP activities, including a staff survey regarding monthly supervision, and Branch Meeting reviews of worker visit tracker data. The PIP Core team continues to meet two to three times each month to review implementation of procedures; discuss changes, strengths, and challenges in practice, workload, and systems; and strategize necessary adjustments and communication with the field.

c. Targeted Reviews

Targeted reviews gather data to address a specific need, issue, or problem. In 2020 and 2021, targeted reviews were conducted regarding safety and risk assessments, parent engagement in case planning, identification and use of APPLA, transitioning youth from foster care, CPSS data accuracy, new hire training, ongoing staff training, timeliness of periodic and permanency hearings, permanency, and notice of court hearings to resource caregivers. The targeted reviews for safety and risk assessments and permanency assessed over multiple review periods the application of procedures in practice and identified needed clarifications and procedural refinements. The targeted reviews for parent engagement in case planning assessed over three review periods the application of Trauma and Healing Informed Care (THIC) values in caseworkers' interactions with parents through direct feedback from parents. Specific findings from targeted reviews are shared with supervisors who incorporate the feedback into their supervision and coaching of the caseworker. Other findings were used to support revisions to forms and procedures, and to strengthen communication of desired child welfare practice with CWSB staff and partners.

- d. Contract Reviews regarding purchased services. In 2020 and 2021, the following contracts were reviewed: Home Visiting; Comprehensive Counseling and Support Services (CCSS); and Psychological Evaluation, Mental Health Assessment, Consultation Services, and Court Testimony.

e. Case Reviews

Case reviews are modeled on the federal CFSR process and have not changed from the descriptions provided in the 2017 SwSA and the 2022 APSR. Refer to those documents for further details.

- i. Onsite case reviews are conducted once every fiscal year for each Child Welfare Services section. In SFY 2021, Hawaii completed eight case reviews in all sections: East Oahu, Kauai, Maui, Oahu Special, West Oahu, West Hawaii, Oahu Voluntary Case Management (VCM), and East Hawaii. Both CWSB and VCM cases are reviewed, comprising of foster care and in-home cases. The results of these reviews are embedded throughout this report. The strength ratings are shown at the end of the Hawaii APSR Federal Fiscal Year (FFY) 2023 Data Booklet in figures C and C1-C18.

Since April 2020, reviews have occurred remotely due to the COVID-19 pandemic instead of in each geographic location. This method has required

hard case files to be mailed and interviews to be conducted virtually or by phone.

- ii. Reviewers, effective April 2020, have been comprised of HCWCQI staff only because of travel and office restrictions and social distancing requirements related to the COVID-19 pandemic. The HCWCQI staff has continued to provide leadership, QA, and support to the reviewers, throughout the case review process.
- iii. Case Preparation and Selection is conducted by the HCWCQI staff before the on-site review to ensure that information and caseworkers needed for the review are available during the review period.
- iv. Including Stakeholder Input

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

- v. Collecting Quality Data and Sharing/Documenting Findings

In SFY 2016, Hawaii began using the federal Child and Family Services Review (CFSR) Online Monitoring System (OMS) for CWSB quality case reviews. More effort and attention are being placed on capturing strategies used in cases that lead to strength ratings. Information gathered is shared with the section under review as well as with other sections. A general overview of preliminary results is offered to the section administrator on the last day of the review, as time allows. This data is also shared quarterly with a range of stakeholders at the CWSB Advisory Committee Meetings.

f. Select Case Reviews

Select case reviews, begun in SFY 2019, are modeled after the federal CFSR process. These reviews were added as a means of examining case practice when concerns are brought to the attention of the CWSB on specific active cases.

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

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

- iv. Collecting Quality Data and Sharing/Documenting Findings

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

- g. Ongoing Analysis of Process and Outcome Data

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

- h. Provides Relevant Reports

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

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

- i. Case Review Section Reports and Annual Reports

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

The data collected during the on-site case reviews is incorporated into a written report of findings for each CWSB section that provides data specific to each section and aggregate statewide data. The report identifies strengths, areas needing improvement, and needs related to training, supervision, and policy reform. The report's charts showing ratings over a period of time for each section help create perspective and provide a visual presentation to identify trends and growth or decline for each performance item.

ii. CPSS Report of Investigations without Dispositions

This tool helps supervisors work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort. This report is made available to internal staff via State of Hawaii Automated Keiki Assistance (SHAKA) – CWSB computer database system and updated weekly. This data is reported in NCANDS.

iii. Children's Length of Stay in Foster Care

This list helps to guide supervisors in their work with staff to meet the Adoptions and Safe Families Act (ASFA) guidelines, move cases more quickly to permanency, and help staff stay on top of all their cases. This data is shared with leadership when requested.

iv. Report of Worker Caseloads

These lists help supervisors maintain balanced workloads. They also guide all individual supervision meetings, where the worker reports progress and challenges with each case. Individual caseload data is retrievable in real time via CPSS. Aggregate caseload data is gathered and analyzed semi-monthly.

v. CPSS Data Report on All Children in Foster Care

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

4. Evaluates Implemented Program Improvement Measures

These processes continue as previously described in the 2017 SwSA and the 2022 ASPR. Please see those documents for further detail.

CWSB evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, select case reviews, review of administrative data, and contract and targeted review processes. Regular workgroups, which include CWSB staff and community stakeholders, utilize data reports to assess performance and progress, and make modifications to initiatives according to the data, with consultation with DHS decision-makers.

Case review data is helpful to inform discussion and efforts towards system improvement with partners. For example, data is reviewed and discussed in ongoing collaboration meetings with legal and judicial partners, including the Court Improvement Program, on PIP3 activities related to safety, permanency, and well-being. The use of data provides an opportunity for all system partners to see where in their work they can contribute to positive interventions and practices to lead to positive outcomes for children and families.

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

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

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

Feedback Results – Guiding Collaborative and Administrative Efforts

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

the ability to create true change, and that those people take appropriate action. CWSB understands that this is essential to quality assurance. CWSB is a dynamic, not a stagnant, system, where the only constant is change. The feedback and adjustment loop is perpetual.

The use of data and review of practice is also helpful to map and align initiatives to effect positive change across items.

When developing activities to improve practice, CWSB is looking at the array of strategies and outcomes that may be related. Current efforts are made to streamline change and minimize duplication. For example, the revision of the Family Service Plan is designed to meaningfully engage families in case planning, target services to needs, and address reasons for CWSB involvement. Engaging families in case planning and linking services to needs highlight two key outcomes that may be positively impacted by the revised Family Service Plan.

Another example of coordinating improvements and investments in practice includes the revisions to the monthly caseworker visit form. The form was revised to support discussion and documentation of important information and many of the 18 CFSR practice items. Topics that define a quality visit are outlined and documented on the form. The development, use, and updates to the form help improve quality casework practice on key items as well as engages children, parents, and resource caregivers in important and meaningful discussions to support case planning and achieve permanency goals.

Connecting multiple outcomes can promote improvement in multiple areas as well as synthesize casework practice that supports families and caseworkers.

Program Improvement Plan

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

D. STAFF AND PROVIDER TRAINING

1. CFSR Item 26: Initial Staff Training

New hire training continues to be held virtually. Since the last review period evaluations were developed and implemented by SDO, SDO continues to place an emphasis on engagement, ensuring staff participation and overall understanding of the module's objectives. CQI continues to conduct new hire group evaluation meetings at the end of all new hire trainings. The CQI meetings are also conducted virtually. SDO will continue to make appropriate changes to the new hire curriculum as recommended by the CQI evaluations.

2. CFSR Item 27: Ongoing Training

See SDO Training calendar for 2022.

3. New and Ongoing Training for Supervisors and Section Administrators

See Attachment H for Hawaii Child Welfare Services Strengths Based Supervision and Coaching in CWSB Module Topics in 2021 and 2022. Below is the training schedule.

2021/2022 New Supervisor Training:

Module 1 – Friday October 15, 2021
Module 2 – Friday November 5, 2021
Module 3 – Friday December 3, 2021
Module 4 – Friday January 7, 2022
Module 5 – Friday February 11, 2022
Module 6 – Friday March 11, 2022

Module 7 – Friday April 8, 2022
Module 8 – Friday May 13, 2022
Module 9 – Friday June 10, 2022

SDO is continues to explore trainings geared specifically for CWSB section administrators.

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

Refer to the 2023 Hawaii APSR Data Booklet, Figure 75, Figure 76, and Figure 77 for a chart of the SFY 2017-2021 five-year strength rating for this item.

Trainings and supports for RCGs contribute to stable placements. Over the last year, services and supports, which includes trainings, have continued to be targeted and provided to RCGs.

In SFY 2021, pre-service and ongoing training for all child-specific and general licensed resource caregiver homes was provided through a contracted provider, Partners In

Development Foundation (PIDF). PIDF subcontracts with Catholic Charities Hawaii (CCH) for child- specific services and Family Programs Hawaii (FPH) for support services for State Fiscal Year (SFY) 2021.

In SFY 2022, contracts for services to recruit, license, and support RCGs were realigned through the procurement process. There are now three distinct contracts that focus on the following topics: Recruitment, Home Studies, and Support Services that includes Pre-Service Training and Ongoing Training, the resource caregiver support line, and the Kinship Navigator Program.

The Hawaii Assures Nurturing and Involvement (H.A.N.A.I.) resource caregiver training has been revised to include a Trauma and Healing Informed Care lens as the foundation of the curriculum. This also includes shared parenting as the mindset and practice to support parents and children involved in foster care. The goal is to help RCGs understand the experience of children and families in foster care and better support their needs from the trauma informed perspective.

Pre-service and ongoing training; support services, such a warm line for RCGs and support groups; and home studies are provided by the same agency. This has provided an opportunity for a coordinated approach to establish relationships, support pre-service training (H.A.N.A.I. Training), and ongoing trainings and support groups to provide continuous assessment and support to RCGs. In addition, the ongoing trainings have been adapted and enhanced based on information from calls to the Warm Line for support, questions from RCGs, topics discussed at support groups, and monthly meetings with CWSB caseworkers and licensing workers. Ongoing training provides a continuum of learning after the foundation of the H.A.N.A.I. training.

There is great benefit to children who are placed with relative caregivers and the Ohana Navigator Program focuses on helping to stabilize and maintain placement for these families. There are two components of the Ohana Navigator Program. The first provides and establishes a one-to-one supportive peer mentoring relationship between seasoned RCGs(Peer Navigators) and new relative RCGs. The second component of the Ohana Navigator Program coordinates and provides quarterly social events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and Peer Navigator connections. Due to COVID-19 pandemic restrictions, social events were held using technology in a virtual/online setting. When COVID-19 restrictions are fully lifted, the service provider will host quarterly Ohana Navigator events in various locations statewide. These events will be family friendly, in locations that are easily accessible, and held at times that are convenient for RCGs.

Pre-Service Training for Prospective Resource Caregiver's

The H.A.N.A.I. (Hawaii Assures Nurturing and Involvement) curriculum is required of all prospective resource caregiver homes. The H.A.N.A.I. Pre-Service Training began as an adaptation of the "CORE Training for Resource Families" developed by the Alaska Center for RCGs. To better meet the needs of RCGs, the curriculum was reviewed and modified with contracted agencies and community partners and key stakeholders, including former youth in foster care, parents, RCGs, legal guardians, and adoptive parents. Contracted agencies included Partners in Development Foundation, Catholic Charities Hawaii, Family Programs Hawaii, Hawaii International Child, and EPIC Ohana, Inc. Additional material was provided by community partners, including Planned Parenthood, Kamehameha Schools, Liliuokalani Trust, the Hui Kauhale of Na Kama a Haloa, and the University of Hawaii at Manoa.

The curriculum was revised based on feedback from resource caregiver surveys and the need to provide the most current information about the CWSB practice model, and to incorporate a trauma informed and healing foundation and Native Hawaiian and other cultural perspectives that address the unique needs and experiences of RCGs.

The H.A.N.A.I. resource caregiver training has been revised to include a Trauma and Healing Informed Care lens as the foundation of the curriculum. This also includes shared parenting as the mindset and practice to support parents and children involved in foster care. This may help RCGs understand the experience of children and families in foster care and better support their needs.

The new pre-service training has been increased from 18 hours to a total of 27 hours (14 hours in year one and 13 hours in year two). In year one, caregivers receive training that provides a strong foundation on key topics to serve and care for children and families. Year two provides opportunities to connect and apply principles and concepts in practice through their experience as a resource caregiver. This model will be implemented on April 1, 2022 for all new RCGs and those that have not completed the current model.

CWSB has translated curriculum and brochures in four targeted languages (Marshallese, Chuukese, Tagalog, and Ilocano) to help caregivers understand the desired outcomes and strategies to meet the needs of children, families, and RCGs. Contracted support services also include targeted training and support groups for the RCGs, adoptive parents, and legal guardians that are Marshallese or Chuukese.

In SFY 2021, 524 RCGs completed the H.A.N.A.I. pre-service training, which consisted of 419 child-specific RCGs and 105 general-licensed RCGs. In SFY 2021, 707 individuals

received ongoing trainings. See Data Booklet, Figure 75: Resource Caregiver and Adoptive Parent Attendees at On-going Training for SFYs 2017 – 2021

Effective January 1, 2023, CWSB will begin requiring each licensed resource caregiver to complete a minimum of 13 hours of ongoing training. This is an increase from 6 hours per family to 13 hours per person. A variety of training and learning options will be offered to achieve the requirement.

The following reflects on-going training opportunities that were offered to all relative and non-relative RCGs.

Monthly Virtual Trainings

In SFY 2021, 707 individual RCGs participated in monthly virtual trainings. In the past, in-person, ongoing trainings were offered quarterly. CWSB shifted from offering quarterly in-person trainings to providing monthly ongoing trainings for RCGs, adoptive parents, and guardianship families. This intentional shift was made to strengthen the support and resources provided to RCGs while also adapting to the restrictions imposed by the COVID-19 pandemic. By shifting to virtual trainings, this has allowed RCGs to select from more time and topic options. Virtual trainings also opened up to allow participation from different geographic locations.

Support Groups

In SFY 2021, 54 support groups were provided to RCGs, adoptive parents and guardianship families. Support groups have been developed, including one for RCGs who are grandparents caring for their grandchildren and one for RCGs who are caring for teens. CWSB hopes to expand support groups to include one that will be facilitated by behavioral health professionals to support caregivers to meet the individual needs of children.

Online Trainings and Lending Libraries

RCGs may access various online training options offered through the contracted provider for Resource Caregiver Support Services, including the Foster Parent College online resource, Foster Care & Adoptive Community online training site (www.fosterparents.com and www.fosterparentcollege.com) featuring a range of published articles, and an in-house Lending Library of online videos, DVDs, and books.

In SFY 2021, two individual caregivers accessed the Foster Parent College online trainings. See Data Booklet, Figure 76: Foster Parent College Online Trainings SFY 2017 – 2021.

In SFY 2021, 707 caregivers participated in virtual trainings and there were 27 trainings offered. See Data Booklet, Figure 77: Virtual Mode for Resource Caregiver Training SFY2021.

Adoption Training and Preparation

H.A.P.A. (Hawaii Adoption and Permanency Alliance), a collaborative committee to support adoptive families, held training events for adoptive families. In SFY 2021, there were two trainings opportunities offered, one in April 2021 (“What Family Means to Me and How to Navigate that Process”) and the other in July 2021 (“Understanding and Engaging with Cultural Diversity”). Both trainings were held via Zoom due to the COVID-19 pandemic.

In addition, adoptive parents on Oahu receive support through Family Programs Hawaii’s Wendy’s Wonderful Kids (WWK) program, which uses a comprehensive training and preparation model for adoption. As Family Programs Hawaii works with WWK families, they are able to assess their needs and provide more one-to-one trainings to meet the family’s unique needs.

Adoptive and guardianship families are invited to all ongoing trainings. Due to a change in contracts and service providers on July 1, 2021, data on adoptive and guardianship families’ attendance was not captured for this reporting period.

E. SERVICE ARRAY AND RESOURCES

Comprehensive Counseling and Supportive Services (CCSS) And Molokai Integrated Services System (Miss)/Lanai Integrated Services System (LISS)

Through these comprehensive contracts, a statewide array of services continues to be available to families with children at home or in foster care. Services include an assessment to develop plans that focus on key areas related to a family’s needs, including crisis intervention, counseling and clinical therapy, Ohana Time/Visitation supervision services, individual and group skill building, and transportation.

As part of the CCSS contract, CWSB continues to provide Intensive Home-Based Services using the well-supported evidence-based Homebuilders Model. Homebuilders therapists work with families and children to prevent out-of-home placements, support reunification, support placement stability, and help prevent or support the return from out-of-home placements in higher level of care settings, when appropriate. This service is currently available on Oahu and Hawaii Island and will be expanded to the islands of Maui and Kauai in SFY 2023 as a part of Family First Hawaii.

Monthly worker visits are provided in specific geographic locations and will be available statewide in SFY 2023. The services have been enhanced to include efforts to locate parents that are challenging to find or engage, as well as courtesy visits when families are served on more than one island.

DIFFERENTIAL RESPONSE SYSTEM

As part of Hawaii's Differential Response System to provide the most appropriate, least intrusive response to families, Family Strengthening Services and Voluntary Case Management Services continue to be available statewide.

Family Strengthening Services (FSS)

FSS is a community-based intervention designed to strengthen families reported to CWSB for child abuse and/or neglect, who are assessed as low risk. Services include safety and risk assessments and strengths/needs assessments, information and referral to community resources, development of Individual Program Plans (IPP), individual and group skill building, monthly face-to-face contact, follow-up contact 30 days after case closure, individual and family counseling, problem-solving counseling, in-home monitoring, education, and support for up to six months. FSS is customized to the specific needs of the child and family and continues to be available statewide through the FSS contracts on Kauai, Oahu, Maui, West Hawaii and East Hawaii, through MISS on Molokai, and LISS on Lanai.

Voluntary Case Management (VCM) Services

VCM continues to provide a community-based intervention designed to strengthen families reported to CWSB for child abuse and/or neglect, who are assessed as moderate risk. Services include face-to-face contact with the family, including children; an assessment of safety and strengths/needs; service planning; service coordination; individual and group skill building in the home or other community settings; regular visits in the home; hands-on parenting instruction; practical life skills instruction; role modeling; nutrition information; and planning, monitoring, and ongoing assessments through monthly face-to-face contacts to ensure appropriate and effective services and the safety and well-being of the child. This service is available statewide and is customized to the specific needs of the child and family. CWSB is partnering with VCM agencies to discuss and prepare for Family First Hawaii implementation.

Wraparound

Wraparound – Family Wrap Hawaii, a Title IV-E Waiver service on Oahu and Hawaii Island, continues to be available for those regions. Family Wrap Hawaii works with families whose needs are identified as the most complex and who are experiencing multiple barriers to the identified goal, often with limited time remaining in the legal timeline. Defining features of the Wraparound process include unconditional support provided by the team and unique,

individualized plans that are developed with the family. If the initial plan is not achieving desired outcomes, the team gathers to rethink the configuration of supports, services, and interventions to ensure success.

Eligibility has been expanded to allow referrals before a child has been in foster care for nine months in order to identify and resolve barriers to expedite timely reunification or explore alternative permanency goals as appropriate. This expansion provides children and families with permanency services earlier, which expedites and facilitates creative case planning with the support of a variety of team members to ensure timely permanency for the child in foster care. Wraparound parent partners and staff have also contributed to the Lived-Experience voices for Family First Hawaii. They have also helped in connecting CWSB families with Partners In Care (PIC) to facilitate housing options for CWSB families striving for reunification

In SFY 2021, the total number of children receiving Wraparound was 61.

- 23 out of 61 (38%) children were reunified;
- Five out of 61 (8%) children remained safely in the home; and
- 33 out of 61 (54%) children remained in foster care, however there were varying levels of permanency considerations for some by the time of closure.

Individualized Services for Domestic Violence (DV)

DHS contracts with eight domestic violence shelters across the state to operate and provide 24-hour domestic violence (DV) services.

The goals for these services are to promote survivor and child safety, emotional well-being, and independence; and to strengthen child resilience through safe housing, services, and supports.

Services include a 24 hour DV crisis hotline (crisis intervention, information and referral); 24 hour emergency shelter (safe shelter, food, and other necessities); individualized services, which include supportive counseling, assessment of client's needs, safety and goal planning, advocacy and information, and referral for needed services, such as health services, legal services, and housing assistance; support group services focusing on family violence issues, self-esteem building, parenting, and self-help; transportation and other services; outreach and follow-up services; services for children, including child care, recreational and developmental activities, group and individual counseling, and linkage/referral to other services.

Sex Abuse Treatment and Support Services

DHS contracts with a community provider to offer Intra-familial Sexual Abuse Treatment Services (IFSATS). The services provide comprehensive assessment and treatment services to families/caregivers whose children are victims of intrafamilial sex abuse.

The goals for these services are to ensure and promote safety for the child victim and family by strengthening protective factors and capacity, increasing understanding of the dynamics of sex abuse, and developing a customized personal safety plan. Other areas of support include holding offenders accountable for their actions, engaging them to make positive behavioral changes, and to prevent re-abuse or risk of sexual abuse of the child by the parent/caregiver.

Services include assessments, psychosexual evaluations, polygraphs, individual service plans, group treatment, individual therapy/clinical counseling services, family therapy, therapeutic visits, and discharge and safety plans.

Human Trafficking (HT) Services

By their very nature, Human Trafficking services are customized. HT services support suspected or identified victims of human trafficking to safely leave the trafficking situation and assist them in addressing their immediate and long-term needs.

The goals for these services are to provide victim-centered, trauma informed services that are individualized and responsive to the needs, values, culture, and gender identity of the victim to support victim safety, health, and wellbeing.

Services include 24/7 crisis response, intake, human trafficking assessment, case management, trauma assessment, service coordination with other service providers, individual counseling, support and advocacy, and mentorship. Services for parents, guardians, and caregivers are also provided, including information on the impact of human trafficking on victims, guidance on dealing with the effects of trauma, psychoeducation on the dynamics of human trafficking, and group training sessions on various topics regarding trafficking for parents/guardians/caregivers at least once a year statewide.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

1. CFSR Item 31: State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR

The All-State Team, which includes members from the Oahu Zero To Three (ZTT) specialty Court, Court Improvement Program (CIP), Community-Based Child Abuse Prevention (CBCAP), Department of Health, Department of Education, and CWSB, continues to meet monthly through video conferencing technology to collaboratively identify needs, resources, and opportunities to improve access to services and supports for families with children aged 0-3 served by the Oahu Zero To Three Court. Over the last year, the All-State Team continued to meet and discuss the needs of families with children aged 0 – 3 as well as identify resources to meet those needs. Team participants have nurtured relationships and invited presenters from resource agencies to share

programs and services and foster connections to improve awareness of and access to these resources.

Commercial Sexual Exploitation of Children (CSEC)

DHS is co-chair of the Commercial Sexual Exploitation of Children (CSEC) Committee with the Family Court of the First Circuit as the lead. This Commercial Sexual Exploitation of Children Steering Committee, which meets monthly, is comprised of members from various State and Federal agencies. The purpose of the steering committee is to provide a coordinated cross system response to identify and respond to child victims of sex trafficking. In collaboration, members have increased training in identifying and reporting suspected trafficking.

DHS is also a member of the Honolulu County Human Trafficking Task Force lead by the Honolulu Prosecutors Office. Convened in May 2019, the task force was dormant during the pandemic, but has become more active and productive under new leadership at the Prosecutors office. Core members include Department of the Prosecuting Attorney, Susannah Wesley Community Center, Homeland Security Investigations. As the task force evolved, DHS, Legal Aid Society of Hawaii, Sex Abuse Treatment Center, Honolulu Police Department, Deputy Attorney General's Office, FBI, Hoola Na Pua, and the Children's Justice Center have been added to the membership. The mission of the Honolulu County Human Trafficking Task Force is to combat human trafficking through a coordinated and collaborative response by law enforcement and service providers, utilizing a victim-centered trauma informed approach to investigate and prosecute human trafficking cases and provide comprehensive services to all victims of human trafficking.

Court Stakeholders

Hawaii's PIP3 includes a strong focus on achieving timely permanency. Several strategies have been implemented to address this cross-cutting theme, including collaboration with court stakeholders. CWSB, CIP, and the National Council of Juvenile and Family Court Judges (NCJFCJ) have collaborated to initiate, coordinate, and facilitate regular quarterly stakeholder meetings to discuss permanency and other PIP initiatives in which CWSB and the Family Court have decision-making authority, responsibility, and influence. The meetings are facilitated by the NCJFCJ liaison.

All quarterly stakeholder meetings follow a collaboratively created agenda with a focus on case review data, and Family Court and CWSB strategies to support timely permanency. Section-specific data is shared to support fruitful discussion about factors contributing to the data and strategies specific to each section's needs in addressing the

data. Meetings are structured to facilitate discussion, creative thinking, and development of collaborative approaches and solutions.

Among the major topics for the past year have been:

- Engagement: Engaging families in the court process. Breakout groups have been implemented during quarterly stakeholder meetings to facilitate and elicit feedback from participants on barriers to engagement and strategies to enhance engagement.
- Concurrent planning: quarterly stakeholder meetings continue to provide an opportunity and venue to monitor PIP3 strategies on concurrent permanency planning. Discussions have focused on whether parents have a clear understanding of concurrent planning and what further support is needed.
- In-Home Services: Services to maintain children safely in the home, including providing appropriate services directly related to the safety threat and risk concern that exists within the home. Discussions have focused on reviewing strategies that are working or not working and the role of court stakeholders in supporting children in the home whenever it is safe and appropriate.
- Ohana Time: The impact of COVID-19 on Ohana Time, concerns about the lack of contact between parents/caregivers and children, and COVID-19 pandemic's impact on permanency goals, has been a regular topic of discussion. CWSB has kept court partners informed of interim Ohana Time policies and procedures to ensure the health and safety of staff and families, the use of virtual visits to enhance Ohana Time, and efforts to resume in-person visits.
- Virtual court hearings: In response to the COVID-19 emergency, in-person hearings were halted. Court partners and CWSB shared and discussed the interim processes for attendance at hearings and provided regular updates on the status of the court return to in-person hearings.

Other meetings that include CIP, CWSB leaders, Family Court judges, DAGs, GALs, CASAs, parents' counsel, and other judicial partners have focused on promoting a shared understanding and responsibility for permanency outcomes and implementation of concurrent planning, and other topics such as the Interstate Compact for the Placement of Children (ICPC) and Family First Hawaii.

There has been good attendance by judges, DAGs, CASAs, parent counsel, GALs and CWSB staff. Participants have shared their experiences with the Court's use of the concurrent planning benchcards, timeliness of adoption, challenges presented by

COVID-19, and other topics. The overall feedback on these meetings has been positive and participants express appreciation for the data that is shared and appreciate having a venue to share challenges and hear about strategies implemented by both CWSB and the courts to improve outcomes.

Stakeholder Consultation and Collaboration in Family First Hawaii

The FFH collaborative approach in direction, implementation, and decision-making is reflective of Hawaii's collectivist culture where relationships and interconnectedness between people and groups play a key role in decision-making and in the overall success of the program. FFH staff participate in internal and external committees such as All State, Casey Family Programs Strategic Planning Committee, Na Kama a Haloa, CWSB Management Leadership Team, and the CWSB Advisory Committee to keep these groups informed and engaged in FFH activities and implementation. This all-inclusive approach is illustrated in the FFH governance structure, which is composed of multiple committees and workgroups consisting of various stakeholders. *See Section II.A.1 FFH Overview for a description of FFH committees and workgroups and FFH Governance Structure graphic.*

The FFH Executive Committee, consisting of administrators from various State departments, divisions and branches, was initially set up during planning/development phase to promote interagency cooperation and resolve any barriers to FFH implementation within the system of care. These State departments, divisions and branches include Department of Human Services (SSD, CWSB, DHS Policy Director, CWSB PD, MedQuest, and SSO), and Department of Health (CAMHD, MCHB, ADAD). Quarterly meetings are planned to start in 2022.

The Steering Committee is responsible for oversight of all implementation activities, including management of the Implementation Management Team (IMT). This committee is charged with resolving all policy, practice, and infrastructure concerns that are not addressed within workgroups or the IMT. Steering Committee membership includes the SSD Administrator, CWSB Branch Administrator and Assistant Branch Administrator, Program Development Administrators, FFH Lead, FFH Program Manager, Case Pathways co-lead, and CBC and CSSP consultants.

The IMT, with support from the Steering Committee, is responsible for managing and coordinating all implementation activities, setting directions for future FFH expansion, and establishing processes for reviewing and adding services to the FFH prevention services array. The IMT includes the SSD administrator, CWSB administrators, CWSB program development administrators, CWSB section administrators and supervisors, who represent line staff, Lived Experience Advisory Group (LEAG) members, UH Maui CQI, UH Evaluation Team, Casey Family Program, CPSS and SHAKA database systems

staff, CBC and CSSP consultants, and the co-leads of all FFH workgroups (CQI/Evaluation/Data, Case Pathways, Training, LEAG, Communications, Program Contracts, Fiscal). The FFH workgroups report to the IMT which is responsible for approving and moving forward any recommendations from the workgroups.

The Lived Experience Advisory Group (LEAG) consists of parent partners (birth parents previously involved with CWSB who provide support to current CWSB involved parents through EPIC Ohana wraparound services), young people formerly in foster care, resource caregivers, CWSB PD, CSSP TA support, and EPIC Ohana support staff. The group meets monthly and has provided valuable feedback in FFH planning and implementation. CWSB is committed to genuinely partnering with our LEAG members beyond just meeting federal requirements. FFH continues to maximize opportunities to consult with LEAG members in key areas of FFH implementation and case practice. In December 2021, a LEAG Co-Lead co-presented with the FFH Lead at the CBC Family Leaders Conference to share Hawaii's efforts in partnering with families. Hawaii's commitment to empowering the family voice has resulted in LEAG members reporting that they "now feel genuine partnership in the FFH initiative".

The Case Pathways workgroup is an excellent example of genuine partnership with LEAG members in developing the revised Family Service Plan (FSP) which was implemented in February 2022. Case Pathways consulted with LEAG members to ensure family voice and guidance in the creation of a family-centered, strengths-based plan. The revised FSP promotes family and parent engagement and participation in identifying their own goals and tying in individual and family functional strengths to meet these goals. The LEAG birth parents created a video specifically for FSP trainings to share their experiences on receiving their Family Service Plans and how that made them feel. The parent partners were also present at the staff trainings to answer any questions that CWSB staff had for them after viewing the video. The overall feedback from staff regarding the birth parent video and question and answer sessions was very positive, with staff realizing the importance of not only what they delivered in terms of services, but *how* they delivered services to families.

Our Case Pathways workgroup and Home Visiting services (HV) lead collaborated with DOH Maternal, Infant, and Early Childhood Home Visiting (MIECHV) to ensure continuity of services for families who wish to continue home visiting services upon CWSB or VCM case closure. Future plans include a seamless crossover of these families to DOH and continuation of services. Work in the near future includes DHS CWSB and DOH collaborative development of a memorandum of understanding supporting continuity services for families transitioning out of CWSB.

CWSB has established monthly meetings for HOMEBUILDERS®/IHBS, Home Visiting services, and Voluntary Case Management service providers to share information and

requirements for FFH implementation, build relationships, encourage provider feedback and input in the implementation process, and promote cross-collaboration with CWSB and amongst the provider agencies. These service-specific meetings have provided a venue for critical conversations and problem solving issues on required data reports, outcome measures, and ensuring services are provided in alignment with FFH goals and principles. These meetings have helped service providers transition to the implementation of FFH services.

The Communications workgroup is responsible for internal and external communications activities related to FFH implementation, including imagery and branding. The Communications group worked in partnership and consultation with Casey Programs, Na Kama a Haloa and Hui Kauhale (Native Hawaiian cultural consultant groups) to create the puolo logo and metaphor that represents FFH. Metaphors are often used in the Hawaiian culture to explain concepts in a way that Hawaiians and similar cultures, can understand and accept. Each piece of the puolo (a vessel containing something valuable) symbolizes the purpose and intent of FFH to keep children and families at the center of CWSB practice by weaving the culture and values embraced by the families in Hawaii into practice. It tells the story of how and why we are reforming our practice by keeping families safely together. The Communications group, Na Kama a Haloa, and EPIC Ohana, supported with funding from Casey Family Programs, collaborated to bring the FFH Puolo Metaphor to life through an inspiring 11 minute video.

The group created the video depicting the efforts of FFH in a culturally sensitive approach to make meaningful connections with Native Hawaiians. The Puolo metaphor video was not only created to pay respect to Hawaii's host culture, but to also address the disproportionate number of Native Hawaiians served by the child welfare system.

See Section IV. Programs Supporting Permanency, A.2.a Most Vulnerable Populations for a discussion of the over-representation of Hawaiian children in foster care. FFH is committed to integrating race equity throughout its work. *See Race Equity paragraph below on tentative plans for addressing racial disparity in FFH.*

The Communications group is also responsible for developing and distributing FFH newsletters and articles to engage and inform partners and the broader community of FFH activities and accomplishments. An FFH newsletter shared the puolo metaphor with CWSB staff, internal and external partners, and the FFH distribution list of almost 600 people, which includes State departments, Family Court, Prosecutor's office, Legislator's offices, Honolulu Police Department, military branches, LEAG members, CWSB contracted providers, community-based service providers, and nonprofit agencies.

The FFH newsletters, updates, and FFH puolo metaphor video have generated interest and positive responses. Video viewers shared positive feedback and shared the newsletters and FFH uolo metaphor video with their networks. The puolo video and an article on FFH 2021 Accomplishments were highlighted and shared in a press release by DHS on March 1, 2022.

The CQI & Evaluation workgroup was assigned to finalize the details of data collection, monitoring, managing, analyzing, and reporting of data. In order to ensure appropriate and meaningful data collection and management, the CQI workgroup consulted with the following FFH workgroups:

- Lived Experience Advisory Group – to identify research areas and ways to make data meaningful.
- Data and Information Technology Workgroup – to define and coordinate data collection and reporting.
- Case Pathways Workgroup – to ensure proper understanding of FFH plans and casework.
- Contracts Workgroup – to specify data elements for service providers and to facilitate work with national evidence-based model data systems.
- Training Workgroup – to help inform staff and providers about relevant aspects of the CQI and evaluation systems.

The CQI & Evaluation group and the IT & Data group were combined into one workgroup as FFH moved into the data collection phase. The merging of these two workgroups is to support a seamless integration of CQI activities with the technical support for data collection and management.

Race Equity: As indicated in the FFH Title IV-E Prevention Plan, Family First Hawaii is one of many strategies CWSB is leveraging to address inequities within the child welfare system, with a long-term goal of reducing disparities experienced by Native Hawaiian children and families. A Race Equity workgroup has been established to address racial inequities with a targeted focus on the disproportionate number of Native Hawaiian children in foster care. Members of the Race Equity workgroup include CWSB PD/FFH Lead, a LEAG representative, and a Native Hawaiian cultural consultant or a representative from a Native Hawaiian organization. The workgroup will continue to work in consultation with Na Kama a Haloa – a statewide collaboration of organizations to address ethnic disparities and disproportionality – and other race equity groups to maximize existing expertise and resources.

The Race Equity workgroup will also work in tandem with the FFH CQI/Evaluation/IT/Data workgroup to focus on demographic data on CWSB-involved children and families, including looking for trends in specific geographic areas or CWSB

sections; ruling out factors that may provide plausible explanations for disproportionate numbers; reporting findings to the Steering Committee and IMT; and making recommendations to address racial disproportionality and disparity in child welfare on systemic and individual case practice levels. The Race Equity workgroup will be exploring membership with various agencies focused on Native Hawaiian and other demographics impacted by the CWSB.

Impact of COVID-19

In-person meetings and in-person community-based outreach were not conducted during the initial FFH implementation in 2021 and the first half of 2022 due to COVID-19 restrictions and precautions. In spite of this, the use of virtual meetings and email communications has been effective in engaging key stakeholders, which include persons with lived experience, community organizations, contracted service providers, and state department representatives. Sharing FFH newsletters, articles, and the puolo metaphor video through email communications with a DHS distribution list of almost 600 persons has allowed outreach to a broader community. While in-person outreach is valuable, the use of current technology makes it easier, more convenient, and safer to reach more people.

2. CFSR Item 32: Coordination of CFSP Services with Other Federal Programs

CWSB is expanding and strengthening its relationship with Department of Health - Maternal and Child Health Branch. The Maternal and Child Health Branch includes several functions and resources, including supports for parenting and child development in Hawaii. This partnership allows broader access to information and training for resource caregivers, e.g., the Parent Line. This partnership has created new opportunities for CWSB's resource caregivers to access play yards, trainings, and information administered through the Maternal and Child Health Branch.

CWSB is also partnering with the DHS - Benefits, Employment, and Support Services Division – Child Care Connections to access and share available trainings on child development and childcare with resource caregivers.

Technical Assistance Support in Family First Hawaii

CWSB continues to benefit from technical assistance received from consultants with the Center for the Study of Social Policy (CSSP) and Capacity Building Center for States (CBC) while FFH is in its initial implementation phase. CSSP has been providing technical assistance to CWSB since March 2020 via funding from the Annie E. Casey Foundation and has been involved in every aspect of the planning, development, and implementation process for FFH. CSSP consultants continue to provide significant support to the overall progress of FFH.

The Capacity Building Center for States (CBC) started providing technical assistance and support to FFH via ACF in February 2021. CSSP and CBC consultants have been assigned to individual FFH workgroups to provide guidance and support to the overall workgroup and to the specific workgroup leads. All FFH workgroups (Case Pathways, Communications, CQI & Evaluation, IT & Data, Training, Program Contracts, and LEAG) have the benefit of TA support with the exception of the Fiscal workgroup.

The workgroup leads, who have TA consultants, have the advantage of one-to-one mentoring support from their assigned consultants during workgroup preparation/planning meetings. The pairing of consultants and workgroup leads has been effective in building individual worker capacity and expertise in their specific roles and functions in FFH.

All CSSP and CBC consultants participate in the Steering Committee and IMT meetings. The Steering Committee has benefited from the combined expertise of these consultants in meetings to problem solve complex issues and barriers to FFH implementation.

FFH workgroup leads continue to participate in the Casey Family Programs (CFP) Learning Collaborative meetings. Through these meetings, the workgroup leads learn how other states are implementing FFPSA and obtain valuable information and ideas from the shared knowledge and presentations.

Impact of COVID-19

There has been no noticeable negative impact from COVID-19 in this particular area. Since all TA consultants are mainland-based, the standard means of interaction has historically been electronic, e.g., virtual meetings, email communications, and shared drives. The only challenges with this arrangement are related to scheduling virtual meetings due to participants' various time zones and Daylight Saving Time changes. This challenge is, however, a result of geographic distance and not the pandemic.

G. FOSTER/RESOURCE AND ADOPTIVE FAMILY RECRUITMENT AND RETENTION

1. CFSR Item 33: Standards Applied Equally

Licensing rules apply uniformly to all licensed and approved resource family homes and child caring institutions receiving Title IV-B or IV-E funds. HAR 17-1625 Licensing of Foster Family Homes for Children and HAR 17-1627 Licensing of Child Caring Institutions codify Hawaii's licensing requirements. CWSB does not permit safety waivers of these licensing requirements.

While CWSB does not grant waivers or exemptions for a potential caregiver's criminal history, waivers for non-safety licensing standards for relative foster family homes may be authorized pursuant to section 471(a)(10)(D) of the Social Security Act. Waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms and the number of beds, may be granted if the waiver does not compromise the health and safety of the child. Although waivers may be requested for all homes, space and bed waivers have recently been authorized only for relative placements. A waiver of the bed requirement is often resolved during the home study process, as the contracting agency and CWSB assist resource caregivers in obtaining additional beds if cost is an issue.

If a waiver is needed after a home study is completed, a request describing the circumstances and what is being done to resolve the situation may be sent to the CWSB licensing unit. The request is reviewed by the licensing unit supervisor and then the waiver request and the unit recommendation are forwarded to the section administrator for approval or denial.

Data

From July 1, 2020 to June 30, 2021, there were 20 space waivers approved statewide. Space waivers are available for relative placements only.

Annual Update

In SFY 2021, pre-service and ongoing training for RCGs was provided by Partners In Development Foundation (PIDF), a contracted provider. PIDF subcontracted with Catholic Charities Hawaii (CCH) for child-specific services and Family Programs Hawaii (FPH) for support services during SFY 2021.

In SFY 2022, contracts for services to recruit, license, and support RCGs were realigned through the procurement and contracting process. There are now three distinct contracts that focus on the following topics: Recruitment, Home Studies, and Support Services (including Pre-Service Training and Ongoing Training, the resource caregiver support line, and the Kinship Navigator Program).

The Hawaii Assures Nurturing and Involvement (H.A.N.A.I.) resource caregiver training has been revised to include a Trauma and Healing Informed Care lens as the foundation of the curriculum. The new training uses the shared parenting and trauma informed perspectives as the basis for supporting parents and children involved in foster care with a goal of helping RCGs better support children and families by understanding the experience of children and families in foster care.

Having pre-service and ongoing training, support services, and home studies provided by the same agency provides an opportunity for a coordinated approach to help establish relationships to support RCGs. The ongoing trainings have been adapted and enhanced based on information from calls to the Warm Line for support, questions from RCGs and topics discussed at support groups, and monthly meetings with CWSB caseworkers and licensing workers. Ongoing training provides a continuum of learning.

Pre-Service Training for All Prospective and New Relative Resource Caregiver's

The H.A.N.A.I. (HANAI) curriculum provides required training for all prospective resource caregiver homes. The H.A.N.A.I. Pre-Service Training began as an adaptation of the "CORE Training for Resource Families" developed by the Alaska Center for RCGs.

The curriculum was revised based on feedback received from resource caregiver surveys and the need to provide the most current information about the CWSB practice model, and incorporate a trauma informed and healing foundation as well as Native Hawaiian and other cultural perspectives to address the unique needs and experiences of RCGs.

Input from contracted agencies and community partners, key stakeholders, including former youth in foster care, parents, RCGs, legal guardians and adoptive parents was used to revise the curriculum to better meet the needs of RCGs. Comments and suggestions were provided by Partners in Development Foundation, Catholic Charities Hawaii, Family Programs Hawaii, Hawaii International Child, EPIC Ohana, Inc., and community partners, including Planned Parenthood, Kamehameha Schools, Liliuokalani Trust, the Hui Kauhale of Na Kama a Haloa, and the University of Hawaii at Manoa.

Pre-service training has been increased from 18 hours to 27 hours (14 hours in the first year and 13 hours in the second year). The first-year training provides caregivers with a strong foundation on key topics to serve and care for children and families. The second year provides opportunities to connect and apply principles and concepts in practice through their experience as RCGs. This model was implemented on April 1, 2022 for all new RCGs and those that have not completed the previous model.

CWSB translated curriculum and brochures into four targeted languages (Marshallese, Chuukese, Tagalog, and Ilocano) to help caregivers understand the desired outcomes and strategies to meet the needs of children, families, and RCGs. Contracted support services also include targeted training and support groups for Marshallese and Chuukese RCGs, adoptive parents, and legal guardians.

Effective January 1, 2023, licensed RCGs will be required to complete a minimum of 13 hours of ongoing training annually. This is an increase from six hours per family to 13 hours per person.

Hawaii's Licensing Solution Website and Portal

DHS is currently in the process of developing and implementing an online licensing portal to process the licensing applications for all resource caregivers. Hawaii's Licensing Resource Caregiver Website will be the starting point for anyone interested in becoming a resource caregiver. The initial inquiry from any interested community member will start at <https://rcg.hawaii.gov>. This exchange and sharing of data allows for more expedited and comprehensive communication between DHS and the contracted providers that will enhance service coordination and improve outcomes for children and families.

Hawaii's Licensing Solution Portal (<https://family.binti.com/users/login>) will be the primary work platform between DHS, providers, and resource caregivers. DHS will provide training, support, and appropriate access for providers to process all new resource caregiver applications.

On July 20, 2021, DHS officially launched the general-license module of the online licensing portal. Provisionally licensed child-specific resource caregiver homes resulting from the emergency placement of children into foster care with relatives often require additional steps for full licensing. The technology, known as application programming interface (API), a critical product used for the interaction of data/information between the licensing portal software/system and the CPSS legacy system, is being finalized for the child-specific module. In addition, Hawaii's Resource Caregiver Website is live and provides a wealth of DHS information for resource caregivers and others, ongoing training topics/registration, and support group topics/registration.

2. CFSR Item 34: Requirements for Criminal Background Checks

Overview

CWSB has procedures to ensure compliance with federal requirements for criminal background clearances related to licensing and approving foster care, and adoptive and legal guardianship placements. Hawaii State Criminal Justice clearance is completed for each RCG and all adult household members annually or biennially depending on whether the resource caregiver home is licensed for one year or two years.

Annual Update

Hawaii has procedures in place that ensure a standardized process and documentation of expectations for criminal background clearances related to licensing and approving foster care, and adoptive and legal guardianship placements that are consistent with federal security requirements.

Data

In SFY 2021:

- 1,826 RCG homes were approved and issued an unconditional license.
- 247 children exited foster care through the permanency goal of adoption.
- 232 children exited foster care through the permanency goal of legal guardianship.
- The number of adoptions and legal guardianships increased by 2% between SFY2021 and SFY2022.

See Figure 58: Exits by Adoption and Legal Guardianships SFYs 2017-2021 and Figure 59: Adoption and Legal Guardianships SFYs 2017-2021 as Percentages of All Exits in Data Booklet.

Internal Title IV-E Review

In SFY 2020, an internal Title IV-E review was conducted. The goals of the review were to:

- a. Determine whether federal funds are spent on behalf of eligible children, in eligible placements, and in accordance with federal statute, regulation, and policy; and
- b. Provide timely and specific feedback to the State that can directly affect the proper and efficient administration and implementation of their Title IV-E foster care maintenance payments programs.

Part of the review evaluated whether there was documentation that the child's resource caregiver home was fully licensed or approved for the child's placement, during the period under review (PUR), even when the placement was in an out-of-state foster care setting. Background clearances must be completed in accordance with procedures and federal requirements for a placement to be considered fully licensed.

Findings of the review indicated that staff would benefit from clarification on completing timely background checks at renewal/recertification. Procedures were developed to clarify the background clearance process to support staff in ensuring the safety and well-being of children in foster care, and to assess the resource caregivers' ability to meet the safety requirements for unconditional licensing. These procedures disseminated to staff in June 2020, defined what constitutes a background clearance,

reiterated how long they are valid, and provided guidance on the different junctures at which clearances must be completed.

Additional procedures are being developed to support staff on assessing convictions and history for licensing resource caregivers. The procedures identify the specific convictions, as well as arrests history, within the past five years of an applicant or adults living in the same home that would make an applicant ineligible for licensure. The procedures also provide guidance to staff on assessing convictions and history that took place outside of the five-year timeframe and criteria to be used to assess safety of placement.

HCWCQI, PD, and SDO are collaborating on developing a training curriculum to accompany the revisions to these procedures to further support staff with clarification on assessing convictions and criminal history of resource caregivers. All staff will be trained on these new procedures by the end of 2022.

Rap Back

Hawaii CWSB is working to onboard to Hawaii Criminal Justice Data Center's (HCJDC's) Rap Back services. Rap Back is an extension of the fingerprint-based criminal history check process authorized by HRS §846-2.7. It is a free subscription-based service that will immediately inform CWSB when criminal activity is reported on an individual. Rap Back services will help ensure placements are safe for Hawaii's children in foster care, as well as ensure timely completion of criminal background clearances, by providing continuous vetting of individuals in a position of trust, notifying CWSB of subsequent activities that occur after the initial processing and retention of fingerprint transactions, and providing CWSB with timely notification of criminal activity.

CWSB is working to complete the application and obtain training from HCJDC in order to begin Rap Back services.

Portable Live-scan machines

To help further improve outcomes for Hawaii's children in foster care, CWSB recently purchased three portable live-scan fingerprint machines for Oahu, Hawaii island, and Maui Island. CWSB anticipates that the purchase of the live-scan machines will play an instrumental role in timely processing prospective resource caregiver's fingerprints checks, including adult household members with mobility issues that previously delayed the licensing process due to difficulty accessing a vendor for fingerprinting. These portable machines will allow CWSB to easily move the fingerprint system between CWSB offices as needed.

Hawaii expects that outcomes will improve by:

- a. Ensuring the safety of children in foster care;
- b. Improving stability of foster care placements by expediting the unconditional licensure of prospective resource caregivers without relying on other state offices' equipment; and
- c. Increase the penetration rate to allow the state to receive more reimbursement from the federal government.

A targeted review for Item 34 was not conducted during this APSR reporting period. Updates to the licensing process were only implemented within the past year. To support licensing needs, CWSB procured three (3) portable livescan fingerprint machines. These machines will help improve outcomes for Hawaii's children in foster care by:

- a. Ensuring the safety of children in care;
- b. Ensuring the safety of children in foster care;
- c. Improve stability of foster care placements by expediting the unconditional licensure of prospective RCGs without relying on other state offices' equipment; and
- d. Increase the penetration rate to allow the state to receive more reimbursement from the federal government.

In March 2022, CWSB received its three portable livescan machines. Three separate "train the trainer" sessions were provided to designated licensing staff, as well as to the Staff Development Office. The train the trainer sessions allow for SSD to provide future trainings to new staff who may need to utilize the machine. A policy on the portable livescan machines has also been drafted to help support CWSB licensing staff's use of the livescan machines. Consideration for a review will be requested after staff have received training on the live-scan machines and staff have been able to utilize the machines for new and current licensed homes.

HCJDC Systems User Validation Report

In compliance with the Federal Bureau of Investigation (FBI) Criminal Justice Information Services (CJIS) Security Policy, Hawaii Criminal Justice Data Center conducted its annual user account validation in October 2020. The annual review requires that agencies with access to HCJDC systems verify that those staff listed as active users continue to have a valid need to access the system as determined by assigned official duties. In addition, the FBI CJIS Security Policy requires the completion of Security Awareness Training within six months of initial assignment, and biennially thereafter, for all personnel who have access to criminal history information. Therefore, the report also requires

verification that personnel have satisfactorily completed security criteria required for system access.

This annual report not only complies with FBI policy, but also assists CWSB in ensuring that staff are aware of their responsibilities as they pertain to criminal history information and those that need access to HCJDC systems have that access in order to complete required background clearances to ensure the safety of children in foster care.

In October 2020, Hawaii CWSB successfully completed and submitted its annual user validation report to HCJDC.

Impact of COVID-19

The COVID-19 pandemic continues to impact many in-person services through office closures, limited hours, and staffing. Early on during the pandemic, FBI fingerprinting services were impacted, which caused challenges to RCGs meeting licensing requirements timelines. Due to the pandemic, fingerprinting sites were limited across the states and those that remained open were not accepting appointments or walk-ins. During this time, the state temporarily revised the process for child-specific licensing and approved a temporary delay for up to 90-days or until the end of the COVID-19 crisis and service providers are open for regular business for FBI fingerprinting. CAN, CJIS, Hawaii Sex Offender and National Sex Offender check requirements remained in place and all RCGs and all adult household members were required to undergo these checks prior to placement of a child(ren) in the child-specific home.

As restrictions have eased, the State's temporary procedures continue to be in place to support new and current RCGs. Ongoing meetings with licensing staff and providers occur regularly and time is utilized to evaluate the need to amend the interim policies and procedures, taking into consideration new guidance from Centers for Disease Control and Prevention (CDC), Department of Health (DOH), Administration on Children, Youth and Families (ACYF), Governor of Hawaii, the mayor of each County, and Department of Human Services (DHS).

Since implementing interim licensing guidelines under COVID-19, Hawaii has slowly begun to reopen for business. There are currently no fingerprinting sites that are being impacted by COVID-19 and RCGs can timely complete FBI and all other background clearances.

3. CFSR Item 35: Diligent Recruitment of Foster and Adoptive Homes

Foster and Adoptive Parent Diligent Recruitment Plan

Progress and accomplishments in implementing the State's Foster and Adoptive Parent Diligent Recruitment Plan.

In SFY 2021, 89 resource caregiver applications were provided to interested individuals/families and 55 families (96 individuals) were licensed as new resource caregivers.

Individuals Interested in Becoming a General Licensed Resource Caregiver

Individuals and families interested in becoming a resource caregiver (RCG) were identified through a variety of outreach and targeted activities, including media campaigns, events, and targeted recruitment. A total number of 811 individuals comprising 584 families expressed interested in becoming a resource caregiver and provided contact information.

Targeted Recruitment Efforts

Native Hawaiian Resource Caregivers to Support Children who are Native Hawaiian

There were 27 campaigns completed across the State with 39 RCG applications submitted.

Resource Caregivers to Support Teens

There were 31 campaigns completed across the State with 20 RCG applications submitted.

Resource Caregivers to Support Sibling Groups of Three or More

There were 20 campaigns completed across the State with 18 RCG applications submitted.

Resource Caregivers to Support LGBTQ+ Youth

There were eight campaigns completed across the State with 77 RCG applications submitted.

Resource Caregivers to Support Youth that Have Been Trafficked

There were three campaigns completed across the State with 52 individual RCG applications submitted.

Additional Recruitment Strategies

Ohana Rewards (\$200 gift cards) were provided to resource caregivers that referred new individuals/families who met all licensing requirements and subsequently became new resource caregivers. 12 Ohana Rewards were awarded.

4. CFSR Item 36: State Use of Cross Jurisdictional Resources for Permanent Placement

Hawaii has a statewide process for the use of cross-jurisdictional resources to facilitate permanent placements. Hawaii has been a party to the Interstate Compact on the Placement of Children (ICPC) since 1985. The ICPC is a statutory agreement among all 50 States, the District of Columbia, and the US Virgin Islands that governs the placement of children from one State into another. The agreement sets forth the requirements that must be met before a child can be placed out of state, to ensure that prospective placements are safe and suitable before approval, and that the individual or entity placing the child remains legally and financially responsible for the child following placement.

a. Annual Update

Hawaii's ICPC services continue to be provided by a single contracted provider, Catholic Charities Hawaii (CCH), under the oversight of Hawaii State ICPC administrator in the CWSB Program Development unit.

The State regularly collaborates with the CCH provider to ensure the timeliness and efficiency of ICPC services. Regular meetings are held to review ICPC services and accomplishments, as well as challenges to providing services.

COVID Implications

In March 2020, when a State and national emergency was declared related to the COVID-19 pandemic, modifications to the delivery of services were warranted to ensure the health and safety of staff and children and their families.

Virtual meetings were initiated early on between the state and CCH to develop interim policies and procedures related to all ICPC activities. These virtual meetings have continued between the state and CCH to ensure continued delivery of services, to evaluate any challenges and/or barriers to service delivery, and to evaluate the need to amend the interim policies and procedures taking into account new

guidance from Centers for Disease Control and Prevention (CDC), Department of Health (DOH), Administration on Children, Youth and Families (ACYF), the Governor of Hawaii, the mayor of each County, and Department of Human Services (DHS).

As restrictions have eased within the state, modifications have been made to increase face-to-face contact for all ICPC activities while continuing to ensure the health and safety of families and staff. At this time, ICPC activities for both home studies and placement are conducted in-person, with some exceptions. Home study interviews are the only activity being conducted virtually with one in-person interview at the time of the home inspection. Face-to-face visits on Oahu and Hawaii Island resumed in January 2021, while face-to-face visits on the islands of Maui and Kauai resumed in October 2021. Face-to-face visits on the neighbor islands were postponed due to continued travel restrictions imposed by the State's Safe Travels Program, as well as the high cost of transportation and/or the unavailability of rental cars/Uber services/taxis. While travel restrictions remained in place, visits on the neighbor islands continued virtually until restrictions were lifted and face-to-face visits resumed in October 2021.

Collaboration:

The state ICPC office has regular virtual meetings with CCH to ensure the timeliness and efficiency of ICPC services, and to discuss accomplishments and challenges to providing services. Additionally, the state ICPC office and its provider have invited community providers to monthly meetings to present on services within the community, and to learn about the purpose, function, and policies of other agencies, such as the Missing Child Center Hawaii and the Hawaii Interstate Compact on Juveniles (IC-J) office, which can provide support to youth across state lines. This cross-sharing of resources and knowledge has helped to expand community resources available to Hawaii ICPC youth and their families. This sharing of information has also helped to locate Hawaii youth who ran away from their out-of-state ICPC placement, and to ensure their timely return to the state.

The state ICPC office and its provider are currently working with the Hawaii IC-J office on the development of policies and procedures related to ICPC requests involving an adjudicated youth.

ICPC Enhancements and Supports to Caseworkers

The State and CCH provider continue to review and discuss ways to support staff in understanding the ICPC process, its connection to practice, and to look at ways in which ICPC requests can be made more efficiently.

One tool that has been created to support staff is a comprehensive list of the required documents needed for a complete ICPC packet. This list identifies the different documents that are required depending on the type of ICPC request and placement resource. The purpose of the list is to support caseworkers and minimize packets not being accepted due to missing information and/or documents. Since the list was first shared with caseworkers in 2020, it has been revised from a long narrative list to a chart that gives caseworkers with an easier visual to navigate. This document is one of several ICPC tools that are maintained in an ICPC folder, which caseworkers can access through the web-based SHAKA system.

Additional enhancements and supports include revisions and reformatting of the State's ICPC procedures. The ICPC procedures provide caseworkers with uniform departmental procedures to implement the Interstate Compact on the Placement of Children (ICPC), for children moving out of State or into Hawaii. The procedures have been updated to align with the numerous significant changes that the State has made to its ICPC process since 2016. Highlights to the revised procedures include:

- Responsibilities of the Caseworker in the Sending State prior to and when an ICPC request has been submitted;
- Guidance on ICPC's applicability to parent placements;
- Guidance on conducting Ohana Time with ICPC placements;
- Use of virtual technology to support monitoring; and
- The incorporation of NEICE to submit, monitor, and communicate on ICPC requests.

Training

In addition to these tools, the State, in partnership with the CCH provider, continues to provide ICPC-NEICE training to staff.

In June 2021, the State and its provider collaborated on a statewide ICPC training for Family Court judges, who do not generally receive training on the ICPC. The training included an introduction to ICPC and its articles and regulations, the importance of ICPC and its relevance to casework practice, and the role of judges in ICPC. The training was held virtually, which allowed judges across all circuits to participate, including both full-time and per diem judges. The training was recorded and will be available to view by judges who could not attend the training or who need a refresher.

In addition, a statewide ICPC training was conducted virtually with CWSB staff in September 2021. The training was a collaboration between the State and its ICPC provider. As part of the training, an online survey was created to obtain feedback on

the information provided, available ICPC resources, and suggestions for improvement and additional areas of training. Overall, the feedback received was positive. Staff commented that the training was helpful, especially learning about the different regulations. The feedback from the training was used to make modifications to future trainings to improve effectiveness, content, and delivery. The PowerPoint slides developed for the training were added to the ICPC folder in SHAKA as another resource for staff. The accessibility of SHAKA as a web-based system allows staff to access information on ICPC, submitting requests, and resources.

CWSB and CCH continue to discuss ways to support staff in the implementation of ICPC. The shift to relying more on technology has expanded the ability to reach staff in new and creative ways.

The 2021 annual AAICPC conference was held virtually again due to the ongoing pandemic. This conference brought together federal, state, and local health and human service professionals to review laws and develop administrative procedures that improve efficiencies and practices in interstate placements. The virtual platform was well attended and allowed CWSB and all of the State's contracted provider staff to attend. This was beneficial and a great learning opportunity for the Hawaii ICPC CCH provider as it allowed their staff to see how other compact members manage ICPC, hear the challenges that other compact members face, and be a part of discussions that lead to solutions and ideas of how to improve practice. An in-person conference is scheduled to be held in Texas in 2022.

b. National Electronic Interstate Compact Enterprise (NEICE)

Since 2017, Hawaii has used the National Electronic Interstate Compact Enterprise (NEICE), a national electronic system to quickly and securely exchange data and documents required by ICPC in order to study, approve, and place children across state lines and to expedite and process all incoming and outgoing ICPC requests. In July 2021, NEICE was upgraded to NEICE 2.0, with enhanced features, formatting, and improved layout.

In preparation for the NEICE 2.0 rollout, a 3-step training plan was developed by NEICE that included e-learning modules, an opportunity to practice in a training environment, and a live Q&A session. All CWSB and contracted provider staff completed training. Since NEICE 2.0 went live, the transition for staff has been smooth. This is likely due to the fact that staff were already familiar with submitting ICPC requests electronically. In addition, there are also a number of resources available to support staff. In addition to the Hawaii ICPC office and CCH provider continuing to assist staff when the need to troubleshoot arises, there are numerous

job aids and trainings available in the NEICE support desk. NEICE Support has scheduled monthly trainings for caseworkers for the first six months of 2022. Staff are able to sign up for any of these trainings if they need additional support and as their schedule permits.

c. Data

Nearly 97% of the outgoing ICPC placements for SFY2021 were maintained safely in placement.

In the first six months of SFY2022, Hawaii processed 47 requests for foster/relative/adoptive/private adoptions and residential placements in other states.

Currently, 16 new placements of children under the custody of the state of Hawaii children have been placed with resources in other states.

Of the 16 Hawaii children, eight are in a foster, relative, or kinship placement and the other eight are placed with a parent.

Incoming Requests

During SFY 2021, Hawaii completed 29 home studies for incoming ICPC requests; these include relative/foster, parent, and adoptive home studies.

Of the 29 home studies completed, all were completed within the required 60 business days.

Outcomes have improved with changes and improvements to administrative processes. The deadline for caseworkers to submit follow up items on ICPC requests was revised to three business days to align with the Compact. This has helped to ensure timeliness of placement and permanency. In addition, CCH holds weekly team meetings between the licensing worker and the home study worker to review the status of home study cases to discuss any issues and identify needed follow up.

91% of the incoming ICPC placements for SFY2021 were maintained safely in placement.

In the first six months of SFY 2022, Hawaii completed 19 home studies for incoming ICPC requests. All home studies were completed within the required 60 days. Hawaii believes outcomes will be reflective of the described improvements and increased staff knowledge of the new systems put in place.

d. Interisland Placement

Given Hawaii's unique geography and demographics involving multiple islands, Hawaii has implemented procedures and processes to facilitate interisland placements and placements between the sections on Hawaii Island. This process covers all jurisdictions in Hawaii. A formal request for a "courtesy assessment" (equivalent to a home study) or "courtesy supervision" is created by the unit with jurisdiction and sent to the section where the child, parent, or relative resides or intends to reside. The procedures require that the receiving section establish contact within 30 days of the date of request by the sending section. This courtesy protocol is reserved for children, parents, or relatives residing on different islands, or in different sections of Hawaii Island.

For each jurisdiction in a courtesy assessment or supervision case, section administrators work together to address any challenges that cannot be resolved at the worker or supervisor level. The CWSB Program Development Office has assigned an Assistant Program Development Administrator to assist field staff with any questions regarding such placements.

In Hawaii's PIP3, one of the areas needing improvements is engagement. Hawaii recognizes that engagement of parents is directly connected to regular monthly contact. Case reviews have identified the need to enhance existing procedures on courtesy services and to include additional guidance on roles and responsibilities of workers for cases that involve more than one section. Hawaii recently revised its ICPC procedures, which focus on roles and responsibilities of the assigned worker and courtesy worker and is using these procedures to help inform revisions to its procedures on courtesy services. Additionally, Hawaii has amended its Comprehensive Counseling Support Services contract, which includes monthly worker visits. The service has been expanded to include monthly face-to-face visits. The purpose of the face-to-face visits are to assist with continually assessing child safety and ensure safety, permanency, and wellbeing outcomes for children, as well as to conduct attempted face-to-face visits with parents who may be difficult to engage or unable to locate.

H. AFCARS IMPROVEMENT PLAN (AIP)

CWSB completed its AFCARS improvement plan in SFY 2020.

CWSB will be reporting on legal guardianship clients starting with the new AFCARS 2.0 and modifying CPSS to report on new elements for Foster Care, Legal Guardianship, and Adoption Assistance. The first submission is FFY 23A (October 22, 2022 through March 31, 2023) and is due by May 15, 2023.

New trainings will be required in order to successfully implement these changes. CWSB will also be implementing data quality trainings for staff within the next few months and have a dedicated trainer for CPSS to develop ongoing CPSS training.

Next FIVE years

CWSB plans to have a new system (CCWIS) fully implemented within the next five years. CCWIS, with its business intelligence functions, will support AFCARS and other required reports, and also support staff with immediate triggers and alerts when an AFCARS data element is skipped or incomplete.

SECTION VII. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE FROM THE CBC

In SFY 2021 and SFY 2022, CBC has been supporting CWSB FFH implementation, alongside the Center for the Study of Social Policy (CSSP). CBC experts have provided technical assistance in all areas of FFH. They have significantly contributed (and continue to contribute) to all the following FFH groups:

- Steering Committee,
- Communications Workgroup,
- Continuous Quality Improvement and Evaluation Workgroup,
- Information Technology and Data Workgroup,
- Case Pathways Workgroup,
- Training Workgroup, and
- Implementation Management Team.

CBC staff provide valuable information, knowledge, insight, and perspective to the process and products of the workgroups. They also help design meeting agendas, facilitate meetings, and guide workgroup direction. For information on FFH implementation progress, please see *Section VI.E. Service Array and Resources* of this report.

In late SFY 2022, CBC has begun assisting Hawaii with the CCWIS project. Hawaii has struggled for years to get CCWIS up and running. DHS is optimistic that, with the expert guidance from CBC, CCWIS modules will start being available for staff use before the end of calendar year 2022.

B. TRAINING AND TECHNICAL ASSISTANCE TO THE COMMUNITY

One of Hawaii's strengths is the power of its community partnerships. CWSB regularly collaborates with agencies and organizations throughout the State to increase safety and wellbeing for Hawaii's children and families.

SSD's Staff Development Office provides numerous trainings throughout the year for the community, including mandated reporter training to school staff and communities statewide, and child abuse awareness training for community organizations.

During SFY 2021, CWSB provided data and guidance on the issue of Hawaiian disproportionality within CWSB, to Liliuokalani Trust, Consuelo Foundation, and Partners in Development Foundation. This data analysis and guidance has helped these agencies develop initiatives and refine programs focused on Hawaiian children designed to decrease their entry into foster care, decrease their length of time in foster care, increase their connections with family members, and educate them on resources within their communities.

CWSB collaborated with the Judiciary, youth formerly in foster care, Annie E. Casey/Jim Casey Youth Opportunities Initiatives, and other partners in the creation and implementation of the Ohana Is Forever Annual Conference and Teen Days at Court. These programs, driven by young people currently and formerly in foster care and CWSB, provided trainings on the needs of the young people involved in CWSB, as well as information on relevant services and resources. CWSB's Independent Living Collaborator Contract provides collaborative trainings and technical assistance to all Institute for Healthcare Improvement providers and other groups working with young people. The Imua Kakou initiative has provided young adults with further assistance towards adulthood.

SSD'S Staff Development Offices have included new cultural sensitivity trainings on Native Hawaiian and Micronesian cultures in the New Hire Training cycle. These two modules are presented quarterly. The Native Hawaiian module focuses on a stronger understanding of the Native Hawaiian culture and encourages meaningful and authentic engagement. The Micronesian Cultural Sensitivity training supports an understanding of the various cultures within Micronesia, including their similarities and differences. The training modules provide participants with an opportunity for a greater understanding and appreciation of both cultures.

The SSD Staff Development Office understands the importance of partnership with the communities throughout the State of Hawaii to adequately serve the children and families connected with CWSB.

C. STRATEGIC PLANNING COMMITTEE

CWSB has had a long established, successful partnership with Casey Family Programs (CFP) via the Strategic Planning Committee (SPC) since 2007. The technical and financial support that CFP provides to various aspects of CWSB programs and services have been instrumental to the individual success of these programs. CFP continues to play a key role in contributing to the overall positive outcomes and collective success that CWSB experiences. The SPC works with various organizations, including CWSB, and meets quarterly to monitor the progress of each organization's SPC involved program or initiative.

The continued focus and overarching goal for SPC and CWSB is to safely reduce the number of children in foster care. CFP provides funding for programs that support improved engagement of families, strengthen the lived-experience voice, develop birth parents' leadership and advocacy skills, strengthen race equity, weave culture into CWSB practice and services, strengthen community-based partnerships, and integrate prevention work into CWSB.

Due to the COVID-19 pandemic, most of the services, projects, and initiatives in the CFP-DHS Workplan were paused or redesigned to ensure the safety of service providers and clients in accordance with the COVID-19 safety guidelines.

The collaborative work on Family First Prevention Services Act (FFPSA) continued virtually during FFY 2021. CWSB's Title IV-E Prevention Plan, Family First Hawaii: Keeping Families Together, was submitted to ACF in December 2020 and approved in August 2021. CWSB worked with many partners, including UH, stakeholders, cultural guides, and those with lived-experience, to implement the FFH plan in 2021 and into 2022.

1. Family First Hawaii

CFP has been instrumental in providing support and funding to FFH. In December 2021, CFP funded the production of the FFH puolo metaphor video that explains the concepts, purpose, and intent of FFH in a culturally sensitive manner. This video was created in hopes of connecting and engaging with families and communities, particularly within the Native Hawaiian population. The video was used in a CWSB staff training on engagement and became available to the public in February 2022. In SFY 2022, CFP's financial support for FFH programs will support additional engagement and help CWSB staff, parents, relatives, cultural and faith-based leaders to better understand and embrace the FFH redesign of case practice and service delivery. For more information on FFH, see Section II.A.3 Overview of CFSP, Family First Hawaii Overview and Section VI.F.1 Agency Responsiveness to the Community, State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR.

2. Race Equity

CFP and Annie E. Casey Foundation work with CWSB to enhance cultural learning and race equity. There have been Race Equity Convenings with CFP and Hawaii core members, including those with lived experience. CFP and Annie E. Casey Foundation have provided funding, contractual provider support, and technical assistance to develop and establish the CFP Core Member workgroup and Native Hawaiian community collaboration (Na Kama a Haloa). Na Kama a Haloa has five Huis:

- Hui Kauhale is tasked with developing a Native Hawaiian race equity curriculum and providing consultation. This has developed into a training during CORE training for new CWSB staff.
- Hui Makua is tasked with developing strategies to empower the Native Hawaiian birth parent voice. The Hui has begun to provide leadership and advocacy training for birth parents and parent partners and supports birth parents participating in Family First LEAG (Lived Experience Advisory Group).

- Hui Pilina is tasked with identifying strategies and resources to support sibling connections. The Hui developed a video for CWSB to use in various trainings for CWSB staff, resource caregivers, and other community stakeholders. The Hui also assisted in clarifying CWSB visitation contracts, which allow providers to conduct sibling visits.
- Hui-Fostering Strong Connections is tasked with identifying strategies and services to support resource caregivers and shared parenting with birth parents. The Hui developed the video of “shared parenting” explained above.
- Hui Hilo is part of the Hilo projects to engage and support resource caregivers, families, and community members. This Hui was paused due to the pandemic.

3. Leadership Development

The Social Services Division Administrator (SSDA) schedules weekly meetings with division administrators under her supervision to share status updates and host team building activities and exercises to enhance their communication, planning skills, motivation, and collaboration. As part of the Division strategic plan to strengthen the workforce and address capacity issues, supervisors and administrators will participate in mandatory leadership training provided by Department of Human Resources and Development beginning in May 2022. Additionally, SSDA facilitates periodic virtual meetings with all division staff to share updates, answer questions, and to encourage and acknowledge staff work.

The Child Welfare Services Branch Administrator (CWSBA) meets monthly with section administrators, Attorney General’s office, CQI and the program office to discuss the CFSR Program Improvement Plan, Family First Hawaii implementation, and other initiatives and practice concerns. CWSB continues to hold Management Leadership Team (MLT) meetings quarterly, in addition to monthly supervisor’s meetings, to provide consistent communication, targeted training, share best practices, and develop action plans based on CQI results and necessary PIP activities. Informational “huddles,” which began during the pandemic, are held weekly to review trackers and provide current information to staff. The CQI provider offers mentoring and a series of supervisor trainings for new supervisors.

D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION

Maui Continuous Quality Improvement (CQI) Project continues to be contracted by Child Welfare Services Branch (CWSB) to conduct internal reviews of the Federal Payment Programs Eligibility Unit (FPPEU). The Title IV-E review team examines child and parent’s CWSB case records, licensing, and FPPEU records. The review report identifies errors, potential errors, and ineligible payments found during the period under review. Potential errors and ineligible

payments are then categorized as an area of concern. Reviewers can highlight areas needing improvement so that CWSB can adjust and provide staff guidance and clarification to improve practice.

The statewide results for State Fiscal Year 2021 are based on 45 samples from three review periods on all sections with the period under review (PUR) as 10/01/2019 - 12/31/2020. Of the 45 samples, this review was allotted three errors based on the federal review standards.

Findings

There were categories reviewed that identified 100% strength ratings, including: court ordered removals, valid removal requirements, permanency requirements, AFDC requirements, placement and care Requirements, and licensing requirements.

Overall Findings: Of the 45 samples, there were 15 errors during the PUR (some samples had multiple sources of errors) as listed below:

- Initial or newly licensed homes:
 - The FBI fingerprinting documentation could not be located in the file.
 - The CJIS, CA/N, National Sex Offender, and/or State Sex offender clearance checks could not be located in the file.
- Licensing renewals:
 - The CJIS and CA/N clearance checks could not be located in the file and/or were not completed timely.

Plan for Improvement

Findings from this review are used to clarify and update practice.

CWSB is reorganizing the internal process for licensing resource caregivers. This includes changes to placements, background checks, licensing procedures and a development of a licensing application portal (Binti), reorganization of service delivery contracts, and the development of an online informational website for resource caregivers (<https://rcg.hawaii.gov>).

In 2020, clarification was provided on when to complete background clearances for initial placements, unconditional licensures, and recertification renewals. Improvements may be identified in the next review. CWSB is clarifying the process to document the completion of the FBI clearances for the purposes of reviews and audits.

CWSB is also working to provide clarification on assessing convictions and criminal history for resource caregiver applicants.

Maui CQI will continue to conduct internal quarterly reviews of FPPEU's eligibility files, licensing files, and parent's case files. Cases will be randomly selected to ensure proper eligibility determinations, documentation, and Title IV-E coding. Information will help identify opportunities for improvement to meet specific Title IV-E and licensing requirements.

SECTION VIII. CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRESS REPORT ON STATE PLAN

CAPTA funding has been and will continue to be used in the upcoming fiscal year to implement Hawaii's CAPTA State Plan by supporting Voluntary Case Management (VCM), which is part of Hawaii's Differential Response System (described above in Section III. Programs Supporting Safety, B. Child Maltreatment Reports and Disposition Statewide) and consistent with the goals and objectives of the CFSP. In addition, CAPTA funds have been used for additional family strengthening services including Neighborhood Place services. CAPTA funds have also supported Hawaii's collaboration with ACTION 4 Child Protection, which has assisted in revising current risk and safety tools.

On March 11, 2021, President Biden signed into law the American Rescue Plan, which provides additional relief to address the continued impact of COVID-19. Among its provisions, section 2205 of the law included supplemental FY 2021 funding for two of the grant programs authorized by CAPTA: CBCAP grant program and the CAPTA State Grant. P.L. 117-2.

Hawaii has an approved CAPTA plan and is eligible for the supplemental allotment. In FFY2021, Hawaii was allotted \$406,701. The FY 2021 supplemental grant has a five-year project and expenditure period from October 1, 2020 September 30, 2025. The funding must be obligated by September 30, 2025 and liquidated by December 30, 2025.

The CAPTA grant aims to improve child welfare systems across the nation. Hawaii supports the purpose of the grant and is continually working to improve its child welfare system. Through its PIP3, Hawaii has implemented various strategies to improve practice in the areas of supervision, engagement, permanency, and safety. Simultaneously, Hawaii has an approved Family First Hawaii (FFH) Prevention Plan, which will enhance practice and aims to prevent foster care entry and keep children in the home with parents when safe and appropriate.

CAPTA, as amended by the Comprehensive Addiction and Recovery Act of 2016 (CARA), also requires states to address their response to infants born and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder. Hawaii continues to work on enhancing its plans of safe care as required by section 106(b)(2)(B)(iii) of CAPTA.

In 2021, Hawaii submitted an initial expenditure plan for the CAPTA supplemental funds. Since then, Hawaii, in consultation with ACF, has reassessed its plan and will be focusing on specific projects that target the following areas:

1. Developing and updating systems of technology that support CWSB programs.

- This work has included systems' ability to track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange. Hawaii currently uses two separate systems, the legacy system of record known as CPSS and a web-based modernized system known as SHAKA.
- Hawaii is currently partnering with its information technology providers to enhance both systems to support implementation of Family First Hawaii: Keeping Families Together programs. It is critical that modifications and functionalities of both systems be updated to allow Hawaii to capture and extract necessary data for reporting, evaluations, and claiming purposes. Hawaii has made significant gains in streamlining its work through the support of technology.
- In alignment with CAPTA requirements, practice has been improved through the implementation of procedures that integrate systems of technology. In 2021, procedures were implemented requiring caseworkers to complete all Child Safety Assessments in SHAKA. This transition has allowed Hawaii to move its Family Service Plan to a user-friendly web-based document completed in SHAKA, which aligns and links directly to the results of Child Safety Assessment. The revised Family Service Plan, implemented in February 2022, includes Family First prevention plan elements, thereby allowing Hawaii to claim Title IV-E prevention funds for those youth at risk for entering foster care and in need of a prevention service to remain safely at home.
- Hawaii will continue to work on incorporating systems of technology to improve practice. Future plans include developing functionalities and abilities that will allow case workers to complete an on-line Safe Family Home Report in SHAKA, integrated with results of assessment tools linking directly to recommended services in Plan of Safe Care and the Family Service Plan. With these new functionalities, case workers will be able to identify, assess, and link the needs of children and parents, including those affected by substance use, with needed services.
- Hawaii is preparing to implement a pilot of Comprehensive Strengths and Risk Assessment (CSRA) in SHAKA. The pilot is part of Hawaii's work in moving its assessment tools online and linking the CSRA to the revised Family Service Plan. CAPTA supplemental funds will support additional training on using the CSRA in SHAKA, as well as system changes that are required to support a web-

based Safe Family Home Report. These enhancements to practice support the goals of CAPTA to improve practice through implementation of procedures that integrate systems of technology.

- Other necessary system modifications include tracking and monitoring Hawaii's CFSR PIP3 data, including worker's monthly visits and timeliness of response. At the same time, Hawaii is developing its new CCWIS, which will replace the two systems mentioned above in the near future.

2. Implementing and improving risk and safety assessment tools

During SFY 2023, Hawaii plans to complete work begun in 2021 that focused on improving and implementing Hawaii's risk and safety assessment tools. This project was put on hold partly due to funding and staffing issues. Hawaii plans to complete this work with the support of CAPTA supplemental funds and hopefully, with increased stability in its program development office. This work continues to be a priority for Hawaii as it aligns with implementation of Family First Hawaii Keeping Families Together, which aims to keep children in their homes with family whenever safe and appropriate.

3. System Training to enhance the skills of CWSB staff to support children and family needs

Looking at the implementation of Family First Hawaii and its numerous requirements for accurate data collection and the modernization of systems to capture data necessary for service delivery and claiming, automated assessment tools, and linking this information with FSPs, it is clear that there is a serious need for system and technology training.

While the newer more technologically advanced generation of CWSB workers are excited about the increased use of technology in their work, other staff have found this to be a very challenging trend and have expressed frustration and a need for more system training.

CWSB are specialized services that require ongoing training to support caseworkers in a range of practice areas, including but not limited to assessing risk and safety and engaging with families. As Hawaii continues to work on improving its practice, staff require training that supports ongoing practice improvements in the area of safety assessments and integrating technology. Hawaii is partnering with federal consultants to enhance its trainings that will support staff in the implementation of Family First, as well as other areas, including but not limited to substance use and safety assessments.

The State CAPTA Liaison Officer is Daisy Hartsfield. Her contact information is below:

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A. STATEWIDE CITIZEN REVIEW PANEL

The Na Kupa Alo Ana O Hawaii Citizen Review Panel (CRP) continues to work collaboratively with CWSB. Na Kupa Alo Ana O Hawaii members from Honolulu, Maui, and Kauai County, met eleven times in SFY 2021, through video conferencing platforms, to establish goals and discuss projects and issues related to CWSB.

The Na Kupa Alo Ana O Hawaii focused on two projects in SFY 2021: recruitment to increase membership; and a staff wellness initiative to implement, support, and encourage wellness in the workplace.

The loss of several members of Na Kupa Alo Ana O Hawaii in SFY 2021 prompted the four-member recruitment sub-committee to focus on recruitment. Efforts included: creating a CRP google account and establishing CRP email (hawaiicrp@gmail.com); making significant progress in developing a brochure to use as a recruitment tool; and outreach efforts to potential members from Hawaii, Kauai, and Honolulu counties who have various backgrounds not currently represented in Na Kupa Alo Ana O Hawaii.

The two-member staff wellness sub-committee created a staff wellness survey that was distributed to CWSB staff in April 2021. Data from the 194 responses was analyzed and a report was presented to CWSB in June 2021. The responses indicated that staff were interested in the creation and use of a meditation room, as well as other items that would improve wellness in the workplace. As a result, staff wellness baskets were purchased in June 2021. The CRP was able to distribute the staff wellness baskets to several CWSB sections along with the copy of the 2020 Governor's Proclamation for Social Worker Appreciation Month. CRP members and the DHS liaison are coordinating times to distribute the remainder of the staff wellness baskets to CWSB sections.

Safety concerns noted in some surveys were provided directly to CWSB administration for immediate follow-up on May 28, 2021.

This year's CRP recommendations are based on the Na Kupa Alo Ana O Hawaii recruitment and staff wellness projects. CWSB supports Na Kupa Alo Ana O Hawaii's recruitment efforts to ensure a statewide membership of individuals with diverse backgrounds and diverse agency affiliations. CWSB ensures that

the recommendations are considered and used to improve wellness in the workplace and to continue to support the functioning of the CRP initiative and recommendations.

B. CHILD FATALITIES

1. Fatalities in CWSB Cases

a. Annual Update

CWSB reports data to NCANDS on child deaths in cases that were active during the reporting period. To prepare for NCANDS reporting, CWSB works closely with DHS IT team to review and verify its data before NCANDS submission.

b. Data

In SFY 2021, there were two child fatalities determined to be due to maltreatment in cases that were previously unknown to CWSB. Both child fatalities became known to CWSB after the child died and a report of suspected maltreatment was made due to the nature of the child's injuries.

In SFY 2021, there were two child fatalities in active CWSB cases. An assessment completed on both cases determined that the two child fatalities in active CWSB cases were not due to maltreatment. Instead, causes of deaths were listed as undetermined and accidental. In both cases, unsafe sleeping conditions and co-sleeping were identified risk factors. These risk factors may or may not have contributed to the deaths. See the Data Booklet, Figure 84: Child Fatalities in Active CWSB Cases SFYs 2017-2021 [Table].

c. Quality Assurance

Hawaii tracks all child deaths that are reported to CWSB, including those deemed accidental, and those confirmed and not confirmed for abuse, neglect, or threat of abuse or neglect. The tracking process includes CWSB intake unit forwarding a copy of the child death intake report to the CWSB Program Development Office (PD) for review, documentation, and compilation. This information is maintained by the CWSB PD office for review to determine whether new policies and procedures are needed, as well as for responding to media inquiries. In late SFY 2020, revisions to this process were proposed to include Hawaii's Continuous Quality Improvement (CQI) Project in the support and improvement of data collection and to assist with review and quality assurance of reports on child fatalities. A copy of the intake is now forwarded to both PD office and CQI. CQI staff will enter the data from the intake into a Microsoft Access database that was created in SFY 2019 for tracking and reporting purposes.

Since then, an intake QA process has been developed in collaboration with CWSB, PD, and Hawaii's CQI Project to improve data collection and assist with review and quality assurance reports on child fatalities. The intake QA process describes categories for which QA will be conducted on intake practice – one category of intakes includes child fatalities. The purpose of this QA is to review fidelity of implementation. Fidelity of implementation is the application of practice in the way in which it was designed to be applied, as outlined in procedures. Through this process, the state can refine its practice, procedures, and systems, so that improvements can be made, as needed.

The QA process includes:

- i. The categories of intakes to be reviewed.
- ii. The identified individuals who are to receive a copy of the intakes.
- iii. Timelines for:
 - reviewing the intake report against CWSB procedures to confirm accuracy of the screening disposition through reviewing CPSS screens and responding accordingly. Depending on the report, responses may include asking clarifying questions of intake supervisors and administrator and/or recommending a change to the screening disposition.
 - entering the case information into the internal child fatality database for tracking and reporting purposes; and
 - Formal process for CWS/CQI review.
- iv. Clarification that QA may occur in real-time but is not to delay case decisions. Timely case decisions should be made, as required by CWSB procedures.

The QA collaboration process continues to evolve with discussions about frequency of the QA meetings, process, types of cases to review, and other intake issues and/or needs. Preliminary needs have been identified as including the development of guidance on screening dispositions and confirmed dispositions for child fatalities, as well as other types of reports. CWSB, PD, CQI, and intake leadership are part of these meetings.

d. Multi-Disciplinary Team (MDT)

CWSB utilizes a contracted Multi-Disciplinary Team (MDT), a case conferencing tool with diagnostic services for families and children, and consultative services for CWSB

regarding medical, mental health, psychological, and legal issues relating to intervention, planning, and service provision for families to assist staff on serious cases of child abuse and neglect, including child death cases. An MDT is convened for every child death, or serious injury to a child, in an active CWSB case. The team is comprised of a clinical psychologist, medical doctor/pediatrician, registered nurse, and clinical social worker. For child death cases, a staff member with the Program Development Office attends the MDT to determine if any rules or CWSB policies or procedures require modification as a result of the deaths.

Impact of COVID-19

Multidisciplinary teams have typically been held in-person; however, COVID-19 required the MDT to move to a virtual platform. Early in the pandemic, the MDT began using GoTo on-line meetings for virtual team meetings. Team members, CWSB staff, community partners, and parents/caregivers have been able to connect using this virtual platform and will continue using this virtual approach until the pandemic restrictions are lifted.

In SFY 2022, Program Development will continue to collaborate with the state's contracted provider to review the MDT process on child fatality cases to ensure time is being used efficiently to assist staff in:

- i. assessing the treatment needs and goals of surviving siblings; and
- ii. making informed recommendations on complex situations and serious cases of child abuse and neglect.

Program Development is currently reviewing its procedures regarding the use of the MDT as a case conference tool in child death cases and has identified areas where clarification and considerations can be added to support the use of the MDT case conferences. These areas include, but are not limited to, identifying appropriate cases for the MDT and clarifying purpose. These suggestions are to be shared with CWSB, CQI and staff for discussion and obtain feedback before procedures are finalized.

2. Child Fatalities Statewide

a. Department of Health - Child Death Review

In Hawaii, the legislature has tasked Department of Health (DOH), Family Health Services Division, Maternal and Child Health Branch with implementing comprehensive multidisciplinary reviews of child deaths. The purpose of these reviews is to understand risk factors and prevent future child and maternal deaths in Hawaii. The reviews include representatives from relevant public and private agency

partners, including those in public health, law enforcement, courts, emergency personnel (EMS, fire, and police), DOH - Early Intervention Services, Department of Education (DOE) and DHS - CWSB Program Development staff participate in the reviews.

An annual report is submitted to the legislature that includes data on the number of child fatalities, interagency collaboration efforts on understanding causes of children's death, and development of interventions to protect children and prevent future deaths. The Annual Report on Child Death Review and Maternal Mortality Review Activities, which is prepared by DOH, Family Services Division Maternal and Child Health Branch, serves as Hawaii's comprehensive plan to prevent child maltreatment fatalities. This report can be found on the State of Hawaii, DOH Office of Planning Policy and Program Development, which includes all reports submitted by DOH to the 2022 State Legislature:

<https://health.hawaii.gov/opppd/files/2022/01/2022-Child-Death-Maternal-Mortality-Legislative-Report.pdf>

Child Death Reviews are usually held in-person, but the COVID-19 pandemic greatly altered statewide, in-person fatality reviews, training and informational opportunities for staff and families. In-person meetings have since transitioned to videoconferencing and reviews will continue using a virtual platform until in-person meetings can resume safely.

The DOH Child Death Review (CDR) team compiles statewide data on child deaths obtained from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and Medical Examiner's Office. DOH Child Death Review reports include child deaths as defined by the National Center for the Review and Prevention of Child Deaths and categorized as follows:

- i. Child Abuse and Neglect,
- ii. Homicide,
- iii. Natural,
- iv. Suicide,
- v. Undetermined, and
- vi. Unintentional Injury.

In Hawaii, child deaths are reviewed one year after the death occurs. The review team process, in partnership with public and private members of the community, includes an examination of the circumstances surrounding a child's death to collect and review critical data and to establish recommendations that can prevent future injury or deaths. Interagency collaboration assists members of the review teams to

understand the primary cause of death, and factors that may have contributed to the child deaths. With this knowledge and understanding, the team also focus on identifying and implementing prevention strategies, including prevention of child maltreatment death.

CWSB takes the information from the Child Death Reviews and examines it along with its own case data and relevant research to make adjustments to practice. Below are four examples.

- Hawaii implemented its Safety of Placement assessment tool in 2011 to assist CWSB staff in assessing and identifying safety issues in resource homes.
- CWSB expanded its permanency strengthening services statewide to increase the safety and stabilization of adoptive and legal guardianship homes.
- In 2016, Hawaii trained CWSB staff statewide on LGBTQ antidiscrimination best practices as part of its efforts to promote equity and to reduce incidence of youth suicide and self-harm. The LGBTQ best practice guidelines became official CWSB policy in 2019.
- Hawaii disseminates information about safe sleep practices for infants, including the most up-to-date guidelines for safe play yards (aka play pens) to all CWSB, VCM, and FSS staff as well as to parents and resource caregivers in efforts to reduce Sudden Unexplained Infant Death (SUID, formerly known as Sudden Infant death Syndrome or SIDS).

DOH - CDR is in a great position to advocate and establish suggestions for system changes and can submit proposed legislative recommendations for preventative program activities identified through the analysis of child death data. Efforts to start implementing recommended changes have been impacted by the COVID-19 pandemic, which has restricted face-to-face interactions with families and stakeholders. However, as State of Hawaii COVID-19 restrictions are being slowly lifted, Hawaii anticipates more in person opportunities in the near future.

3. Prevention Efforts

Family First Hawaii: Keeping Families Together

In recognition of the importance of prevention, Hawaii has implemented its Family First Hawaii: Keeping Families Together prevention plan. Family First is federal legislation that changes the way states can claim Title IV-E funds for prevention of children from entering foster care. Historically, states have received Title IV-E funds to support programs only for children in foster care. With the enactment of Family First, Title IV-E prevention funds can now be claimed for keeping children out of foster care.

Family First Hawaii has created opportunities for Hawaii CWSB to transform its child welfare system by improving practices and keeping families at the center of CWSB work. Through the identification of children who are at risk for entry into foster care and connecting families to evidence based services that target the needs of children and families, children may remain safely at home and the trauma associated with foster care may be minimized.

Since October 2021, Hawaii has implemented two evidence-based strategies: Intensive Homebased Support Services – Homebuilders Model and Home Visiting Services using the models; and Healthy Families America (HFA) and Parents as Teachers (PAT). These services focus on building parents’ protective capacities. Targeted outcomes of these services focus on the reduction of child abuse/neglect reports.

4. CAPTA Fatality and Near Fatality Disclosure Policy

Currently, when CWSB receives a request for public release of information about a child fatality or near fatality, which has been confirmed to have occurred because of abuse or neglect, Hawaii at a minimum will disclose:

- a. Age,
- b. Gender,
- c. Cause and circumstances regarding the child fatality or near fatality surrounding the incident,
- d. Relevant information about previous reports of child abuse or neglect pertinent to the child fatality or near fatality,
- e. Relevant information about previous investigations pertinent the child fatality or near fatality,
- f. Results of any such investigations, and
- g. Services provided and actions taken by the State on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

A public request for information was made to DHS for information on one (1) of the two child fatalities in SFY 2021. Hawaii provided information in compliance with CAPTA.

C. CHILD WELFARE SERVICES WORKFORCE

To provide an accurate portrait of its workforce, CWSB conducted a survey of all staff members in January 2022. This section presents the results of this survey, along with caseload data from CPSS. The relevant data tables and charts can be found in the Data Booklet, Figures 85 – 92.

1. Staff

As of January 2022, CWSB had 394 funded positions, 338 employees, and 82 vacant positions. Based on these figures, CWSB is currently functioning with 79% of its allocated staff. This is CWSB's highest vacancy rate (21%) since May 2018. Refer to the Data Booklet, Figure 85: CWSB Staff Positions and Vacancies – 2017-2022, for point-in-time details on data for the past five and a half years, as well as Figures 87 and 88: CWSB Staff Position Breakdown – Filled & Vacant– January 2022.

2. Caseload

Based on active case assignments in CPSS on March 1, 2022, the statewide average caseload per caseworker was 26 cases. There is a wide range in the number of cases assigned to each worker. The lowest regional average caseload was surprisingly in East Hawaii with an average of 21 cases per worker. This is a significant improvement over past years. In December 2020, East Hawaii had the highest regional average caseload with an average of 48 cases per worker. Hawaii believes that the success in reducing caseloads in East Hawaii is primarily due to filling vacancies and strong leadership in guiding workers to move cases through the CWSB system and closing cases promptly. In March 2022, Maui had the highest regional caseload with an average of 44 cases per worker. For five years, Maui Section has struggled with high caseloads. This is due to a high number of caseworker vacancies, resulting in supervisors and the Maui section administrator having to carry cases. Because the Maui Section leadership have been carrying cases, they have had insufficient time and energy to manage and support other caseworkers to move their cases quickly and safely toward permanency and case closure. Over the past year, Hawaii's CWSB SWAT Team has been dispatched to Maui to assist with managing and closing cases, freeing up supervisors' time to provide support to caseworkers.

There is no policy regarding a maximum or minimum number of cases that a worker may carry. Section Administrators and Unit Supervisors are responsible for ensuring manageable caseloads and equity in caseload across workers. Please refer to the Data Booklet, Figure 86: CWSB Average Caseload December 2018-March 2022 for details and a comparison of December 2018 through March 2022.

3. Gender

The January 2022 CWSB-internal survey showed that CWSB employees were 0.6% non-binary or gender fluid, 77.6% female, and 20.2% male, with 1.6% preferring not to state their gender. The gender discrepancy for CWSB is not surprising, as caring for children has been women's responsibility, both culturally and historically. Throughout the nation, there are many more women employed in the field of social services than men.

CWSB wants to ensure that it includes the male perspective in its work and in its hiring processes. CWSB works to ensure that male applicants for positions within CWSB are treated fairly by consistently including men on interview and evaluation committees for hiring new employees. Also, CWSB believes it's helpful that male applicants see that there are men employed in DHS.

The federal Children's Bureau released an Information Memorandum on March 2, 2022, regarding "how best to serve lesbian, gay, bisexual, transgender, queer or questioning, and intersex (LGBTQI+1) children and youth, including those with non-conforming gender identity or expression who are involved with the child welfare system." In October 2019, Hawaii CWSB ratified its *Anti-Harassment and Non-Discrimination Policy and Procedures Regarding People who are Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ)*. This policy reinforces CWSB's commitment to respect the dignity of gender non-conforming people. Hawaii's policy covers employees, in addition to volunteers, contracted providers, resource caregivers, families, parents, children, youth, and young adults.

4. Age

All CWSB employees fell into the 20-79 age range, as of January 2022. The largest percentage of CWSB staff (32%) fell into the 50-59 age range, followed by the 40-49 age range (22%). See the Data Booklet, Figure 89: Age Distribution of CWSB Staff – January 2022.

48% of CWSB staff were between ages 50 and 79 in January 2022. Hawaii has been concerned about its aging staff and upcoming retirements that could potentially cause institutional knowledge to be lost. Fortunately, in the January 2022 CWSB staff survey, when asked about plans to retire or leave, two-thirds of the current staff indicated that they either plan to stay with CWSB or have no plans to leave within the next five years. Hawaii believes that its impressive retention rate is the primary reason that CWSB staff tends to be older than the general workforce population of the State.

5. Education

Refer to the Data Booklet, Figure 90: Highest Level of Education – ALL CWSB Staff – January 2022.

A minimum of a high school diploma or a GED is required for all CWSB staff positions. A minimum of a bachelor's degree and experience in human services is required for caseworker positions (intake, assessment, case management, and permanency). Higher level caseworker positions require increased years of relevant professional experience and a degree related to social work. A master's degree in social work or a related field is not required but is preferred for higher level caseworker positions and supervisors. In

January 2022, 70% of all CWSB supervisors and administrators had a master's degree. CWSB supervisors must have a minimum of four years of professional experience in child abuse and neglect in addition to the formal education requirements for caseworkers.

See *Section VI. Systemic Factors, Item D. Staff and Provider Training* of this report for the training requirements for CWSB staff.

6. Ethnicity

In the January 2022 staff survey, CWSB staff were asked to indicate their ethnic background with the following question: *“Which category best describes your ethnic background? Please choose one answer only. If you have multiple ethnicities and you are part Native Hawaiian, please indicate Native Hawaiian. If you have multiple ethnicities and are not part Hawaiian, please choose the ethnicity that you primarily identify with. (This may be the one that you list first when describing your background.)”* See the Data Booklet, Figure 91: CWSB Staff Ethnicities - Self-Reported, January 2022 for the ethnic breakdown of Hawaii's CWSB staff.

The largest percentage of CWSB staff are Native Hawaiian or Part Native Hawaiian, which reflects the Native Hawaiian children who are in foster care in the State. As of January 2022, over three-fourths of CWSB staff fell into the following four ethnic categories:

- 28% Native Hawaiian or Part Native Hawaiian,
- 19% Japanese or Okinawan,
- 15% Filipino, and
- 14% Caucasian or White, including Portuguese.

The remaining CWSB staff were of the ethnicities listed below.

- 5% Samoan,
- 4% Chinese,
- 3% Latino/a or Hispanic,
- 3% Black or African American,
- 1% Korean, and
- Less than 1% each: Chamorro, Native Alaskan, Native American, Other Asian and Pacific Islander not listed, Palauan, Tongan and Vietnamese.

Five percent of CWSB staff (15 employees) indicated that they preferred not to answer this question about their ethnicity.

Hawaii recognizes that the cultural diversity of its staff enriches the work. Varied insights and perspectives are given full voice in determining policy and practice and have allowed CWSB to grow in exciting and innovative ways. Achievements that are reflective of a workplace community that gives weight to the range of cultural experience and perspectives of its staff include: Hawaii's Ohana Conferencing model, Hawaii's relative placement success, *aha* (community gatherings), and Hawaii's Ohana Time initiative.

7. Length of Employment with CWSB

To see the current staff longevity with CWSB, refer to the Data Booklet, Figure 92: Length of Employment with CWSB, Self-Reported – January 2022. CWSB is pleased to report that 66% of its staff have been working with CWSB four years or more, and an impressive 32% of the staff have been part of the CWSB team for 16 years or more. Even though Hawaii is proud of its retention rate, it is still continually working to recruit and retain superior employees.

D. JUVENILE JUSTICE TRANSFERS

See Hawaii Data Booklet, Figure 93: Foster Youth in Detention Centers SFY – 2017-2021 [Table], Figure 94: Foster Youth in Detention Centers SFYs – 2017-2021 [Chart], and Figure 95: Frequency of Length of Stay in Detention Centers SFY 2021.

From SFY 2018 to SFY 2021, the total unduplicated number of foster youth in detention centers declined from 35 to 18. The number of foster youth in Detention Homes has been declining since SFY 2018 (32 youth) to SFY 2021 (17 youth). The number of foster youth in the Hawaii Youth Correctional Facility has also declined, from eight youth in SFY 2017 to five in SFY 2021. The majority (61%) of the youth in detention centers spent one month or less in the facility.

The low number of cross-over youth is believed to be a direct result of better collaboration and services among CWSB, OYS, and DOH CAMHD. In addition to CWSB's Wrap program, both OYS and DOH CAMHD have implemented their own Wrap programs to target youth at risk of facility placement and prepare youth for exiting from the facility. CWSB, OYS, and DOH CAMHD continue to meet to discuss system functions, ways to better serve families, and maximize resources. The meetings are also opportunities to learn from each system's experience and collaborate on training opportunities and resource development.

E. DOMESTIC VIOLENCE

Domestic Violence Shelter and Support Services

DHS received FY 2021 Family Violence Prevention and Services Act (FVPSA) funds in the amount of \$955,056.00. DHS contracts with seven Domestic Violence (DV) shelters statewide to

operate and provide 24-hour domestic violence hotline services that respond to crisis calls, information and referral assistance, emergency shelter services, outreach, assistance in developing safety plans, individual and group counseling, transportation, advocacy, community education, and other supportive services for survivors and their children in the shelters. Shelter services also include transition planning, limited transitional housing, and follow-up services for DV survivors exiting the shelter. Transitional housing services continue to address the challenges many survivors face in securing permanent housing due to the prohibitive cost of housing in Hawaii, the financial limitations of single parent households, and poor rental history that may result from frequent moves.

Five of the domestic violence shelters located on Oahu, Maui, and the Island of Hawaii are in urban areas, while Kauai and Molokai shelters are in rural areas. In SFY 2021, 1,041 clients were served in shelters for a total of 34,275 shelter nights.

Other services for victims provided in the shelters include crisis intervention, victim advocacy, individual or group counseling/support groups, criminal/civil legal advocacy, medical accompaniment, and transportation services.

During SFY 2021, domestic violence shelters provided 223 children with crisis intervention services, 137 children with victim advocacy services, 245 children with counseling and support groups, and other supportive services. The domestic violence shelters provided 627 adults with crisis intervention services, 662 adults with victim advocacy services, 582 adults with counseling and support groups, and 323 adults with criminal/civil legal advocacy. Participants are only counted once per service, but because they may have received more than one service, the total served may include numbers that are unduplicated within a service but may be duplicated across services. See Data Booklet Figure 96: Domestic Violence Services SFY 2021 for detail on provided services.

COVID-19 has impacted services for the past 2 years. Data comparison from FY 2020 and FY 2021 noted some dramatic changes in services provided:

- Crisis intervention - there was an increase considering the confinement and lack of mobility last year due to COVID-19;
- Similarly, there was a drop in advocacy, counselling/support, and legal advocacy services due to confinement; and
- Medical appointment accompaniment decreased dramatically, even given the confinement, with a 235% increase in crisis intervention and a 40% increase in travel

Shelters also provide supportive non-shelter services to clients. In SFY 2021, 262 clients were served by non-shelter services, which are supportive services for domestic violence that don't need shelter.

Shelters provided 232 community education presentations statewide for the public, with 3,014 in attendance. Presenters used virtual presentations as an alternative to in-person community education presentations due to the COVID-19 pandemic.

Shelter programs also have access to resources for immigrant populations, including legal services contracted by DHS, a Bilingual Access Line on Oahu funded by the Office of the Prosecutor's Victim-Witness Program, and bilingual services made available at low cost through the National Coalition Against Domestic Violence.

DHS contracts with Domestic Violence Action Center (DVAC) for TEEN DV services. The Teen Alert Program (TAP808) provides supportive services that afford youth victims and perpetrators the opportunity to break the cycle of violence in their lives.

With the mission to promote healthy relationship and put an end to (to "tap out") teen dating violence, TAP808 provides:

- Outreach education, workshops, Talk-story, youth initiatives, and social media about teen dating violence, healthy relationships, and community intervention strategies; and
- Individualized advocacy support for teens and young adults experiencing dating violence.

TAP808 program advocacy services support anyone in Hawaii between the ages of 12 and 21 who is experiencing, at risk for, or has been affected by relationship violence. TAP808 provides inclusive prevention education, outreach, and intervention services related to teen dating violence to all youth, regardless of gender identity, sexual orientation, ability, or other factors.

In FY 2021, TAP808 visited 68 schools and communities statewide; the program's Outreach Advocates delivered 273 presentations to 2,067 youth. 29 youth benefitted from the Teen Outreach Advocates' one-on-one, trauma-informed advocacy services, including crisis support, safety planning, court accompaniment, dating violence education and counseling.

DHS contracted with the Hawaii State Coalition Against Domestic Violence (HSCADV) to provide training and technical assistance to DV shelter programs. The Coalition partners with DHS and shelter programs to address the needs and challenges found during the course of the needs assessment and ongoing shelter meeting discussions. DHS continues to work with the Coalition and its members to develop and implement a plan to provide assistance to the shelters,

including developing and sustaining an accessible, culturally relevant, and trauma-informed approach to services.

DHS collaborated with three other state agencies, DOH, Judiciary and Department of the Attorney General's Office, Crime Prevention and Justice Assistance Division, to provide a statewide training on DV 101: *Fundamentals of Domestic Violence* webinar series during Domestic Violence Awareness Month, October, 2021. Local experts presented on the Dynamics of Domestic Violence, Interventions with Perpetrators of Domestic Violence, and Domestic Violence and Childhood Development. Approximately 800 people registered for the webinar series, with an average overall satisfaction rating of 80% for the virtual training series.

DHS is also part of the Victims of Crime Act (VOCA) working group lead by the Department of the Attorney General, Crime Prevention and Justice Assistance Division. The statewide Hawaii State Victim Assistance Academy (HSVAA) completed the virtual statewide training in May, July and September 2021. The work group continues to meet to discuss other training needs of crime victim providers.

DHS received two FVPSA American Rescue Plan (ARP) grants in FY 2021. These grants provide one-time funding through September 30, 2025 for the purpose of supporting the FVPSA program to prevent, prepare for, and respond to COVID-19. Hawaii will use the supplemental funding to: 1) prevent; 2) prepare; and 3) respond to (COVID-19) public health emergency.

DHS received \$1,880,042 to support increased access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of the virus, and increase supports for domestic violence survivors.

The DV Shelters, DVSF, and TEEN DV continue to be responsive to this population's needs. Response plans have been developed that include activities including counseling, mobile/legal advocacy, staff to provide services, financial assistance paid directly to a third party for housing, assistance with childcare, financial assistance for transportation, supplies, and equipment to assist in carrying out remote services enhancing their capacity to provide culturally and linguistically appropriate services.

DHS also received \$1,140,011 that is to be used to support survivors of sexual assault in:

- Assisting with the transition to virtual/remote services for rape crisis centers, sexual assault programs, tribal programs, and culturally specific programs that provide crisis services, support services, and assistance to survivors of sexual assault; and
- In supporting the increased emergency needs of sexual assault survivors as a result of the COVID-19 public health emergency.

DHS will distribute the FVPSA ARP Act funds to its current contacted Intrafamilial Sex Abuse Treatment and Human Trafficking providers for victims of sex assault across the life span to conduct human services activities (services/supports) related to COVID-19 pandemic. DHS plans to use a competitive process for a portion of the FVPSA ARP funds to reach other sexual assault programs, culturally specific programs, serving sexual assault survivors across the life span.

F. SUBSTANCE EXPOSED INFANTS AND CHILDREN

Hawaii continues to develop a plan of Safe Care for substance-exposed infants, including Fetal Alcohol Syndrome Disorder (FASD) infants, and for all children in foster care. Hawaii uses the Safe Family Home Report of the Family Case Plan to document the safe plan for all children in foster care with the legal status of foster custody. The Family Case Plan is transmitted to court to inform the court of the family's current situation. The latest version of the Safe Family Home Report was revised in June 2020.

Part of Hawaii's 5-year CFSP goal includes collaboration with stakeholders and community partners to develop and maintain an effective and accessible array of services and interventions for families with children aged 0-3 to prevent entry into foster care or re-entry into Child Welfare Services. Services available for all children, including those who were exposed prenatally to illicit substances or alcohol, are designed to identify eligible and at-risk children and families, assess their circumstances, and determine and lead to individualized and appropriate case planning, intervention, and monitoring. Some of the specific services include:

- Ohana Conferencing,
- Project First Care,
- Crisis Response and Intensive Home-Based Services, and
- Home Visiting Services with developmental screenings and assessments to identify children at-risk for suboptimal health and for developmental delays. Some of the providers have a nurse on-call for children and families that may need more medical interventions.
- Pre-Placement physical exam,
- Zero-to-Three Court,
- Comprehensive Medical assessment within 45 days of placement, and
- Early Periodic Screening Diagnosis and Treatment (EPSDT) for all children in foster care.

In 2022, CWSB plans to implement a newly drafted substance use assessment and drug screening policy, in which assessment and case management caseworkers will be trained. The policy provides guidance on engaging and assessing families with substance use concerns, the purpose and limitation of drug screening, referral processes, the caseworker's role in case planning, and how drug screenings inform the comprehensive assessment of the family.

In the CPSS *precipitating factors* field, the worker can record circumstances that may have contributed to the report of alleged child abuse or neglect, including the child's *in utero* drug exposure and the parents' drug abuse.

Data:

In SFY 2021, of the 1,331 children confirmed as victims of harm:

- 478 (35%) children were identified with parental drug abuse as a precipitating factor; and
- 126 (9.5%) children were identified with parental alcohol abuse as a precipitating factor.

See 2023 APSR Hawaii Data Booklet Figure 4: Factors Precipitating Incident for Confirmed Victims in SFY 2021.

Compared to SFY 2020, there has been a 10% reduction in parental drug abuse identified as a precipitating factor; however, there has been a 1% increase in parental alcohol use identified as a precipitating factor. The decrease may be due in part to COVID pandemic restrictions and social distancing requirements, and with decreased interaction with mandated reporters.

Collaboration:

The Hawaii Fetal Alcohol Spectrum Disorders Action Group (HIFASDAG) is currently the only organization that provides advocacy for FASD-informed services, and education and training on FASD in Hawaii. HIFASDAG is comprised of a group of volunteer educators, clinicians, researchers, and FASD family members. It continues to pursue the goals of enhancing community awareness and addressing FASD, and training families, individuals, and professionals on identification, evaluation, and effective intervention with FASD-informed strategies. CWSB plans to become more involved in this collaboration to explore and leverage available HIFASDAG services for the benefit of this vulnerable population. CWSB participates in meetings with the Perinatal Substance Use Disorder Workgroup, a collaboration of substance use treatment providers and Department of Health (DOH), focused on programs and services to support this target population.

In the past, CWSB and DOH offered the same home visiting services to families, with CWSB providing services to families known to CWSB and DOH to non-CWSB families. Practicing the Ohana Nui approach, in SFY 2021, CWSB continued collaborating with DOH to explore the possibility of DOH providing home visiting services to children ages 0-5 for both CWSB and non-CWSB families. Continued collaboration in 2022 will focus on developing a Memorandum of Agreement (MOA) between CWSB and DOH that will allow DOH to provide home visiting services to CWSB families. Under Family First Hawaii services, CWSB plans to refer families to DOH home visiting services if they want to continue home visiting services after CWSB closes its case.

Moving forward, Hawaii will continue to monitor substance-exposed infants and ensure that services are available and accessible to children statewide, primarily focusing on children's developmental and medical care.

During 2022, refresher training for case workers and supervisors will include assessment, monitoring, and referral to services for substance and alcohol exposed infants.

G. HUMAN TRAFFICKING

See Data booklet, Figure 97 through Figure 115 for more detailed information on human trafficking reports and victims for SFYs 2018-2021. Some highlights of these figures include:

1. The majority of the human trafficking cases are located on Oahu.
2. The average age for these human trafficking victims is 16.
3. 92% of the victims are female.
4. The most common risk indicators for these trafficked youths include substance abuse and runaways.

Based on information CWSB has gathered, the statistically average victim of human trafficking in SFY 2021 was a 16-year-old Caucasian female on Oahu, involved with drugs or run-away behavior, who was a victim of commercial sex trafficking, and whose situation was referred to CWSB by the legal/law enforcement domain.

Fluctuations in the reported ethnicity of victims for SFYs 2018- 2021 is interesting. In SFYs 2018-2019, Hawaiian was the most frequently reported ethnicity, followed by white. For SFY 2020, "unknown" was the most frequently reported ethnicity, followed by Hawaiian, then white. The reason for the dramatic change in SFY 2021 is unknown but may be related to a clarification in ethnicity reporting and the decrease in the "unknown" category. CWSB's plans to incorporate the collection of human trafficking data into the CPSS database may help to stabilize this factor.

CWSB provides human trafficking related services through a purchase of services contract with a community service agency partner. During the past SFY, the contracted provider continued services with families who tested positive for any of the multiple variants of COVID. The provider adjusted their schedules, when possible, and provided some services through remote technology when it was not safe to provide in-person services. When in-person services were provided, the staff adhered to CDC guidelines.

CWSB is developing an effective response to human trafficking. CWSB Program Development office continues to focus on updating information on program areas, including trafficking, domestic violence, outreach to the community, and offering support and education. CWSB is collaborating with local communities and community partners to develop and implement effective Human Trafficking strategies. CWSB staff is working with community partners to

enhance awareness of the signs of human trafficking by providing information and training, and explaining how to report concerns and access available community resources.

1. CWSB Staff Human Trafficking Training

Despite the COVID-19 pandemic, training on Human Trafficking is ongoing. Trainings were done virtually. During new hire training, CWSB staff development office provides training on: CWSB's human trafficking protocol, the use of the Rapid Screening Tool (RST), the Commercial Sexual Exploitation of Children (CSEC) identification survey when a minor is identified or suspected of being a victim of human trafficking, mandated reporting of human trafficking of minors, and how to report human trafficking to the CWSB hotline. CWSB staff also participated in ongoing human trafficking trainings provided by other agencies throughout the year.

During the past SFY, the contracted service provider provided trainings for CWSB staff, Judiciary (Judges, probation officers, and Detention Home staff), DOE - Central and Leeward Districts, HPD Training Academy, SACT, Kekama Program, Tutu and Me, Kahi Mohala, Head start (Oahu and Maui), Salvation Army Croc Center, Honolulu Community Action Program (HCAP Oahu), Hale Naau Hono Program (CAMHD), OYS, DOH HV Programs statewide, Ola Behavioral Health (therapists), Kidder Kids International Preschool, US Veterans Program (Homeless Shelter staff), Prosecutors Office, Pali Momi staff, DOE new VP's Academy Statewide. Customized handouts related to human trafficking for targeted audience trained were developed and shared with the specific staff trained. Some of the topics of the trainings included:

- Human Trafficking 101
- Trafficking Victims in the Medical Environment
- Reporting and Through My Eyes

CWSB continues to provide virtual trainings for mandated reporters and the community on human trafficking, making a report, the human trafficking hotline, and human trafficking checklist. The human trafficking guide and checklist are available on the DHS website.

2. Collaboration

The Hawaii Coalition Against Human Trafficking (HCAHT) and the Family Court of the First Circuit continue to coordinate and collaborate with various agencies to address human trafficking. HCAHT addresses sex and labor trafficking of adults and children statewide, while the Family Court addresses the commercial sexual exploitation of children on Oahu. Both efforts provide CWSB with additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits the overall framework.

CWSB supports efforts to increase trafficking education, training, and outreach efforts. CWSB and its community partners continue to provide various statewide trainings on mandated reporting of human trafficking and CWSB Human Trafficking and Missing Children Protocols.

CWSB collaborates with the Department of the Attorney General's Missing Child Center of Hawaii (MCCH) regarding foster youth missing from care. MCCH also works with CWSB and the different county police departments in assisting to locate and recover missing foster youth at high risk of being trafficked.

CWSB continues to collaborate with the National Center for Missing and Exploited Children (NCMEC), MCCH, and the Juvenile Justice Information System (JJIS) on the electronic feed of data from the state's JJIS database to NCMEC. CWSB continues to collaborate with the county police departments throughout the state to ensure that necessary data is being properly reported and tracked electronically. This electronic feed automatically notifies NCMEC when a foster youth is missing from care.

The Department of the Attorney General and CWSB collaborated on a joint task force in October 2020, working with the Federal Bureau of Investigations, U.S. Marshals Service, U.S. Secret Service, Department of Homeland Security, Honolulu Police Department, SWCC, Hale Kipa, NCMEC, and National Child Protection Task Force to recover endangered and runaway foster youth. The Shine the Light operation resulted in the recovery of five children between the ages of 16-17.

CWSB also collaborated on a joint task force with Honolulu Police Department in October 2021, working with HPD Narcotics/Vice/Morals Detail, HPD Juvenile Services Section, HPD District 3 CRU, Homeland Security Investigations, U.S. Marshals Service, Susannah Wesley Community Center, MCCH and NCMEC on the recovery of endangered and runaway foster youth. The HPD Juvenile Rescue 8 Operation resulted in the recovery of 11 children (seven of them CWSB) between the ages of 11-17.

3. Trends

Based on information from the community and service providers, several factors relating to the human trafficking of minor victims were identified:

1. Substance abuse is the highest risk indicator among minor victims.
2. Increase in the number of gang-controlled trafficking.
3. Increase in online HT on social media or dating arrangement apps like Seeking arrangements, Plenty of Fish, and Onlyfans.
4. Increase in human trafficking in homeless encampments.

New trends that have been emerging are:

1. Running away or being kicked out of the homes increases risk of being trafficked for these minor victims.
2. Minor victims having a history of molestation.

H. CONTINUOUS GROWTH

1. CWSB Primary Prevention Efforts

The Hawaii Department of Human Services' vision is: "The people of Hawaii are thriving." The Hawaii Child and Family Services Plan (CFSP) vision aligns with the Departments' vision and is: "Within their communities, children and families are safe, connected, nurtured, supported, and thriving." An array of services, starting with prevention, are necessary to achieve these visions. In addition to directly contracting for prevention services, CWSB contracts for intervention services, and integrates services to strengthen families and prevent future child abuse and neglect. CWSB continues to work with a number of state and community agencies to support families within their communities.

Primary prevention, also called universal prevention, is a strategy to prevent child maltreatment through activities directed at the general population. Many prevention activities occur at the local level. In Hawaii, nonprofit providers and collaborative community initiatives implement most primary child abuse and neglect (CA/N) prevention activities. Government contracts and private grants fund some of these activities.

CWSB and contracted service providers for Voluntary Case Management Services and Family Strengthening Services work to connect families with resources and services in their communities to meet their needs and to help them develop a network of resources for ongoing and future support post intervention.

Under the guidance of Blueprint for Change, CWSB continues to partner with and contract for Neighborhood Place Services (NPS) to promote effective child abuse and neglect prevention services statewide. Act 302 of the 1996 Hawaii State Legislature established Neighborhood Place Services under the guidance of the Blueprint for Change Task Force to develop a family-centered, community-driven, and social service delivery model.

NPS is a community-driven service designed to meet the unique needs of local families who may be at-risk of abuse or neglect. NPS' consortium of public and private agencies delivers a continuum of coordinated community-based services to provide a safe and healthy environment for Hawaii's children and their families.

NPS are located in East Hawaii, West Hawaii, Maui, Central Oahu, and West Oahu. Walk-in and community outreach and strengthening services for Molokai, Lanai, and Kauai are provided through other contracts that include Molokai Integrated Services System (MISS), Lanai Integrated Services System, and Kauai Drop-In Center, respectively.

Though each site is bound by a unifying set of guiding principles and core activities, the success of each individual program requires a community effort to develop and implement effective, integrated, and collaborative approaches for protecting vulnerable children and families. By design, NPS are established with planning help from coalitions of local organizations, and when possible, are staffed with longtime residents of the areas they serve. As a result, NPS are able to establish strong ties with communities and build reputations for being safe and nurturing environments where families can go, regardless of circumstances, and receive help in a non-threatening and culturally congruent manner. This allows NPSs to effectively identify, address, and remedy stressful family issues promptly, thus preventing a crisis situation.

The goals of NPS are to maintain or strengthen child/individual/family functioning, prevent child abuse and neglect, prevent the placement of children into foster care, and to facilitate reunification of families in a healthy and nurturing environment by creating an island community where families take responsibility for their emotional well-being and become actively involved in the well-being of their community.

The program offers culturally sensitive activities to alleviate stress and promote competencies that increase the ability of families to provide successful nurturance to their children. The major service components of the NPS include:

- Intake and assessment of risk, strengths, competencies, and needs;
- Information and referral;
- Individualized Program Plan (IPP);
- Case management;
- Crisis intervention;
- Informal counseling;
- Peer support groups;
- Early childhood education parenting groups;
- Parent-child interaction activities;
- Promotion of socialization skills;
- Assistance in obtaining needed resources;
- Assist CWSB families who are eligible for housing vouchers;
- Follow up contact with families six months after case closure; and
- Referral for CWSB is to high risk or incident of abuse/neglect occurs.

NPS in some communities are also identified as Family Resource Centers (FRC). FRC are community or school-based, and use a multi-generational, strength-based, and family-centered approach to create welcoming hubs of support, services, and opportunities for families. They reflect and are responsive to community needs and interests and provide support at no or low cost. CWSB may also refer families to NPS to provide ongoing or future support after case closure.

As part of implementing FFPSA – Families First Hawaii services to help prevent entry into foster care, CWSB is also partnering with other agencies, service providers and community stakeholders to promote the continuum of care to support families that are not actively involved with CWSB or following CWSB intervention. CWSB is working with Department of Health to promote a smooth transition for families that may be eligible for and/or receiving home visiting services by both agencies to minimize breaks or changes in service provision.

CWSB was a member of the Steering Committee that helped to develop the *Child Abuse and Neglect Prevention, Hawaii Statewide Child Abuse and Neglect Prevention Framework, Collaborative Strategies to Strengthen Families and Create Safe, Stable, and Nurturing Relationships and Environments in Hawaii* (June 2021) available at: <https://www.hawaiichildrenstrustfund.org/framework>

Supporting families involved with Child Welfare Services provides opportunities to better understand the needs of families and advocate for an array of services to meet their individual needs.

SECTION IX. YOUNG ADULTS AND CHAFEE

After the State of Hawaii exhausts Chafee funding, programs for services to current and eligible young people formerly in care through age 26 are supported by State funds. In January 2017, efforts began to provide a continuous and more comprehensive integrated independent living (IL) system of care for current and former youth in foster care. CWSB awarded integrated contracts that combined the Independent/Interdependent Living (IL) Services Programs, Higher Education (HE), Education and Training Voucher (ETV) program, Imua Kakou (IK), and Extended Assistance Programs. These integrated services are collectively referred to as IHI. This collaboration of CWSB and community partners has helped to ensure that young adults who are or were in foster care develop long-term connections to family, community, and cultural supports, and that they receive education on local resources.

CWSB is committed to encouraging meaningful and active participation/leadership by young people in the development and maintenance of CWSB services and programs for current and young adults formerly in care, as well as with pertinent legislation, policies, and procedures. Young people have been key in advocating for important issues that impact them, such as:

1. Family finding and relative placement;
2. Enactment of HRS §346-395 (effective July 2014) extending foster care to age 21, a program better known as Imua Kakou;
3. Normalcy and prudent parenting;
4. Enactment of HRS §587A-3.1 Rights of children in foster care;
5. Medical coverage to 26;
6. Self-advocacy;
7. Grievance process (“Pono Process”) for ensuring rights of children in foster care;
8. Case planning;
9. Consolidated Appropriations Act (CAA) pandemic funding; and
10. Developing, implementing, and continuously monitoring the quality of improvement processes of relevant programs and services.

The young people are active in statewide training for CWSB, Judiciary, service providers, community partners and stakeholders, and other young people. They have a well-respected advisory capacity, and their Advisory Council serves as a model for strengthening the voices of birth parents.

The IHI collaboration addresses CFSP goals in the areas of collaboration, workforce, prevention, and CQI. The IHI collaboration will continue to focus on improving access to services and ensuring service delivery is culturally sensitive and applies a trauma-informed healing approach. With this IL-integrated approach, CWSB is confident that positive outcomes will be achieved by young people.

A. INDEPENDENT LIVING COLLABORATION CONTRACTS

1. Youth in Foster Care (ages 12-15)

Youth in foster care in the 12 to 15 years age group receive services to support healthy development and improve self-awareness and self-esteem, including guidance in making good decisions and coping with peer pressure, and engaging in case planning. Resource caregivers for this age group receive education to support the youth in these areas. Services for this age group focus on self-identity; emotional, psychological, and spiritual well-being; cultural identity and diversity issues; communication; relationships, social capital, and connections; setting goals; problem solving and decision-making; self-advocacy; resources; and understanding CWSB and Family Court.

In SFY 2021, 53 youth in this age group participated in independent living services statewide. See the Data Booklet, Figure 116: Youth & Young Adults Receiving Independent Living Services in SFY 2021 for details.

2. Youth in Foster Care (ages 16-18)

Services for foster youth, ages 16-18 years, include the topics listed for younger youth and, in addition, also address safety, permanency, and well-being. Youth in this age group receive services to encourage their engagement in developing their own case plan through Youth Circles and independent living services, which helps youth set goals for permanency, including housing, education, employment, independence/independent living, social/cultural connections, health, and engagement. The case plan also serves as the federally required 90-day transition plan for youth who are likely to emancipate from foster care at 18 years old or older.

In SFY 2021, 102 youth in this age group participated in independent living services statewide. See the Data Booklet, Figure 116: Youth & Young Adults Receiving Independent Living Services in SFY 2021 for details and Figure 117: NTYD 2021AB – Services Provided, for a recap of information reported to NYTD.

3. Imua Kakou for Young Adults

Notwithstanding the extension provided by Public Law (P.L.) 116-260, Division X of the *Consolidated Appropriations Act 2021* allowed young adults who turned 21 years of age during January 27, 2020 through September 30, 2021 to remain in or reenter care. IHI providers contacted eligible young adults to restart services.

Imua Kakou services include:

- a. Monthly financial support for the young people and their children living in their custody, at the current foster board rate;
- b. Ongoing case planning and management to reach case plan goals and objectives;
- c. Monthly visits; and
- d. Transition planning.

Imua Kakou provides greater support and access to:

- a. Housing;
- b. Education;
- c. Health care services;
- d. Employment;
- e. Independent living skills training, including sexual health, parenting, and financial education; and
- f. Connections with family and the community.

Imua Kakou case plans address critical components to prepare youth for independent living, including:

- a. Building strong social capital with family and life-long adult and cultural connections;
- b. Health, including medical, dental, and mental health, and the well-being of the young adult's children;
- c. Independent living skills;
- d. Housing;
- e. Education;
- f. Employment;
- g. Permanency goals; and
- h. Youth engagement.

In SFY 2021, 243 young adults participated in this program statewide. See the Data Booklet, Figure 116: Youth & Young Adults Receiving Independent Living Services in SFY 2021 for details.

4. Higher Education Stipend and Education and Training Vouchers

The DHS Higher Education Stipend program is governed by Hawaii Revised Statute §346-17.4, Higher education stipends for students. The statewide program is entirely Hawaii state funded. Benefits under the program consist of a monthly stipend equivalent to the prevailing foster board rate for older youth in care, and support services, including

monthly case monitoring. Higher education stipends are provided to eligible former foster youth for a maximum of 60 benefit months, up to their 27th birthday.

Initial eligibility factors include:

- a. Age: at least age 18 years, but less than age 27 years.
- b. Placement: under DHS placement responsibility pursuant to HRS Chapter 587A or HRS Chapter 587.
- c. Discharge from foster care: by emancipation at age 18 or older; adoption at any age; or placement into legal guardianship facilitated by DHS at any age. Priority for services is given to those who emancipated without legal permanency/families. Adoptive and guardianship families are to be the primary support for their young people; however, IHI providers can provide consultation and information, referrals, and resources.
- d. Institution of higher education: attending or accepted to attend an accredited institution of higher education in an academic or vocational program.

Young people formerly in care, may not concurrently participate in the Higher Education Stipend Program and Imua Kakou or Extended Permanency/Adoption Assistance Programs.

176 young adults who received Higher Education benefits in the 2020-2021 school year also received IL supportive services.

See the Data Booklet, Figures 122 and 123 Higher Education Stipends School Years 2016-2017 through 2020-2021, for additional details and a graphic presentation regarding participation in the last five school years.

5. Former Foster Youth Who Aged Out of Foster Care (ages 18-27)

Former foster youth who emancipated from foster care at age 18 or older may receive IL Support Services up to their 27th birthday. Priority is given to former youth in this category who are not currently receiving Imua Kakou or Higher Education Program services. Service providers support young people formerly in care by providing information and referrals; education; and outreach, including crisis intervention and independent living case management as needed, similar to, but not as comprehensive as that provided for Imua Kakou participants. Service providers also plan group activities for young people in this category that may also include Imua Kakou and Higher Education participants.

Support for Hawaii's former foster youth living outside the State of Hawaii, or who were adopted or placed in legal guardianship by the DHS, may only receive information and referral services from IHI providers.

In SFY 2021, 172 young people participated in this program component statewide. See the Data Booklet, Figure 116: Youth & Young Adults Receiving Independent Living Services in SFY 2021 for details.

B. INDEPENDENT LIVING COLLABORATOR

Since October 2015, CWSB has contracted for the services of an Independent Living Collaborator (ILC) to work with CWSB, service providers, young people, community stakeholders, and other partners to support an enhanced and seamless system of care. The ILC also assists CWSB with collaboration; enhancing communications; workgroup development and facilitation; development of guidelines with best practice standards; providing and/or collaborating on trainings and conferences; evaluation and monitoring; and youth and young adult engagement. The ILC was a strong recommendation in a Casey Family Programs report that was based on statewide input from young people, CWSB, providers, and other stakeholders on how to improve services for the young people in or formerly in foster care.

A critical function of the ILC is to help CWSB manage the Independent Living, Higher Education, and Imua Kakou (IHI) contracts by supporting collaboration among provider agencies and community organizations, and by sharing information with providers during trainings and meetings. These trainings and meetings generally include CWSB Program Development administration and/or staff; CWSB social workers, assistants, and/or supervisors; DHS Federal Payment Programs Eligibility Unit staff; University of Hawaii, Maui College, SHAKA support team; University of Hawaii School of Law research staff; contracted service providers; and young people. The ILC assists IHI providers with improving case transitions and referrals, services and service delivery, and data collection and tracking. The ILC is also a member of several event planning committees, such as for the Oahu Teen Days, Senior Graduation Celebration, the Ohana is Forever Conference, and the Pono Process Committee.

In SFY 2021, the ILC hosted a series of core workgroup meetings to explore alternative ways to provide independent living services to young people in care besides typical one-to-one case management. The overarching goal of this focus is to make independent living services accessible to all young people ages 12 to 18 and to identify new ways to engage the population. Establishing connections between young people and providers also helps to facilitate young people to easily transition into Imua Kakou and Higher Education services when they become eligible. One of the ideas explored included cross-county collaboration on virtual groups or events for young people. Feedback from the core workgroup supported CWSB gathering information for upcoming procurement of IHI contracts.

In SFY 2022, the ILC began hosting a series of workgroup meetings focused on supporting case managers and strengthening youth engagement. The workgroup is open statewide to all IHI case managers. Young people formerly in care are actively involved in planning the workgroup meeting agendas; feedback from young people is used to identify areas to improve case

management practice. The first of three meetings addressed the following topics: engaging young people through case planning, young people-friendly documentation, and providing and receiving feedback.

The ILC works closely with the HI H.O.P.E.S. Initiative to encourage youth and young adult involvement and build strong relationships with other youth-focused entities. The ILC assists CWSB, UH Law School, SHAKA, and the HI H.O.P.E.S. initiative in many areas, including collaboration; connection and teaming; policy and practice development with training to enhance consistency of services and data collection; and partnering with CWSB on developing and implementing best practice recommendations and/or requirements of federal and State laws.

The ILC addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. The ILC will continue to assist DHS to strengthen communication and support with IHI providers, and to enhance the services and outcomes for young people. The ILC will also continue to monitor case management effectiveness by following up on CQI contract reviews and action plans, and continuing the RBA work with Imua Kakou teams, trauma-informed care training, and ongoing case and collaboration reviews.

In regard to the Pandemic/Consolidated Appropriations Act (CAA), EPIC Ohana, the ILC, and HFYYAAC (Youth Advisory Boards) were critical partners with CWSB in collaborating to quickly develop and implement plans to receive and expend the CAA award of Chafee funding in 2021-2022 to support eligible young people in foster care and those who transitioned out of foster care.

The collaboration also included the UH Law School, service providers, Judiciary, and other partners, including national partners such as THINK of US, Youth Law Center, and Annie E. Casey. There were also concerted efforts by DHS fiscal, DHS purchase of services, and IT staff and contractors to identify and remove barriers, modify processes, and enhance service contracts to provide necessary support for the young people. CAA funding was shared with the ILC contract providers for direct disbursement of checks and pandemic care kits to young people in need. HFYYAAC providers also received CAA funds to hire lived experience young people to run the “Call Center” that was designed to engage young people, provide the direct disbursements, and assist in securing other needed resources and supports. Through CWSB’s collaboration with EPIC and the guidance of the staff and young people, it successfully identified and coordinated the allowable flexibilities in processing EFC/IK, ETV, and other benefits for eligible young people.

C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS

Higher Education

The State-funded Higher Education Program has been a tremendous success and benefit to young people in foster care who exited foster care at age 18 or who were adopted or placed in legal guardianship through DHS at any age. With this additional support, many young adults have completed two-year and four-year degree programs, and a few have even obtained advanced degrees. By the 2021-22 school year, 2,239 students had participated in the program. During the years 2017 - 2022, on average 28-31% new students and 69-72% returning students participated in this program.

The Higher Education stipend program remains a successful component of an array of services designed to help youth and young adults successfully transition from foster care. By entering Imua Kakou at age 18, and then entering the State-funded Hawaii Higher Education Stipend Program after exiting Imua Kakou, eligible young people have access to supportive and financial benefits from age 18 through age 27 years while attending an institution of higher education.

Refer to the Data Booklet, Figures 122 and 123: Higher Education Stipends School Years 2017-2018 through 2021-2022 (Table) and (Chart), for detail and graphic representation.

Hawaii is proud to support students formerly in care achieve their educational goals. Hawaii's systems of financial assistance accommodate the fact that young people formerly in care often start on their higher education paths later than their peers, and they often take longer to reach their goals. By participating in Imua Kakou from ages 18 to 21, and then the Higher Education Stipend program from ages 21 to 27, the young adult can receive nine years of financial support.

ETV

CWSB remains committed to supporting youth fully utilize Education and Training Vouchers (ETV) and higher education benefits. Beginning in Fall 2018, consistent with federal legislation, Hawaii extended ETV benefits to eligible former youth to age 26. Hawaii continues to address underutilization of ETV awards. There was a notable increase in the number of students receiving ETV awards from 25 in school year 2016-2017 to 48 in school year 2019-2020, and 44 in the 2020-2021 school year, with a corresponding increase in the percentage of allocated funds used.

For the 2021-22 school year, the additional CAA/Supplemental ETV funding and the flexibility of the requirements, resulted in 73 young people receiving ETV benefits. This provided much needed support for young people struggling to survive the pandemic and the chaos of their educational and living situations. As described above---all ETV funds (CAA/Supplemental, Regular grants) have already been distributed. As described throughout the APSR---CWSB has

an ongoing vibrant, active collaboration with young people, providers, and partners. The collaboration engaged young people through young people hired to do the outreach and partners, providers, and CWSB for all the CAA distributions, including the additional ETV funds.

Refer to the Data Booklet, Figures 124 and 125: Education and Training Vouchers School Years 2017-18 through 2021-22 (Table) & (Chart) for detail and graphic representation of data on the ETV program.

CFSP goals of Collaboration, Workforce, Prevention, and CQI are addressed through the efforts of CWSB staff, who will continue to coordinate financial benefits and support for former foster youth and young adults in the Imua Kakou, Hawaii Higher Education, and ETV programs.

D. EXTENDED FOSTER CARE (AKA IMUA KAKOU) AND EXTENDED ASSISTANCE PROGRAMS

The Imua Kakou and Extended Assistance Programs completed seven years on June 30, 2021. Work in this area addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. DHS will continue to collaborate with EPIC Ohana, UH Law School, Judiciary, SHAKA, Title IV-E claiming unit, IHI Providers, young people, and others. Continuing efforts include improving communication, program services, and service delivery, e.g., ICPC services and meeting federal, state, and CWSB requirements.

1. Extended Assistance Programs

No changes were made to the Extended Assistance Programs, a “for payment only” program for former foster youth who were placed at age 16 or older in legal guardianship or adoption, subject to an agreement between DHS and caretakers.

In SFY 2021, there were nine young people who received Extended Adoption Assistance, and 79 young people who received Extended Legal Guardianship, GAP, or Permanency Assistance. Please refer to the Data Booklet, Figure 126: Young Adults Receiving Imua Kakou Or Extended Assistance Monthly Averages for SFYs 2017- 2021, and Figure 127: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFYs 2017 - 2021.

2. SHAKA Database and Imua Kakou Data Tracking

Imua Kakou cases continue to be documented, managed, and tracked in the SHAKA database, which is managed by University of Hawaii Maui College. The basic processes remain the same as last year, with some revisions to data input, management, and reporting to allow for quicker access to data, identification of young adults eligible for ETV and higher education stipend benefits, ICPC and other out-of-state resources, and situations in which a young adult may be having trouble maintaining Imua Kakou

eligibility.

3. Imua Kakou Applications

During SFY 2021, SHAKA logged 193 applications in various stages of completion. Of these applications, 99 applicants (51%) were determined eligible for Imua Kakou, seven applicants (4%) were determined ineligible, 23 applicants (12%) were referred to other resources, and 64 applicants (33%) were new/incomplete, recently submitted, incomplete, or withdrawn.

Applicants were most often determined ineligible because the young adults were adopted or placed under legal guardianship before age 16. Those applicants which are determined ineligible are referred to other community services/benefits and resources. Please see Data Booklet, Figure 128: Imua Kakou Applications SFYs 2017 – 2021 and Figure 129 SFYs 2017 – 2021 Imua Kakou Applications – Reasons Why Ineligible.

4. Participant Demographics and Other Tracker Data

In February 2022, there were 215 Imua Kakou cases open in the SHAKA database. Based on the data, a “typical” Imua Kakou participant is a Hawaiian (60%) female (60%) who emancipated from foster care while under CWSB placement responsibility (87%). She resides with relatives (27%) or is living in a resource caregiver home (21%) while maintaining eligibility through completing secondary education and was involved in developing her case plan.

Trend information from surveys of 42 young adults exiting Imua Kakou during SFY 2021 indicates that the young adult is exiting at age 21 (76% of cases), has a relationship with at least one adult that is trusting, supportive, and unconditional who will always be there (90%), has a Social Security Card (93%), birth certificate (98%), and medical coverage (93%). Although there is some overlapping and duplication of coverage, Med-QUEST is the major health insurance provider (93%).

Termination/Closing Tracker information indicates that most young people are working (38%), in an employment preparation activity (14%), are in post-secondary education (21%), or are not doing any activity (29%). Young people who want to continue post-secondary education can opt to enroll in the State-funded Higher Education Program and young people who need continued support can receive IL support services.

5. Case Management, Case Plans, and 90-Day Transition Plans

All young adults who participated in Imua Kakou services for at least 60 days after signing a Voluntary Care Agreement (VCA) and had an initial hearing, participated in the development of their case plan.

In some sections, case managers and young adults begin developing the case plan before the VCA is signed. In other Sections, the case manager and young adult begin developing the case plan after the VCA is signed and after the court finds that extending voluntary foster care is in the young adult's best interest.

The Imua Kakou case plans for all young adults include the federal requirements of 90-Day Transition Plans, which are updated within the 90 days before the young adult exits foster care at age 21. The court monitors the case planning process by requiring that case plans be submitted for six-month combined judicial reviews and permanency hearings and for termination hearings. The UH Law School staff also reviews and monitors cases from each CWSB section and holds quarterly teleconferences with CWSB and the statewide Imua Kakou teams to monitor compliance.

E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS

1. Chafee Funded Housing Support

There are no changes in this area. As in prior years, IHI providers have not used Chafee funds specifically for housing support. Chafee funds are used solely to fund IHI contract programs for overall IL support, which includes housing support.

2. Coordination and Linkage with Other Federal and State Programs

DHS participates in multiple collaborations with stakeholders, providers, and public agencies. DHS will continue to leverage the strength of collaborations to meet CFSP goals of Collaboration, Workforce, Prevention, and CQI.

- a. Hawaii Youth Services Network (HYSN) is the local Transitional Living Program grantee. As a member of HYSN, CWSB receives updates and information from HYSN and shares it with staff and other agencies. All IHI Providers (Hale Kipa, Hale Opiio Kauai, Maui Youth and Family Services, and The Salvation Army - Family Intervention Services) and EPIC Ohana are members of the HYSN. The participation of these entities ensures that information is shared with youth and their voices are heard.
- b. IHI providers, youth circles, and HI H.O.P.E.S. Boards partner with CWSB to collaborate with youth and ensure that referrals are made to community resources and public agencies regarding health, education, housing, and employment. Examples include referrals to BESSD, Division of Vocational Rehabilitation, Med-QUEST, and City and County of Honolulu programs. *See also the next section on Youth Homelessness re: Housing Vouchers with C&C, Public Housing Authorities and HUD.*

c. CONSOLIDATED APPROPRIATIONS ACT (CAA- 2021) (P.L. 116-260): (SUPPORTING FOSTER YOUTH AND FAMILIES DURING THE PANDEMIC ACT) - HAWAII'S PLAN & IMPLEMENTATION

In 2020-2021, Hawaii established strong partnerships and collaborations with young people, service providers, Judiciary/Court Improvement Program, fiscal staff, CWSB administrators, and other key partners in planning and implementing the most appropriate use and distribution of CAA pandemic funds for youth in foster care and extended foster care. The group conducted outreach through CWSB, Judiciary, all the partners and providers, youth networks, national networks such as Think of Us, homelessness support partners, media, social media, Town Halls, and various data bases. The group also continued to meet regularly to ensure that the young people's needs were being met and barriers were being addressed.

With the guidance of young leaders, DHS and its partners worked with CWSB staff and contracted service providers to:

- i. Hire young adult interns, who were formerly in foster care and able to effectively engage, respond, and support young people currently or formerly in foster care by identifying their needs.
- ii. Provide expedited payments to 401 young people in care and assess their needs for other support and resources. The young people identified needs such as rent or down payment assistance for housing and living expenses, including food, childcare, and transportation. Thus far, 330 Pandemic Care Kits were made and distributed to 245 young people currently in care in the 14-17 age range. These Kits were also given to young people in care from other states who were placed with relatives in Hawaii.
- iii. Provide expedited support for the wave of young people re-entering Imua Kakou or foster care via supplemental Chafee funded provider contracts.
- iv. Supplement the Chafee-ETV awards and create flexible eligibility requirements to provide much needed support for young people.

As of February 2022, the collaboration is exploring a plan with young people, providers, and CWSB to utilize the small remaining balance of Chafee funds by December 2022. Suggestions include providing support for food and emergencies during these uncertain economic times arising from the COVID pandemic.

3. Youth Homelessness

IHI continues its relationship with the City and County of Honolulu Public Housing Authority to make Family Unification Program (FUP) vouchers available to former foster youth.

In 2016, Housing and Urban Development (HUD) increased the benefit period from 18 months to three years generating an increased interest among former foster youth. The short window in which applicants are able to apply for Section 8 services continues to be a challenge to voucher utilization. The Section 8 list may remain closed for years or may open for a few days each year, leaving few opportunities for young people to obtain and utilize the vouchers.

In some cases, the City and County office reclaimed the vouchers from former foster youth. This was extremely disappointing to youth and made it a challenge to utilize available vouchers. Hale Kipa and a CWSB representative now assist the City and County in improving youth access to vouchers and other resources. Through the Coordinated Entry System, the system identifies homeless youth ages 18-24 who spent time in the child welfare system.

In December 2019, CWSB and the Hawaii Public Housing Authority (HPHA), in collaboration with Hale Kipa, executed a memorandum of agreement that allowed young people transitioning from foster care to apply for a Foster Youth Independence (FYI) voucher from HUD through HPHA. The first voucher for Honolulu County was issued in January 2020. These vouchers utilize the same criteria as the FUP vouchers and are approved by HUD directly, but are not subject to the Section 8 waitlist. However, it is challenging that this program only accommodates single individuals and single parents with children. Couples, married or unmarried, are required to rent a two-bedroom unit and obtain two separate rental agreements. A maximum of 25 vouchers are available each year. A voucher may be renewed annually for up to five years, rather than three years provided in HUD's recent amendment. An added benefit is that the State Housing Authority has agreed to absorb these vouchers into its traditional housing voucher program if the participating youth is not able to maintain full market rate housing and continues to need the housing subsidy at the end of the initial five-year voucher period.

In November 2020, CWSB and the Hawaii County Office of Housing and Community Development (OHCD) executed a memorandum of understanding, in collaboration with Salvation Army, allowing young people transitioning from foster care to apply for a Foster Youth Independence (FYI) voucher from HUD through OHCD. HUD recently expanded its eligibility allowing Housing Authorities to provide both FUP and FYI vouchers. HUD is open to exploring a roll-out of this option statewide.

In 2021, a significant barrier was discovered when HUD clarified that young people in Extended Federal Foster Care (EFFC) are NOT eligible to receive either FUP or FYI vouchers because EFFC young people are considered to be in foster care and are thus ineligible for housing vouchers. Hawaii is seeking amendments to the HUD requirements through Congress and the U.S. HUD office.

CWSB continues to support the Governor's Hawaii Interagency Council on Homelessness and participates in efforts to increase awareness about former foster youth experiencing homelessness at a much higher rate than non-foster youth, and to reduce and prevent homelessness in this population.

CWSB continues to assist Partners in Care, the Oahu Continuum of Care for homelessness, in its efforts to support Oahu's homeless population. HUD awarded \$3.8 million in the Youth Homelessness Demonstration Project (YHDP) to Partners in Care. These funds were then awarded to other non-profit collaborations to support a range of outreach efforts, Guide on the Side support services, and alternative housing to address homelessness of young adults through the age of 24. There is a special emphasis on locating young people, moving them into safe housing, helping them sustain housing, and preventing a reoccurrence of homelessness.

4. Human Trafficking

For information on human trafficking, please see Section VIII. CAPTA, G. Human Trafficking.

5. Medical Coverage

CWSB continues to collaborate and partner with Med-QUEST Division (MQD) and its Kauhale On-Line Eligibility Assistance (KOLEA) system, EPIC Ohana, and CWSB Federal Payment Programs Eligibility unit to ensure that former foster youth continue to have medical coverage through age 26. To streamline information sharing regarding youths' eligibility for continued medical coverage, CWSB-MQD Communication Form (Foster Care), DHS 1106, was revised and made available online in the KOLEA system. Training on the goals, development, and instructions for the KOLEA system was provided to CWSB support staff. All parties involved have worked diligently to streamline the process and address any problems that have emerged since revision of the form. MQD continues to work with the federal Centers for Medicare and Medicaid Services and state counterparts to resolve any issues arising regarding eligibility and maintenance of coverage issues. The group will continue to meet, as needed, to ensure that continued medical coverage is provided to former foster youth through age 26.

At the end of 2019, MQD informed CWSB and its collaborating partners that more young people would be eligible for inclusion in the Former Foster Youth

category. Young people who were involved in foster care in Hawaii and continue to receive adoption assistance payments and kin guardianship assistance payments (KinGAP) until age 18 are now considered “Former Foster Youth” and eligible to receive Medicaid coverage until age 26 in Hawaii. CWSB staff were informed of these changes to ensure that forms, processes, and procedures were updated to reflect the change.

CWSB staff, youth leaders, and community partners will continue their collaboration to support young people categorized as Former Foster Youth to maintain their medical coverage and to inform community members about policy changes.

6. E Makua Ana (Becoming an Adult) Youth Circles

The Youth Circle (YC) is a facilitated family group decision-making process that is available for youth currently and formerly in foster care, aged 14 to 27. The purpose of a YC is to empower the youth or young adult, and to develop a transition plan with the support of the youth’s supporters. A YC can bring together and develop connections between the youth’s family, friends, community members, teachers, service providers, and related CWSB staff to assist the youth or young adult to develop and implement a transition plan. YCs are solution-focused and youth-driven. This service is provided under a CWSB purchase-of-service contract with a local non-profit agency.

Youth Circles can help to:

- a. Increase the youth’s self-advocacy skills;
- b. Connect youth with their circle of support, which may include the families and relatives from whom they were removed and strengthen their social capital;
- c. Provide youth with the opportunity to acquire more information about resources for further education, training, employment, financial assistance, housing options, and other social services;
- d. Support youths’ well-being and healthy development;
- e. Reduce homelessness among emancipated youth; and
- f. Encourage youth to “dream big” while giving them the tools and supports to achieve their dreams.

YCs are a major support for engaging youth in developing CWSB required independent living transition case plans for youth in care aged 14 years and older, and the federally required 90-day transition plan for youth who are likely to exit care on or after their 18th birthday.

A YC is also one of the methods/tools used to help youth understand the importance of a good credit score. A youth's credit report may be reviewed with a discussion of its impact on many aspects of an individual's life.

Participants in the Imua Kakou Extended foster care to 21 programs receive an Imua Kakou (IK) Circle when entering the program, as well as subsequent YCs when requested. The purpose of an IK Circle is to assist the young person in understanding the IK program requirements, developing a plan with their supporters, and successfully entering and meeting the requirements for IK. If a youth had a recent YC before entering IK, that YC will be used to guide the creation of the IK case plan.

Refer to the Data Booklet, Figure 123: Youth Participants & Youth/Imua Kakou Circles SFY 2017 - 2021. In SFY 2021, 332 combined YCs and IKCs were provided for 272 youth. This is an increase from SFY 2020 when there were 293 combined Circles for 245 youth.

When the global pandemic began in SFY 2020, YCs transitioned from in-person to virtual meetings to comply with community health and safety precautions. This change in format may have contributed to the initial lower number of Ycs. The higher number of YCs held in SFY 2021 may be attributed to the population's awareness of the change in format and their comfort with virtual platforms to hold conversations and gatherings.

By SFY 2021, many young people had adjusted to virtual classes and CWSB staff, providers, and supporters were largely accustomed to the use of virtual platforms. The virtual YC format can minimize time involved with coordination, reserving rooms, and travel time, while also creating more opportunities to schedule more YCs. Additionally, some youth who delayed having a YC during SFY 2020 due to the uncertainty of the pandemic, but scheduled one in SFY 2021, may have helped increase the number of SFY 2021 YCs. The YC format will continue to be adjusted to meet the needs of youth with a plan to transition back to a mix of in-person and virtual gatherings when it is safe to do so.

Youth share that YCs are helpful in finding their voice and direction in life.

Efforts in this area address CFSP goals for Collaboration, Workforce, Prevention, and CQI. CWSB continues to work towards improving referral and participation numbers.

7. CWSB Youth Advisory Board

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board is active on Oahu, Maui, Kauai, and East and West Hawaii. The HI H.O.P.E.S. board consists of youth, currently and formerly in foster care, and represents the youth voice in areas of advocacy, policy, system improvement, services, and legislative education. Members often participate in and present at conferences attended by CWSB staff, Judiciary staff,

including Family Court judges, community partners, and other CWSB stakeholders. The HI H.O.P.E.S. board helps to increase public awareness of youth in foster care through its outreach to other sectors in the community, including in the areas of education, employment, and housing. Under the supervision of the HI H.O.P.E.S. Initiative Statewide Manager and in collaboration with DHS Med-QUEST Division and CWSB administration and staff, the board helped improve current and former foster youth's access to health care and continuing health care coverage through age 26 by identifying barriers and suggesting improvements to the system. HI H.O.P.E.S. also advocates for youth engagement in case planning.

Since 2016, the HI H.O.P.E.S. board has focused on raising awareness of the rights of young people in foster care by presenting at Teen Days, Ohana is Forever Conferences, the Annual Child Welfare Law Updates, Family Court Symposiums, and other court and CWSB sponsored events.

In 2019, CWSB contracted with EPIC Ohana to facilitate the design and implementation of a youth rights grievance process called the "Pono Process." *Pono* is a Hawaiian word usually defined as "righteousness."

In 2020, youth and lead navigators were hired, in part because of their lived experience in Hawaii's foster care system. These youth gathered input from partners such as the Attorney General's office, Family Court, CWSB, guardians ad litem, service providers and young people on the design and roll out process. The Pono Process was officially launched in July 2020 at an annual conference attended by over 300 adult professionals and young people. Grievances and other related inquiries are handled by EPIC Ohana and the Pono Process youth navigator and lead.

In 2020, a self-advocacy curriculum and a related video were created to assist young people understand their rights while in care and to help them develop skills for self-advocacy. Statewide self-advocacy trainings were initiated in March 2021 for young people in foster care in the 12–18-year age range. The Pono Process youth navigator and lead facilitate the trainings and work with CWSB and other partners to recruit eligible young people. Currently, they are developing curricula, such as "Foster Care 101," to inform young people entering care to understand their circumstances and navigate the various systems of care.

During the COVID pandemic, the HI H.O.P.E.S. Boards had to pivot to virtual platforms for their recruitment, engagement, and support activities; board meetings; and presentations at local and national forums. These strong young survivors creatively demonstrated excellence, resiliency, and flexibility as they modeled how to support young people in these trying times.

EPIC Ohana and HI H.O.P.E.S. Board members helped guide CWSB, Judiciary, and providers to maximize Consolidated Appropriations Act (CAA) funding. EPIC Ohana, ILC, and Hawaii Foster Youth/Young Adult Advisory Council (HFYYAAC) were critical partners with CWSB to quickly develop and implement plans to receive and expend the CAA award of Chafee funding in 2021-2022. CWSB also collaborated with the UH Law School, service providers, Judiciary, other partners, including national partners such as THINK of US, Youth Law Center, and Annie E. Casey. There were also concerted efforts by DHS fiscal, DHS purchase of services, and IT staff and contractors to identify and remove barriers, modify processes, and enhance service contracts to provide the support necessary for the young people. CAA funding was shared with ILC contract providers to be used for direct disbursement checks and pandemic care kits for young people in need. HFYYAAC providers also received CAA funds to support the hiring of lived experience young people to run the “Call Center” designed to engage young people and provide direct disbursements and assistance in securing other needed resources. Through CWSB’s collaboration with EPIC and the guidance of its staff, it successfully identified and coordinated the flexibilities in processing and funding of EFC/IK, ETV, and other benefits.

The CWSB partnership with youth boards has been critical for hearing youth perspectives and obtaining youth input. This work addresses CFSP goals of Collaboration, Workforce, Prevention, and CQI.

8. National Youth in Transition Database

Through CWSB’s continuing data collection efforts, the NYTD survey has been incorporated into ShakaTown, the youth portal for SHAKA. The Independent Living Collaborator (ILC) and the Youth Circle program continue to work with CWSB and SHAKA to locate and engage each cohort for survey completion. Survey participants are offered incentives of between \$20-\$50 to complete the survey. Increased communication about the importance of this program with groups such as HI H.O.P.E.S., CWSB staff, and services providers, has resulted in enhanced community support.

In FFY2021, 18 (29%) of the 63 youth in the 21-year-old follow-up group completed surveys and follow-up survey requirements as part of Cohort-3. Reasons why the other 45 youth (71%) did not complete the survey included:

- Two were incarcerated,
- Three had passed away, and
- 40 could not be located.

Finding young people who are not already connected to existing support programs such as IL programs, higher education, or Imua Kakou, continues to be a challenge. ILC,

SHAKA staff, and CWSB continue to meet to explore ways to capture more data from youth before they exit foster care at age 18. Enhanced search efforts using social media and partnering with Med-QUEST and other youth serving agencies are being discussed.

The NYTD Team of EPIC, SHAKA, and CWSB explored consults with the federal government, other states, webinars, and Peer 2 Peer CBC Groups. Recently, a consult from a lived experience young person overseeing NYTD and other programs in Iowa provided some promising practices. They found that including a dedicated NYTD staff position filled by a lived experience young person and creative and consistent incentives to keep ongoing connections with the young people were successful. The possibility of obtaining additional funds for these and similar approaches will be explored with DHS Administration. Barriers to sharing information about young people who are in other data systems, e.g., Med-Quest, SNAP, TANF, and Child Care, is also being explored with Administration.

Contracted IL service providers also partner with DHS on NYTD compliance by assisting to collect and share data on NYTD elements and directly inputting data on individual services provided to youth into SHAKA.

CWSB's partnership with the SHAKA technical and design team has been vital to CWSB's ability to comply with NYTD requirements. Information received from NYTD surveys and other related data, is used to inform CWSB and other partners about foster youth and young adult circumstances in many areas, especially homelessness, parenthood and parenting, education, and ethnic disparities.

NYTD data is shared and discussed in varied settings with several partners, including ILC, Youth Circle staff, HI H.O.P.E.S. board, and HI H.O.P.E.S. Community Partnership Hui. Summaries of collected data are also shared on DHS and SHAKA/ShakaTown websites. The NYTD data is also reviewed and compared to data collected from other sources, such as the Jim Casey Youth Opportunities Initiative Opportunities Passport survey and Imua Kakou. This exploration is done in collaboration with the ILC provider and HI H.O.P.E.S.

HI H.O.P.E.S. Board and the Community Partner Hui have used NYTD data to lead efforts on housing in the local communities. NYTD and related data also promoted statewide programs with Hawaii Children's Trust Fund on pregnancy prevention and young parenting.

This expansion supports CWSB's continuing efforts to increase transparency and collaboration through the sharing of information and engaging in related discussions.

CWSB hopes that through this process, the programs designed to serve youth and young adults will continue to be revised and improved to improve outcomes for Hawaii's youth and young adults.

9. Youth-In-Court Facilitation Program

The Youth-In-Court Facilitator position, one of only two such positions in the nation, was created to help youth advocate for themselves during the court process. The former foster youth working in this position assists current and former foster youth with navigating the Oahu Family Court process by providing orientations, sharing information and connecting youth to available resources, such as enhancement funds, and informing youth about their rights while in foster care.

During the 2020 calendar year, the facilitator met with 138 children and provided orientations to 59 older youth. The number of orientations declined in this reporting period as a result of the First Circuit Family Court restricting minors' access to the courthouse during the pandemic from March 15, 2020 to Spring 2022. Due to this restriction, the youth were not surveyed about their experiences meeting with the facilitator during this period.

The Youth-In-Court Facilitator also supports youth who attend Imua Kakou hearings and enters data from court experience surveys from circuits statewide into a database maintained by the National Council of Juvenile and Family Court Judges. The facilitator provides additional assistance as issues arise, such as ensuring that youth receive their vital documents when they reach age 18.

UH Law School and CIP, EPIC Ohana, HI H.O.P.E.S., and CWSB continue to collaborate and consult with American Bar Association and Annie E. Casey Foundation/Jim Casey Community of Practice to review the Youth-In-Court Facilitator position. The review focuses on addressing any challenges that may have arisen, ensuring that effective practices are in place to support young people, and that youth are offered the opportunity to participate in their court hearings, especially since the courts have opted for predominantly virtual hearings during the pandemic. This same workgroup also continues to work on ensuring that youth receive their vital documents when they reach age 18.

10. Planned Activities for FFY 2021

CWSB has no plans to develop or implement new youth programs during SFY 2023. CWSB will continue to build and improve in the following areas:

a. Youth Engagement and Empowerment

The partnership between CWSB staff, the HI H.O.P.E.S. Initiative, HI H.O.P.E.S. Youth Leadership Board, and CWSB contracted providers allows for a powerful young adult voice that guides policies, procedures, and program design and encourages young adult leadership.

In SFY 2023, CWSB aims to see the successful implementation and oversight of initiatives designed to educate current foster youth about their rights while in foster care, understanding their rights, and knowledgeably signing the Bill of Rights for Children in Foster Care form. Other initiatives ensure that current and former foster youth have medical coverage until the age of 26, young people ages 12-18 are engaged in self-advocacy trainings which will be held virtually statewide throughout the year, and the successful implementation and usage of the grievance or Pono Process. There will also be a piloted cohort of young people taken through a series of trainings, such as “Foster Care 101,” to help them understand foster care and support them through the various systems of care. Additionally, there will be a focus on enhancing young people’s involvement in their case planning.

HI H.O.P.E.S. Youth Leadership Board members will continue to play an important role in partnering with CWSB and stakeholders on outreach efforts and training about the Foster Youth Bill of Rights, case planning, medical coverage, self-advocacy, and the Pono Process.

b. Independent Living Collaborator Contract

The Independent Living Collaborator (ILC) enhances collaboration, communication, connection, and coordination among CWSB, contracted providers, young people currently and formerly in foster care, resource caregivers, birth families and relatives, Judiciary, and other public and private entities and communities. During SFY 2023, the ILC contract services will continue to be a key source of connecting, convening, and collaborating.

The ILC will continue to support all CWSB efforts to improve the experiences for youth in foster care and transitioning out of foster care. Additionally, the ILC will continue to collaborate with the HI H.O.P.E.S. Youth Leadership Board and other agencies to host trainings and work groups to support IHI program service delivery. Trainings are offered to young people, providers, CWSB staff, Judiciary, and other community partners. The continued focus is on Positive Youth Development (PYD) framework and principles listed below:

- i. Strengths and positive outcomes;

- ii. Young People voice and engagement;
- iii. Strategies that involve all youth; and
- iv. Community involvement and collaboration.

Past trainings have included engagement of young people, supervision, coaching, supporting young people through the pandemic, and other needs as necessary. Moving forward, the trainings will continue to support young people through the pandemic and include other training topics identified by the young people, the IHI providers, CWSB, and other collaborators. Ongoing quality assurance support will be provided by the UH Law School and CWSB caseworkers working on Imua Kakou initiatives.

ILC has been critical for ongoing enhancements of IHI services and ensuring support for young people and the providers who support them. ILC and a HI H.O.P.E.S. young person with lived experience are tri-leads with CWSB on implementing the federal requirements of the Consolidated Appropriations Act (CAA), effective December 27, 2020. The tri-leads oversee a workgroup of key stakeholders and CWSB to ensure support and care for young people during this pandemic period (4/1/20-12/31/22).

c. Independent Living and Imua Kakou Services Combined (IHI-Independent Living, Higher Education, Imua Kakou)

Combining Independent Living and Imua Kakou (IK) services create a seamless system of care and provision of services that benefits eligible young people currently and formerly in foster care. It also improves and enhances services and benefits for the Independent Living and IK programs. As the number of young adults participating in IK continues to exceed contract goals and IK case management demands more intensive support of the young adults, CWSB faces challenges with enhancing services for youth in foster care, especially with ages 12-15.

During SFY 2022, CWSB and POS worked collaboratively with the ILC and HI H.O.P.E.S. Board to gather feedback on improving services in preparation for IHI contract procurements for SFY 2023.

During SFY 2023, efforts will be directed towards balancing the intense needs of case management services while continuing to provide quality services for groups and individuals. CWSB will continue to support IHI providers' collaborations to provide group and individual services within their own agencies and among other partners, including HYOI young people. For example, IHI providers are exploring ideas such as utilizing intra-agency programs for additional resources; partnering with HI

H.O.P.E.S. in each section; partnering with other agencies such as Liliuokalani Trust with its rich and healing cultural resources; and partnering statewide with IHI providers, e.g., taking turns hosting Zoom training sessions statewide and working with young people they serve and the HI H.O.P.E.S Board.

d. Information Technology

CWSB continues to focus on strengthening the SHAKA system to capture data needed for NYTD reports, tracking and monitoring outcomes, providing online applications for benefits such as ETV, and utilizing SHAKA as a storage portal for young people’s vital documents. CWSB also continues to focus on exploring how SHAKA can be best utilized to integrate referrals, services, and transition plans for young people prior to exiting foster care. CWSB also seeks to improve information sharing between CWSB, contracted providers, current and former foster youth, the ILC, and UH Law School. Currently, CWSB is exploring the inclusion of service provider portals in Hawaii’s planned Comprehensive Child Welfare Information System (CCWIS).

During SFY 2023, the ILC App (Foster Hope smartphone app), developed and implemented in 2017, and the IL section on the DHS website will continue to be maintained and enhanced. See more information through this link: <http://www.ilpconnections.org/>

e. Collaborations and Building Ongoing Relationships

Building relationships and improving collaboration is key to improving services and care for Hawaii’s current and former foster youth, families, and the community. At the heart of those relationships are the resilient and extraordinary young people, especially the HI H.O.P.E.S. Youth Advisory Board, ILC, UH Law School, CWSB leadership staff and front-line workers, partners, other government agencies, and community providers. CWSB is also fortunate to have national partners, such as the Annie E. Casey Foundation, Jim Casey Youth Opportunities Initiative, and Casey Family Programs to support its projects and local collaborative partners.

EPIC Ohana, with the support of Annie E. Casey Foundation, Casey Family Programs, Liliuokalani Trust, Kamehameha Schools, and independent practitioners, enhances cultural learning to better care for Hawaii’s young people and their families. This effort informs the Na Kama a Haloa effort with its working goal that “By the year 2023, each Hawaiian child and youth (0 – 26) affected by the foster care system is connected to and can sustain a lasting network of healthy, supportive, and enriching relationships.” Na Kama continues work to:

- i. Integrate Hawaiian values and culture into the child welfare system to create an environment that supports Hawaiian families and young people;
- ii. Develop ways to engage and support the “Voice and Choice” of those with lived experience (birth parents, relatives, young people, and resource caregivers) for system improvement;
- iii. Ensure that siblings are placed together, and if they are placed separately, that siblings can maintain and develop permanent connections and relationships; and
- iv. Improve the training and support for resource caregivers, so that they can support and nurture the children in their care and support healthy connections between the children and their biological parents, siblings, and extended families.

X. RECENT HAWAII LEGISLATION

A. RELATING TO CHILDREN AND FAMILIES OF INCARCERATED INDIVIDUALS (WAIAWA VISITATION CENTER)

HB 1741 HD1 SD2 CD1

In January 2014, the legislature's Keiki Caucus established the family reunification work group to explore issues involving children and families impacted by incarceration. The work group identified working models that can be emulated and referenced for effective application in Hawaii. A successful example includes the visitation center program established in California by a non-profit organization, Friends Outside, and funded by the California Department of Corrections and Rehabilitation under legislative mandate. The primary purpose of visitation centers is to facilitate family visitation and work on strengthening and reunifying families, recognizing the well-being of the child.

Hawaii legislature passed a bill in May 2022 requiring the Department of Human Services (DHS) to continue leading a family reunification workgroup with the Department of Public Safety and other entities serving children and families affected by parental incarceration to establish a pilot visitation and family resource center at Waiawa Correctional Facility on Oahu. The legislature found that the establishment of family visitation and resource centers is in the best interest of children and, as studies suggest, may have many benefits for the incarcerated parent and other family members, the community, and the State. See https://www.capitol.hawaii.gov/measure_indiv.aspx?billtype=HB&billnumber=1741&year=2022 for the referenced bill.

If the bill is enacted by Governor Ige, the pilot center would be operated by a non-profit organization contracted by the DHS in cooperation with the Department of Public Safety and other community stakeholders. The workgroup would determine the anticipated initial and annual costs to run a sustainable pilot visitation and family resource center at Waiawa Correctional Facility on Oahu. Staff for the program would include trauma-informed professionals to serve as liaisons and hookele (navigators) for families affected by incarceration. The workgroup would also be tasked to address visitation and support needs of children and families of incarcerated individuals and to submit a report to the legislature before the regular session in 2023.

Funds were appropriated to the DHS and Department of Public Safety for the establishment of the pilot visitation and family resource center.

B. A BILL FOR AN ACT RELATING TO FAMILY RESOURCE CENTERS

SB 3111 SD2 HD1 CD1/HB 2143

Due to the health and economic impacts of COVID-19, more Hawaii families need a complex array of assistance and more students need additional support to be successful in school. To respond to the increased demand for assistance and need for coordination, Departments of Human Services, Education, Health, Labor & Industrial Relations; the Governor's Coordinator on Homelessness; the Executive Office on Aging; the Workforce Development Council; and other community providers have worked on various initiatives to coordinate access to multiple government services.

During the summer of 2021, a state steering committee, the Hawaii Ohana Support Network, was formed to support and further develop the Family Resource Center model. DHS currently funds community-based Neighborhood Places (Family Resource Centers) as part of its broad strategy to prevent child abuse and neglect.

If SB 3111 SD2 HD1 CD1/HB 2143 is signed into law by Governor Ige, DHS will establish a five-year pilot program to further develop and implement a statewide model of practice for a network of school and community-based Family Resource Centers; \$350,000 will be appropriated to fund the pilot program and one FTE Coordinator position.

The public will benefit from a standardized and coordinated network of school and community-based Family Resource Centers. Standards and a formalized network will improve the quality and access to an array of government and other services needed to support parents' and caregivers' ability to meet the needs of their children, while ensuring better program alignment and efficient use of resources.

XI. PAYMENT LIMITATIONS – TITLE IV-B

A. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART I

1. In the past, the State of Hawaii has not used Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments, and has no plans in the future to use those funds.
2. For FFY 2005, the State expended \$0.00 Title IV-B, Subpart I funds for child care, foster care and adoption assistance, and expended no State match for these funds for these services.
3. As of April 1, 2022, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2021.
4. The State of Hawaii has not in the past used and has no plans in the future to use non-federal funds expended for foster care maintenance as part of the State match for Title IV-B Subpart 1 funds. However, should this become an option, the Department will consult with its federal partners on any appropriate changes.
5. As of April 1, 2022, the State had not used non-federal funds expended for foster care maintenance as part of the State match for Title IV-B Subpart 1 funds in FFY 2022.
6. Refer to the Data Booklet, Figure 130: Title IV-B, Subpart I Child Care, Foster Care and Adoption Assistance Comparison FFY 2005 and FFYs 2019 – 2023, for the comparison between the Title IV-B, Subpart I funding and expenditures for FFY 2005, FFY 2019, FFY 2020, FFY 2021, FFY 2022 and the planned expenditures for FFY 2023 for child care, foster care, and adoption assistance.
7. In the past, the State of Hawaii has not used more than 10% of the Title IV-B, subpart I federal funds for administrative costs, and has no plans in the future to use more than that percentage. Reference current and prior forms, CFC-101, Parts I and II.

B. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART II

1. 1992

The base 1992 amount of State and local share expenditures for the purposes of Title IV-B, Subpart 2 was \$5,258,623.

2. FFY 2023

As a result of the revised statutory definitions of family support and family reunification, Hawaii does not plan to make changes in its use of Title IV-B, Subpart 2 funds, nor does

Hawaii plan to change its service array. The percentage of funds for each service category approximates at least 20% of the total grant. The funds allocated to each service category include only funds for service delivery. No funds are being requested or allocated for planning or services coordination. See the Data Booklet, Figure 131: Title IV-B-II Service Categories and FFY 2021 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY2021.

3. FFY 2020

For FFY 2020, the actual expenditures for title IV-B, subpart 2 in State funds was \$766,387. For FFY 2020, the actual expenditures for title IV-B, subpart 2 in federal funds was \$1,937,174.

4. FFY 2022

Refer to the Data Booklet, Figure 131: Title IV-B-II Service Categories and FFY 2021 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2022. Hawaii's plans for Title IV-B, Subpart 2 expenditures for FFY 2023 will follow the same pattern as the FFY 2022 funding. These funding amounts, percentages, and areas of focus are based on Hawaii's continuous assessment of the communities' unmet needs. These funds support essential services in the designated geographic areas.

C. EDUCATION AND TRAINING VOUCHERS (ETV)

For the number of ETVs awarded for the 2021-2022 School Year, see Attachment D: Annual Reporting of Education and Training Vouchers Awarded

D. CFS-101

See Attachment B for CFS-101 Part I, CFS-101 Part II, and CFS-101 Part III in Microsoft Excel and PDF format.

E. FFPSA Transition Funds

The State of Hawaii was awarded \$1,955,441 in Family First Prevention Services Act (FFPSA) Transition Grant funding. During SFY 2020 and SFY 2021, no expenditures were charged to the FFPSA grant, leaving the full amount available for use. In SFY 2022, some of this fund paid for Hawaii's FFPSA evaluation contract with the University of Hawaii, Center on the Family. This is the same evaluation team that completed Hawaii's Title IV-B Waiver Demonstration Project evaluation. In SFY 2022, Hawaii's FFPSA evidence-based services contract for Home Visiting Services was partially funded with FFPSA Transition Grant monies. Home Visiting Services are available statewide and utilize the Parents as Teachers (PAT) or the Healthy Families America (HFA) home visiting models to help prevent maltreatment in families with children aged 0-5. As

of April 4, 2022, \$860,567 of this grant had been expended. Hawaii plans to use the balance of the grant (\$1,094,874) in the remainder of SFY 2022 and in SFY 2023 to continue funding the FFPSA evaluation contract and the Home Visiting Services contracts.

F. CARES ACT

1. Stephanie Tubbs Jones

In FFY 2020, Hawaii received \$176,363 CARES Act funds for Stephanie Tubbs Jones Child Welfare Services. As of April 5, 2022, Hawaii had expended \$169,201. The money was spent on:

- a. Personal Protective Equipment (PPE) for CWSB staff and for CWSB children, families, and resource caregiver:
 - i. Masks,
 - ii. Gowns,
 - iii. Gloves, and
 - iv. Portable sneeze guards.
- b. Safety fortifications for the CWSB offices:
 - i. Air filters,
 - ii. Air purifiers,
 - iii. Disinfectant wipes,
 - iv. Disinfecting spray,
 - v. Hand sanitizer,
 - vi. Hand sanitizing wipes,
 - vii. Paper towels,
 - viii. Plexiglass,
 - ix. Social distance floor decals,
 - x. Thermometers,
 - xi. Tissues,
 - xii. Trash bags; and
 - xiii. UV light sanitizer wands.
- c. Assistance with virtual visits and contacts for CWSB parents and youth:
 - i. Prepaid cell phones,
 - ii. Data cards,
 - iii. Web cameras, and
 - iv. Microphones.
- d. Compliance with Hawaii's Safe Travels Program for essential travel for resource caregivers, children in foster care, and CWSB staff:
 - i. COVID-19 testing

e. Remote education for CWSB children:

- i. Laptops and
- ii. Laptop repair.

2. Family Violence Prevention

Additionally, in FFY 2020, Hawaii received \$149,206 CARES Act funds for Family Violence Prevention. As of April 4, 2022, Hawaii had spent \$128,031. These funds were distributed to domestic violence shelters statewide and to the statewide Teen Dating Violence Prevention and Education program. The funds are being used to provide written information to clients about how to stay safe during the pandemic, to provide PPE to clients, and to regularly sanitize and deep clean the shelter spaces.

G. MONTHLY CASEWORKER VISIT FORMULA GRANT

In SFY 2022, these grant funds are being used toward funding the SHAKA contract for its work to create logs of contact of monthly visits from a web-based form to be completed by the caseworkers. This will increase the quality of visits (as the form leads the worker through all key areas to cover in the visit), as well as the timeliness of log entries.

Hawaii plans to use this grant in SFY 2023 to fund contracted monthly visits with children.

H. STATE OF HAWAII CONTINUITY OF OPERATIONS PLAN

Hawaii most recently updated its CWSB Continuity of Operations Plan (COOP) in September 2020 to better address the specific crisis of a global pandemic. The updated plan was submitted with last year's APSR. Through the COVID-19 crisis, the State of Hawaii Emergency Management Agency has partnered with Department of Human Services to successfully ensure the continuity of CWSB's crucial services. The updated COOP has been in place and has been sufficient to cover all recent disaster-related situations from September 2020 through the present (April 2022).

I. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

Aside from the updates described below, the Foster and Adoptive Parent Diligent Recruitment Plan remains functional and as previously submitted.

Updates

Child Welfare Services continues to develop and refine the process to support targeted recruitment and to streamline the application and licensing process. Some updates to the Foster and Adoptive Parent Diligent Recruitment Plan are included below.

Description of the characteristics of children for whom foster and adoptive homes are needed

CWSB used current data to develop new contracted services for recruitment and realigned services to better meet the needs of the resource caregivers and CWSB. As a result, the characteristics of children for whom resource caregiver homes are needed has been revised to reflect the current needs of children in foster care as included below:

1. Large sibling groups (3+ children);
2. Teens;
3. Children with special needs (medical, emotional, physical);
4. Children of Native Hawaiian ancestry;
5. Children of Micronesian ancestry; and
6. Children who identify in the LGBTQ+ community.

In the next reporting fiscal year, the Diligent Recruitment Plan will be revised to include the structure and revised recruitment plan for the contracted provider.

III. Diverse method of disseminating general information about being a foster/adoptive parent and child specific information.

Responding to Inquiries

On July 20, 2021, Hawaii's on-line general licensing portal/website was officially launched, allowing all new resource caregivers' applicants to apply online. Through the licensing portal, interested individuals and families are able to obtain information on becoming a resource caregiver as well as initiate an application for resource caregiver license consideration. Additionally, through the portal, resources are made available to interested individuals and families who are able to connect with community liaisons who can answer questions about becoming a resource caregiver in Hawaii with information specific to each island.

ATTACHMENTS

- A. DATA BOOKLET**
- B. CFS 101, PART I, II, AND III**
- C. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER**
- D. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED**
- E. UPDATED TRAINING PLAN**
- F. CWSB STRENGTHS BASED SUPERVISION AND COACHING MODULE TOPICS IN 2021-2022**
- G. HEALTH CARE OVERSIGHT AND COORDINATION PLAN**