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Department of
Human Services
Social Services
Division
Child Welfare
Services Branch

HAWAII

FFY 2024 Annual Progress and Services Report (APSR)

FFY 2024
Annual Progress &
Services Report
(APSR)

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Acronyms, Abbreviations and Definitions

ACF	Administration for Children and Families
ADAD	Alcohol and Drug Abuse Division (Department of Health (DOH))
AFCARS	Adoption and Foster Care Analysis and Reporting System
AIP	AFCARS Improvement Plan
ANI	Area in Need of Improvement
APCSB	Adult Protective Community Services Branch
APPLA	Another Planned Permanent Living Arrangement
APRN	Advanced Practice Registered Nurse
APSR	Annual Progress Services Report
ARP	American Rescue Plan Act
ARP	Administrative Review Panel
AS	Adoption Savings
ASFA	Adoptions and Safe Families Act
BIA	Bureau of Indian Affairs
BESSD	Benefit, Employment, and Support Services Division (of DHS)
BP	Birth parents
CAA	Consolidated Appropriations Act
CAMHD	Child and Adolescent Mental Health Division (DOH)
CANS	Child and Adolescent Needs and Strengths Assessment Tool
CA/N	Child Abuse and/or Neglect
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court-Appointed Special Advocate
CBC	Capacity Building Center for States
CBCAP	Community Based Child Abuse Prevention
CCH	Catholic Charities Hawaii (social service agency)
CCSS	Comprehensive Counseling and Support Services
CCWIS	Comprehensive Child Welfare Information System
CDC	Centers for Disease Control and Prevention
CDR	Child Death Review
CEL	Client Eligibility Lists
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
CPA	Child Protective Act
CPR	Cardiopulmonary Resuscitation

CPSS	Child Protective Service System (DHS' computer database system)
CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CRT	Crisis Response Team
CSA	Child Safety Assessment
CSEC	Commercial Sexual Exploitation of Children
CSSP	Center for the Study of Social Policy
CWCA	Child Welfare Contributing Agency (as federally defined)
CWS	Child Welfare Services
CWSB	Child Welfare Services Branch
D4EA	Data for Equity and Action (a national project to promote using CWS data to advance equity)
DAG	Department of the Attorney General
DAGs	Deputy Attorneys General
DH	Hoomalu Detention Home
DHS	Department of Human Services
DICE	Data, Information Technology, Continuous Quality Improvement, Evaluation
DOC	Difficulty of Care
DOE	Department of Education
DOH	Department of Health
DRS	Differential Response System
DV	Domestic Violence
DVAC	Domestic Violence Action Center
DVSF	Domestic Violence Services for Families
EBT	Electronic Benefits Transfer
ECAS	Early Childhood Action Strategy
EFC	Extended Foster Care
EFFC	Extended Federal Foster Care
EIC	Equity Improvement Collaborative
EPIC, Inc.	Effective Planning and Innovative Communication (social service agency)
EPSDT	Early Periodic Screening Diagnosis and Treatment
EPYP	Expectant and Parenting Young Person
ESSA	Every Student Succeeds Act
ETV	Education and Training Vouchers
FASD	Fetal Alcohol Syndrome Disorder
FBI	U.S. Federal Bureau of Investigation
FCTC	Foster Care Training Committee
FFCC	Former Foster Care Children
FFH	Family First Hawaii
FFPSA	Families First Prevention and Services Act
FFY	Federal Fiscal Year

FPH	Family Programs Hawaii (social service agency)
FPPEU	Federal Payment Programs Eligibility Unit
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 core curriculum training)
HAR	Hawaii Administrative Rule
HCAHT	Hawaii Coalition Against Human Trafficking
HCJDC	Hawaii Criminal Justice Data Center
HCTF	Hawaii Children's Trust Fund
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement Project
HCWEC	Hawaii Child Welfare Education Collaborative
HE	Higher Education
HFA	Healthy Families America
HFCC	Hawaii Foster Care Connections
HIDOE	Hawaii Department of Education
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 (social service agency)
HI-SBIRT	Hawaii Screening, Brief Intervention Referral and Treatment
HPD	Honolulu Police Department
HPHA	Hawaii Public Housing Authority
HRS	Hawaii Revised Statutes
HSCDV	Hawaii State Coalition against Domestic Violence
HSVAA	Hawaii State Victim Assistance Academy
HT	Human Trafficking
HUD	U.S. Department of Housing and Urban Development
HUI	Hawaiian for club, association, society, corporation, company, institution, organization, band, league, firm, joint ownership, partnership, union, alliance, troupe, team; to form a society or organization; to meet, intermingle, associate, congregate
HVS	Home Visiting Services
HYCF	Hawaii Youth Correctional Facility

HYSN	Hawaii Youth Services Network
HZTT	Hawaii Zero to Three Specialty Court
ICF	Internal Communication Form
IC-J	Interstate Compact on Juveniles
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
ISS-L	Integrated Services System—Lanai
ISS-M	Integrated Services System—Molokai
IT	Information Technology
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	The 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
MI	Motivational Interviewing
MISS	Molokai Integrated Services System
MLT	Management Leadership Team
MEDQUEST	State of Hawaii Health Insurance
MOA	Memorandum of Agreement

MOU	Memorandum of Understanding
MQD	MedQUEST Division (DHS)
MSDC	Maui Software Development Center at University of Hawaii, Maui College
MSO	Management Services Office
MTPR	Motion to Terminate Parental Rights
NACAC	North American Council on Adoptable Children
NCANDS	National Child Abuse and Neglect Data System
NCHCW	National Center for Housing and Child Welfare
NCJFCJ	National Council of Juvenile and Family Court Judges
NCMEC	National Center for Missing and Exploited Children
NCWDMS	National Child Welfare Data Management System
NEICE	National Electronic Interstate Compact Enterprise
NHPI	Native Hawaiian and Pacific Islander
NYTD	National Youth in Transition Database
OC	Ohana Conferencing
OCM	Organization Change Management
OHA	Office of Hawaiian Affairs
OHCD	Office of Housing and Community Development
OIT	Office of Information Technology
OJT	On the Job Training
OMS	Online Monitoring System
OSF	One Share Future
OT	Ohana Time
OYS	Office of Youth Services
PAT	Parents As Teachers
PD or PDO	Program Development Office
PIDF	Partners in Development Foundation (social service agency)
PIP	Program Improvement Plan
PIP3	Third Program Improvement Plan
PL	Public Law
PMS	Project Management Services
POS	Purchase of Service & Grants Management Unit
PPE	Pre-placement Physical Exams
PSA	Public Service Announcement
PSS	Permanency Support Services
PSSF	Promoting Safe and Stable Families Program
PUR	Period Under Review
PYD	Positive Youth Development
QA	Quality Assurance
QAR	Quarterly Activity Report
QI	QUEST Integration, State of Hawaii's Medicaid Health Insurance program (DHS)

QIC	Quality Improvement Center for Research-Based Infant Toddler Court Teams
QIC-EY	Quality Improvement Center on Engaging Youth in Finding Permanency
RAC	Resource Advisory Committee
RCGs	Resource caregivers
REIC	Race Equity Improvement Collaborative
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 (of Department of Human Services)
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 (DHS)
SPAW	Safety, Permanency and Well-being Roundtables
SPC	Strategic Planning Committee
SSA	Social Service Assistants
SSBG	Social Services Block Grant
SSD	Social Services Division
SSDA	Social Services Division Administrator
SSDO	Social Services Division's Staff Development Office
SWAT	Specialized Workload Assessment Team
SWCC	Susannah Wesley Community Center
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
VCA	Voluntary Care Agreement (for Imua Kakou)
VCM	Voluntary Case Management (a program of Hawaii's Differential Response System)
WIC	The Special Supplemental Nutrition Program for Women, Infants and Children (DOH)
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. From the experiences through the pandemic, CWSB is actively maintaining strategies, protocols, and relationships to respond effectively and safely to public health crises and natural disasters.
- 2. Utilizing knowledge gained through implementation and completion of Hawaii's Child and Family Services Review (CFSR) Program Improvement Plan, Round Three (PIP3), Hawaii is making procedural and practice adjustments and preparing for CFSR Round Four.
- 3. Following the implementation of Family First Hawaii (FFH), CWSB is enhancing and adapting the supports, training, and communication with caseworkers and sections to fully integrate FFH into casework practice.
- 4. Hawaii CWSB is committed to partnering with people with lived expertise in child welfare to incorporate their perspectives and knowledge into systems change, through various methods, including workgroup membership and active collaborations.
- 5. Hawaii CWSB is enhancing community partnerships to support families with a focus on culture, equity, and family engagement.

C. UPDATES AND CHANGES TO AGENCY ORGANIZATION

What began as a two-year pilot that created a support unit that could travel to offices that needed assistance, the Specialized Workforce Assessment Team (SWAT) has been converted from a pilot to a permanent unit in CWSB. The SWAT consists of three caseworkers, two support staff, and one supervisor. A supervisor has been hired and the team continues to provide specialized supports for CWSB. The SWAT may focus on targeted areas of practice.

All supervisor positions on Maui are filled. This is critical to support the infrastructure and workers in the section.

Statewide, every section administrator and supervisor position has been filled except one specialty supervisor position that is supported with a worker on temporary assignment. This provides continuity of support and information to the workforce as procedures are enhanced and new initiatives and collaborations are implemented.

As Hawaii moves closer to implementing its CCWIS, CWSB is working with several consultants and contractors (both technical and program management experts), including professionals from the Capacity Building Center for States to address the enormous effort to modernize the State's child protective services data systems. The State will be releasing its RFP for the CCWIS vendor in the summer of 2023 and plans to have the new vendor on board by the end of FFY 2024. The CCWIS PMO Core Team has included in its comprehensive project schedule the analysis and preparation of CWSB legacy CPSS data for CCWIS data migration. The process will include coordination between CWSB and the technical vendor selected for the CCWIS project to ensure that all CPSS data required for the function of the CCWIS is migrated successfully and without interruption to CWSB services.

Over the past couple of years, CWSB has focused on increasing and improving communication and collaboration among CWSB leadership, line staff, and program development staff to ensure efforts and projects are well-coordinated and include all relevant perspectives. This has included partnering more with the Department of the Attorney General to ensure that CWSB practice aligns with State and Federal law. For example, after program development staff drafted a new procedure or work tool (usually the result of workgroup efforts), the procedure is circulated among line staff statewide for feedback, and CWSB's State attorneys, if needed, before the procedure is finalized. During the COVID-19 pandemic, to support communication when so many DHS pivoted to a telework environment, CWSB began weekly huddles with administrators and section administrators. The huddles have continued as these regular gatherings have proven useful in sharing urgent information, in timely solving complex problems, and in discussing emerging practice and operations issues.

Statewide Staff Development has been adjusting its approach to best meet the needs of staff by creating shorter and smaller training sessions, adding training aids (e.g., documents to follow along with the trainings and to keep post-training as reminders of training content), and creating video recordings of training sessions so that the trainings can be available on-demand. Staff Development is also working on being more responsive to the changing training needs of line staff.

D. CHILD WELFARE WORKFORCE

As of February 2023, statewide CWSB has 402 funded positions, 273 employees (68% of funded positions), and 129 position vacancies. The current vacancy rate is 32%; this is the highest vacancy rate in over a decade.

CWSB has 177 authorized caseworker positions statewide. Of these caseworker positions, 107 are filled and 70 are vacant. The current caseworker vacancy rate is 40%; this is almost twice as high as it was a year ago. See Figure 88: CWSB Staff Positions and Vacancies – 2018-2023 [Table] and Figure 90: CWSB Staff Position Breakdown Filled & Vacant– February 2023[Table].

CWSB works with DHS Human Resources Office and the Hawaii State Department of Human Resources, using the collaboratively designed *WikiWiki Hire Pilot Project* to move qualified candidates into positions quickly.

The Hawaii Child Welfare Education Collaborative (HCWEC) between CWSB and the University of Hawaii, Department of Social Work, Thompson School of Social Work & Public Health, helps develop workforce capacity by funding MSW students who work at CWSB upon graduation. Five HCWEC scholars will be entering the workforce as caseworkers in June 2023.

Hawaii is continuing to offer exit interviews to all staff leaving employment. These interviews are conducted by senior staff of the Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) project. The purpose of having an outside contractor interview staff is to promote candor and offer confidentiality. The information gathered from exit interviews is shared with CWSB leadership to inform systems and practice modifications.

Supervisor training and ongoing direct support is offered to new supervisors to assist in retention.

Despite the high vacancy rate, currently all Supervisor and Section Administrator positions are filled with permanent full-time staff, except one specialty position with a Temporary Supervisor in place. This provides structure and support for caseworkers in the sections.

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. CHILD WELFARE SERVICES BRANCH (CWSB) STRATEGIC PLANNING

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

Hawaii's CFSP 2020-2024 strategic plan 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, Child and Family Services Review (CFSR), and Program Improvement Plan 3 (PIP3) to assist in planning and implementation over the five-year period. CWSB integrated the APSR and CFSR processes to coordinate the State's efforts to determine and monitor quality of performance.

As provided by federal regulations, 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 annual 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. Data on outcomes is also shared with stakeholders to align efforts and identify opportunities for collaboration to improve outcomes.

The use of technology throughout the COVID-19 pandemic has provided additional tools to support the organization and workforce to work towards CFSP and PIP goals and sustain partnerships and connections while building on opportunities to transition to in-person meetings for specific activities. The use of technology creates alternative methods for meetings, check-ins, and interisland and out-of-state participation in activities without having to travel. Technology provides options to continue implementing initiatives and practice improvements and to build and enhance relationships in CWSB and with partners.

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 and modifying goals, objectives, and interventions; and monitoring

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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.

The Lived Experience Advisory Group (LEAG) provides feedback on Family First Hawaii 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 Program Development, EPIC Ohana, and Center for the Study of Social Policy (CSSP) Technical Assistance support.

For example, collaboration with the Court through a PIP 3 strategy has provided a space for connections and opportunities to work together with court partners to achieve outcomes. The groups have continued to meet quarterly in each circuit. Meetings include reviews of data on CFSR items 5 and 6, observations of workflow, information sharing, reviewing trends from data, discussing practice shifts regarding Family First Hawaii and other areas, efforts for placement prevention, and opportunities for collaboration. The positive atmosphere and relationship building helps to come together to create solutions in geographic locations.

CWSB appreciates its partnership with DHS Med-QUEST Division (MQD) in assisting CWSB staff understand current COVID-19 implications and guidance on precautions. Ongoing collaboration with the MQD has helped in a variety of ways including providing pandemic related training to CWSB and problem-solving to support children with medical or behavioral needs.

CWSB has also continued to strengthen its partnership with the DOH Child and Adolescent Mental Health Division (CAMHD) through regular meetings, identifying services, and collaborating to serve children with complex needs.

The Child Welfare Advisory Committee's purpose is to inform positive system change toward the goal of improving outcomes for children and families. This Committee meets quarterly to share updates from CWSB and partners in each community on topics 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, DOH representatives, youth representatives, resource caregivers, and family representatives. CWSB continues to share data, goals, and progress; outcomes; strategies; challenges; and to receive feedback from members who share perspectives on how things are working in specific locales. The group is continually exploring topics for discussion and opportunities for collaboration and feedback based on shared goals. This group has enhanced working relationships among CWSB, providers, and other stakeholders. The meetings provide an avenue for CWSB, contracted providers, and community and State agency representatives to share information and updates on activities and resources, and allow an opportunity for feedback on CWSB policies and procedures that is later incorporated into revisions. Topics addressed in these meetings also include the Child and Family Services Review outcomes and how providers and participants play a role in achieving

outcomes and concrete needs of families, and ways to support the changing needs of families including how to support in-person participation in court hearings during the pandemic.

The All-State Team meets every other month with an array of participants from a variety of State agencies and community organizations to share information about resources and programs and identify needs/topics to learn more about. Recent meetings included a presentation by parent partners from EPIC Ohana, Inc. Parent partners provide an important and supportive service to parents involved in CWSB cases who are participating in the Wraparound planning process called Family Wrap Hawaii. They also provide a key perspective to improve systems and practice. As mentioned in last year's APSR, the Lived Experience Advisory Group (LEAG) workgroup, consisting of parent partners (birth parents previously involved with CWSB), youth formerly in foster care, and support staff, continues to meet monthly and has provided valuable feedback in multiple areas of Family First Hawaii (FFH) planning and implementation. LEAG birth parents recorded a video of 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 from CWSB staff. The overall feedback from CWSB 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>. Parent Partners have valuable lived-experience with CWSB and/or other systems and provide specialized support to parents in a variety of ways including enhancing parent voice in case planning, which promotes engagement and positive outcomes.

While there are no federally recognized tribes in the State of Hawaii, CWSB makes active efforts to engage and partner with tribes for children who are identified as potentially eligible for Indian Child Welfare Act (ICWA) at all stages of the case including by focusing on the role of the caseworker at intake, at Family Court, with the Department of the Attorney General, and during the Interstate Compact for the Placement of Children (ICPC) process, if applicable.

As part of the statewide collaboration, Na Kama a Haloa, the Hui Kauhale is assisting CWSB with cultural messaging, developed the Family First Hawaii (FFH) informational video and message, and infused cultural understanding into the new-hire training curriculum. Through this partnership, learning opportunities on culture may be integrated into other ongoing efforts. There is continuous growth through collaborations with Na Kama a Haloa, Liliuokalani Trust, Office of Hawaiian Affairs, Kamehameha Schools, and other partnerships.

The Ka Pili Ohana program through Liliuokalani Trust also partners with EPIC Ohana, Inc., to pilot Two Makua Meetings (TMM) between RCGs and birth parents that started in June 2021 in West Oahu. In the Hawaiian language, *Makua* means parent. The TMMs are informal meetings between the birth parent and the resource caregiver designed to encourage the development

of a relationship that fosters open communication. Implementation of Two Makua meetings has continued through sharing information on this resource with CWSB sections and, in the near future, with all resource caregivers. The pilot project began in June 2021 in the West Oahu Section. In SFY 2022, TMM expanded to all CWSB sections on Oahu and to East Hawaii. TMM was included in the State contract with EPIC Ohana beginning in July 2022, with a goal of holding 50 meetings each state fiscal year. From July 2022 to January 2023, nine TMMs were completed. On surveys collected after every meeting, families shared that they found the TMM process helpful in creating partnerships with their case workers and RCGs, as well as in setting up consistent visits.

Malama Ohana is another example of a community collaboration supporting families involved with CWSB. A new law, Act 86 (2023), established the Malama Ohana working group within the Office of Wellness and Resilience, currently in the Governor's office, to seek, design, and recommend transformative changes to the State's existing child welfare system and allow the office to contract with an administrative facilitator to provide necessary support for the working group. CWSB will be an active participant in this system change project.

Internally, CWSB implemented a consistent method to share information and receive feedback on policy and procedure revisions. This helps to develop a culture of support and learning together to achieve positive outcomes. Workgroups such as the Case Pathways Workgroup, which help to develop opportunities and procedures for children and families who are eligible for Family First Hawaii, also provide a means to develop initiatives and procedures with caseworkers and section representatives. This helps engage the workforce to develop strategies and procedures that facilitate successful implementation. A variety of workers are invited to participate in workgroups to improve workflow, practice, and outcomes. CWSB is also working to adapt to the needs of the workforce by sharing information in a way that is sensitive to workforce needs. For example, during FFH implementation, microlearning training sessions were organized based on worker feedback, which created small venues to share and discuss procedures and implementation. Microlearning sessions focused on a specific topic, the Family Service Plan (FSP). Sessions were organized for each section and by unit on Oahu. Each session was approximately two hours in length and provided a small venue for focused learning, discussion, and practice to achieve objectives, including:

- Review foundational practice changes and expectations regarding the FSP;
- Improve understanding, increase buy-in, and build confidence in creating FSPs; and
- Provide guided instruction on creating a FSP in the SHAKA database.

CWSB continues to utilize weekly “huddles” with section administrators to share information and respond to emerging needs. Also, monthly Branch meetings with section administrators and quarterly Management Leadership Team meetings with statewide section administrators,

supervisors, Program Development staff, and Staff Development staff continue to provide opportunities to share, discuss, and refine CWSB practice and resources.

As mentioned above, examples of meaningful collaboration are described throughout this APSR. These collaborations and strategies promote positive outcomes in multiple areas. Strong partnerships help the CWSB system to coordinate 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) 2022. 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 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 2018 - 2022. 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, nurtured, supported, and thriving.*

Annual Update: The CFSP vision continues to be an anchor in CWSB's collaborative discussions with stakeholders, agencies, and providers. The vision and goals are shared with different groups as CWSB builds partnerships and identifies opportunities for collaboration. Sharing outcomes with the CWSB workforce and vast array of providers and partners helps to create an environment of continuous learning and collaborative improvement to better engage and serve families.

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:

- Evaluate, review, and revise the road map, guidebook for implementation, and guidelines for effective productivity. (Measure: dates completed) On ramp and off ramp in many venues:

CWSB is committed to coordinating and aligning strategies and partnerships to meet shared outcomes related to safety, permanency, and well-being. To effectuate this goal and plan, the shared vision and common outcomes are used to guide discussions and identify strategies and opportunities for partnerships.

CWSB uses the goals and outcomes to facilitate focused discussions within CWSB to support implementation of interventions and discuss practice. In management meetings, outcomes and practice strategies are reviewed to identify strengths and opportunities for clarification and improvement. Feedback from sections and caseworkers on implementing practice is incorporated in revisions to practice and procedures.

CWSB appreciates the strong array of stakeholders that are invested in improving shared outcomes. Coordination with community partners has been more intentional and includes planning and discussing new opportunities, projects, and partnerships, and next steps that align with goals and outcomes.

For example, the goal of reducing disproportionality of Native Hawaiian families involved with CWSB has been a shared goal of CWSB and community partners. CWSB

actively participates with the community group Na Kama a Haloa on race equity. Proposed activities are reviewed and developed to align with this priority.

The CWS Advisory Committee uses outcomes to focus on areas of practice and connect with our partners, including Casey Family Programs and Liliuokalani Trust.

In addition, CWSB appreciates the consistent partnership and communication with the Administration for Children and Families. This has provided opportunities for ongoing discussion, clarification, and support to CWSB to review its outcomes and improve practice.

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:

- Review and evaluate the plan. (Measure: plan reviewed and evaluated)
- Continue sustainability planning including pilot continuation, recommitment and realignment of resources, expansion, and adjustments. (Measure: sustainability plan completed)

The All-State Team meets every other month to share information about resources and programs and identify needs/topics to learn more about. At each meeting, the vision, objective, and activities are reviewed and discussed to determine progress and next steps. The team will continue this plan to serve as a resource exchange and identify needs and services to promote a robust array of services for families with children 0 – 5 and beyond.

Recent meetings have included a presentation by the parent partners with EPIC Ohana, Inc. Parent partners provide an important, supportive service to parents involved in Child Welfare Services that are participating in the Wraparound planning process called Family Wrap Hawaii. They also provide a key perspective to improve systems and practice. Parent partners have valuable lived-experience with Child Welfare Services and other systems and provide specialized support to parents in a variety of ways--including enhancing parent voice in case planning--and promote engagement and positive outcomes. Also

sharing information on its mission and work was 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, supporting, and nurturing RCGs; and honoring sibling connections.

The All-State Team will continue to meet, share information, identify needs, and learn about resources that support families within their communities.

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:

- Modify/expand pilot based on evaluation of pilot. (Measure: date modification/expansion completed)

For information on Family First Hawaii, see Section II.A.3. Family First Hawaii Overview.

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:

- Reassign administrative functions of supervisors to a new SSAV position in remaining sections. (Measure: revised organizational charts)

- Restore Section on Oahu and Unit in East Hawaii that were removed in 2009. (Measure: revised organizational charts)

The Specialized Workforce Assessment Team (SWAT) has been converted from a pilot project to a permanent unit in CWSB. The SWAT consists of three caseworkers, two support staff, and one supervisor. A supervisor has been hired and the team continues to provide specialized supports for CWSB. The SWAT may focus on targeted areas of practice.

This Workforce objective has focused on implementation of the SWAT, which has supported sections by assisting with workload and implementing statewide activities, including helping with AFCARS and audits. SWAT has thus increased workforce capacity and enhanced targeted unit and section functions.

CWSB continues to utilize the SWAT to provide targeted casework support to the Maui and East Hawaii sections and statewide support to all sections related to documentation and accessing resources. In the past, SWAT caseworkers supported the Island of Maui staff to respond timely to reports of child maltreatment and in assessing child safety. A Social Services Assistant (SSA) located on Oahu supported all sections by obtaining and storing all vital documents in case records and completing the federally-required 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 assisting staff in accessing Pandemic Electronic Benefits Transfer (P-EBT) cards for children in foster care. SWAT has been able to meet the desired outcomes identified in this objective.

The functions and focus of the SWAT continue to be evaluated and adjusted based on the needs of CWSB, which change over time due to internal and external factors; however, a core function of the team will likely continue to be to adapt to the changing needs of line staff and provide targeted support to sections.

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

CWSB continues to monitor supervisors' caseloads and inactive cases. Reviews of data help to identify potential strategies in this area. CWSB continues to make efforts to manage workload with existing staffing and still meet desired outcomes. CWSB will continue to assess and consolidate functions in designated areas of practice and responsibilities to support workforce capacity and improve outcomes.

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

Sharing and discussing data occurs in a variety of meetings and settings to support learning and enhance practice. CWSB takes a strategic and targeted approach to sharing data on specific topics and connecting the data to discussions on practice. This allows for a deeper dive into the data and a collaborative look at internal practice and external factors that may contribute to the data.

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

- Implement the plan to provide ongoing supervisory training/support for supervisors. (Measure: plan implemented)
- Continue to implement a supervisory support model for new supervisors. (Measure: completed training and support for new supervisors)
- Continue to evaluate and revise support model for new supervisors. (Measure: revised model, if needed)

The model for new supervisors is in place and includes a cohort training for all new supervisors and ongoing support following new supervisor training. The model for new supervisor training and support, called Strength Based Supervision and Coaching in CWSB, continues to be provided to supervisors. Training for a cohort of new supervisors began in September 2018, with monthly training provided by CQI consisting of nine modules. Each September, training for a cohort of new supervisors begins and other supervisors are able to join the training if interested or recommended. Training topics and curriculum were developed by UH Maui College in consultation with DHS and incorporates curriculum from the Leadership Academy for Middle Managers. Coaching is woven into the curriculum and one to two individual coaching sessions are provided between modules for each supervisor and are based on the CLEAR Coaching Model. The feedback from supervisors who have attended the New Supervisors Training has been positive. In addition to learning from the training content, they formed supportive relationships within their cohort. New cohorts are initiated annually. 100% of new supervisors enroll and attend the sessions within their first year of becoming a supervisor. Generally, new supervisors who start their position within the first four modules, are provided individual sessions on the missed modules and participate in the current cohort. Supervisors who start after the first four modules may join the next cohort group. Individuals are provided individualized make-up sessions if a supervisor is not able to make a group session. Coaching and supervisory supports are also available

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for all supervisors, not just new supervisors, and some supervisors have reached out for this resource.

Ongoing supports are also available to all supervisors based on their needs.

The model is reviewed continuously and revised as needed.

- Implement and train on the guidelines and tools for Section Administrators to use with supervisors. (Measure: implementation and training of guidelines completed)

Section administrators continue to provide supervision and tailor supervision to meet the needs of supervisors.

Worker surveys on supervision are used to gather feedback on supervision frequency and support. Information from the surveys is used to support and enhance supervision, such as frequency and topics discussed. Information from the surveys is also evaluated in the context of a section's staffing and resources to support the workforce in reaching CWSB goals.

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 Family First Prevention Service 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)

FFH completed its first year of implementation in October 2022 and commemorated this milestone by holding an in-person conference of approximately 125 attendees. The conference was an opportunity for CWSB to share information on FFH progress and to express gratitude for CWSB staff, FFH workgroup members, State and community partners, contracted service providers, and persons with lived experience who all work

diligently to achieve the goal of keeping families safely together. *Please see Section VI.F. Agency Responsiveness to the Community for more details on the FFH conference.*

While there are some challenges in current FFH data collection, details of which are in the UH Evaluation Team Report section of this update, preliminary data from CPSS reported that 200 children from 139 families received FFH services from October 1, 2021 to December 31, 2022. Of these 200 children, 48 children from 37 families entered foster care. The remaining 152 children from 103 families were safely kept out of foster care, thus preserving the family unit.

- 26 families, 60 children received Intensive Home-Based Services (IHBS)
- 116 families, 177 children received Home Visiting Services (HVS)
 - Healthy Families America (HFA): 9 families, 14 children served
 - Parents As Teachers (PAT): 107 families, 163 children served

HOMEBUILDERS Intensive Home-Based Services. According to the monthly Client Eligibility Lists (CEL) submitted by IHBS providers, while 110 children from 57 families received services from October 1, 2021 to November 1, 2022, 85 of these children were identified as FFH eligible.

IHBS providers in all geographic locations continue to face challenges with staffing due to the high demands and responsibilities of service provision placed on an IHBS therapist. The West Hawaii/Kona IHBS provider is now able to provide services to families, but remains at half capacity and is only able to provide services for approximately half of the estimated number of potential families in that geographic area. East Hawaii is also short one therapist, meaning fewer families in this region are able to benefit from IHBS.

Oahu IHBS is currently fully staffed, but there is more reported demand for this service than what is supplied. When IHBS is not available, CWSB has utilized Crisis Response services and other community services to stabilize families and prevent removals.

Planning continues to expand IHBS to Maui and Kauai. IHBS contracts were awarded to Maui and Kauai providers in July 2022, with a projected January 31, 2023 implementation date of services to families. Due to challenges in recruiting qualified staff, the implementation date for both contracts was changed to May 31, 2023. Necessary related trainings are ready to begin for Maui and Kauai sections when IHBS providers are in place.

There are plans for possible IHBS expansion on Oahu and East Hawaii. FFH is collecting data on the number of IHBS referrals that were not served in calendar year 2022 due to the limited number of IHBS therapists. It is anticipated that this data will support increasing the number of IHBS service slots, as requested by CWSB staff. The Oahu and

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West and East Hawaii IHBS providers reported weekly data on the number of referrals not served due to staffing issues.

- Oahu IHBS: 26 referrals/families not served, 36 families (68 children) served
- East Hawaii IHBS: 10 referrals/families not served, 17 families (29 children) served
- West Hawaii IHBS: one referral/family not served, four families (13 children) served

Strategies to inform CWSB staff included IHBS providers sending out daily emails to applicable CWSB staff with the number of available IHBS slots. However, as noted above, slots were not always available. CWSB hypothesizes that the number of potential IHBS referrals/families not served is underreported since this data is collected when CWSB staff contact the provider about service availability. If staff have received notice that there are no slots available, the likelihood they will call again is diminished. Although, this might seem flawed or counterintuitive, it was important to collect this data for planning purposes.

Although the assumption is that the number of IHBS referrals not served are underreported, the number is still high, especially with Oahu and East Hawaii indicating a need to expand services. The small number being served in West Hawaii was mainly due to the provider's staffing issues.

In order to better determine whether there is a need to increase IHBS slots for Oahu and East Hawaii, FFH leadership plans to further review IHBS capacity data and work with the respective IHBS providers to determine how the providers' limited staffing impacted the number of referrals/families that were not served.

Home Visiting Services (HVS), Parents as Teachers (PAT), and Healthy Families America (HFA). The Client Eligibility Lists submitted by HVS providers from October 1, 2021 to December 5, 2022 reported that 121 children from 100 families received HVS. Of these 121 children, 84 were identified as FFH eligible.

As reported in the 2023 APSR, HV PAT providers experienced difficulty understanding and navigating PAT's PENELOPE database, which resulted in some HV PAT providers paying for additional training from PENELOPE developers. CWSB had a virtual meeting with PENELOPE developers who shared samples of PENELOPE reports and its web portal. CWSB also consulted with HV PAT providers to determine the best course of action to obtain required FFH HVS data. CWSB decided that utilizing PENELOPE would not be required for HV PAT providers. The HVS Quarterly Activity Report (QAR) form that is submitted by each HVS provider is being revised to include necessary FFH data elements.

Revised Implementation Timelines. One of the lessons learned from implementation of IHBS on October 1, 2021, HVS on March 1, 2022, and the revised Family Service Plan (FSP) in May 2022 is that it is more important to build the necessary infrastructure in a manner that meets staff needs than it is to push forward to meet implementation timelines. Although mandatory trainings were provided for FFH and the revised FSP, staff needed more transition time and support to adapt to practice changes. Staff feedback indicated the need for additional training on FFH and addressing technical and practice issues that surfaced while utilizing the revised FSP. Additionally, more steps could have been taken to prepare staff for the impending changes.

FFH leadership were also challenged with data collection issues that ranged from data entry discrepancies to an inability to receive data reports from CPSS, the legacy database system that is the system of record for CWSB. While a comprehensive list of data measures and processes for collecting, tracking, and managing the data have been developed, extracting the data from CPSS is a challenge. A change in the CPSS maintenance and operations vendor in December 2022 resulted in some expected delays as the new vendor transitioned to maintaining CPSS. Fortunately, the previous vendor continues to collaborate with IT and program offices on developing protocols and validations necessary to capture and extract the required FFH data. Preliminary data reports seem very promising. *Please see the University of Hawaii Evaluation Team report included in this update for more details on data collection and evaluation.*

CWSB implemented a staggered approach to operationalize each FFH service and candidacy group and lay a solid foundation of guidelines, policies, and procedures to ensure quality and sustainable case practices. This has allowed FFH leadership to take corrective action in responding to staff feedback and concerns by providing additional supports and guidance, addressing systemic barriers to implementation, and resolving FFH data collection issues. As a result, the projected timeframes for implementing subsequent FFH candidacy groups and services have been delayed in order to provide the appropriate structural supports for successful implementation of each FFH benchmark.

Each FFH candidacy group has its own unique needs and considerations that are carefully addressed by the Case Pathways workgroup. The Case Pathways workgroup is one of seven FFH workgroups. Case Pathways has been tasked to develop policies, procedures, and practice guidelines for serving FFH candidates. Members of this group include CWSB PD, SDO, SHAKA database managers, CWSB section administrators and supervisors, UH evaluation team members, FPPEU, and TA consultants. Additional time was taken to develop and finalize the Expectant and Parenting Young Person (EPYP) pathway. The EPYP procedures for young people in foster care was implemented on March 14, 2023. The Case Pathways workgroup is currently working on policies and procedures for EPYP in Imua Kakou (IK), or extended foster care cases, in consideration

of the specific needs of this population. FFH services for EPYP in extended foster care will be case managed by independent living program service providers. The service provider portal in the CWSB SHAKA database system for providers is currently under development. The provider portal will allow service provider access to SHAKA to input necessary FFH documents and data elements required by FFPSA. The EPYP procedures for young people in Imua Kakou or extended foster care will be scheduled for implementation upon completion of the IK SHAKA provider portal. The target implementation date is set for late 2023.

Future System Developments. SHAKA Phase II: The SHAKA database team is working on improvements to the electronic Family Service Plan (FSP), which include: coding FFH automatic eligibility for children receiving in-home services; a HVS referral prompt for children ages 0 to 5; and improvements to the service display and printed format of the FSP. The SHAKA team plan to develop a service provider portal for Voluntary Case Management (VCM) and Permanency Strengthening Services (PSS) providers. The estimated completion date for SHAKA Phase II is July 2023. Developing the VCM, PSS, and Motivational Interviewing (MI) pathways will proceed when appropriate infrastructures, which include resolution of data collection issues, are in place. In the 2023 APSR, it was projected that MI would be implemented in 2023. After careful consideration of CWSB's internal capacity and readiness and learning from other states, the current projection for MI implementation is now 2024 – 2025.

During the planning and development phases of FFH, exploration groups carefully assessed existing CWSB services to include in the FFH Title IV-E Prevention Plan. As VCM, PSS, and MI are already existing services within the CWSB array of services, these services are and have been available for children and families who have some involvement with CWSB. The FFH pathways created for VCM, PSS, and MI will be specifically for children and families who meet the FFH eligibility criteria and will provide procedural guidance for each service to ensure that CWSB meets FFPSA requirements.

FFH Internal Campaign and Family Service Plan (FSP) microlearning trainings. In early 2022, Hawaii implemented a FFH internal campaign and microlearning sessions to enhance staff awareness of FFH. Due to multiple competing demands on staff time, consistent communication and engagement with staff was necessary to promote and support FFH. Formal virtual trainings on FFH were delivered to staff prior to implementation and provided a safe venue for learning; however, limitations of the virtual learning environment included worker engagement and interactive learning. An internal campaign supported by Casey Family Programs was carried out in person to supplement the formal trainings and provide additional staff support. The internal campaign increased FFH knowledge and awareness among staff, furthered excitement about keeping families together, and encouraged open communication,

transparency, and accessibility to FFH leadership in a venue where staff could feel heard and valued.

The planning phase of the internal campaign included a campaign proposal and a survey to gauge staff readiness and to solicit input. Of the 88 total respondents, 80 supported the campaign and seven out of the eight CWSB sections signed up to participate in the FFH internal campaign.

The campaign included a FFH Overview presentation and campaign activities such as FFH-related games for CWSB staff to participate in. Campaign activities were tailored to each participating section. Each section administrator was consulted about what types of campaign activities would meet their staff's needs prior to carrying out the campaign in their sections. Approximately 65 staff participated in the internal campaign. Overall, staff responded well and shared that they learned a lot from the events. *University of Hawaii Evaluation Team Report*. The external evaluation team at the University of Hawaii has worked with DHS – Child Welfare Services Branch since 2015. The team first provided external evaluation services for the Title IV-E Waiver project from 2015 to 2020. During this time, the UH team developed a deep understanding of the various CWSB and provider data systems and created a protocol for data extraction, cleaning, and analysis to address the specific challenges posed by these data systems. This knowledge has been applied to the FFH evaluation to both guide the work of the evaluators and to contribute to CWSB efforts to improve the state data systems and staff data entry behaviors.

Based on the UH team's understanding of the various data systems, the evaluation team collects data every six months to provide feedback on the implementation and outcomes of FFH. Data is collected from three sources: CPSS, SHAKA, and private provider databases. This timeline takes into consideration branch CQI efforts to ensure data quality and accuracy as well as the significant time and effort, explained later in this section, to clean, merge, and analyze data from the various systems.

CPSS is the system of record for all CWSB cases and services, and contains information on reports of maltreatment, demographics of children and families served, services provided, and case outcomes. The SHAKA system stores all assessments and case plans. The private providers of IHBS, Healthy Families America and Parents as Teachers provide information to the evaluators on child and family assessments performed by the provider, as well as specifics of the services for each child.

The main challenge for the evaluation team and CWSB is that the two state systems, i.e., CPSS and SHAKA, house different types of data regarding each client and serve slightly different purposes, making data entry cumbersome, time-consuming, and sometimes

redundant. The more significant challenge is that the while the data *eventually coincide*, they are not actively linked to allow for case workers, administrators, and evaluators to easily match live data between the two systems to tell the entire “story” of a case. There are limited options for caseworkers to review or explore data about their case load in a meaningful way; without reporting functions, caseworkers must move screen by screen in each database to find information about a client. The inability to extract a complete case record on even a case-by-case basis is compounded and magnified when trying to extract data on multiple cases for purposes such as supervision, quality assurance, and evaluation. CWSB is currently working to build a CCWIS system that will eventually house all CWSB data and provide greater functionality for staff, supervisors, and evaluators. There are also efforts to create greater communication between the two systems that have sought to streamline data entry for staff and create a stronger link between the CPSS and SHAKA systems.

In the meantime, the process to extract, clean, and analyze data is extremely complex. Key data fields in each system have been identified that allow evaluators to accurately match data from the various systems. During the Title IV-E Waiver Demonstration, the team created a protocol that enabled them to create a single database that housed data from both state and provider systems and provided a comprehensive view of the life of each case. To do this, data from each database is extracted every six months, manual verification processes are conducted to identify data errors that would prevent a correct match/merge of case data on FFH participants, errors are individually checked with CWSB administrators and caseworkers, and case data is re-extracted once corrections are made. It should be noted that the use of probability matching instead of this manual process would likely result in an evaluation data set that is much smaller and less reliable. The process of verifying and merging the data is complex and a time-consuming endeavor, but ultimately results in a more comprehensive database.

To this end, FFH service data will be gathered from these sources every six months throughout implementation. In February of each year, data will be gathered on families served during July-December of the previous year. This gives caseworkers the full month of January to bring information gathering and case records up to date before data extraction on February 1. In August of each year, data will be gathered on those families served during January-June of that year. This gives caseworkers the full month of July to bring information up to date before data extraction on August 1.

FFH service delivery began on October 1, 2021 with IHBS, and on March 1, 2022 with HFA and PAT. Therefore, the first data extraction was to be performed on August 1, 2022. The data requirements for FFH are significantly more complex than those required by the Title IV-E Waiver Demonstration. FFH is a statewide initiative that serves a broader population of children, has specific and varied eligibility criteria, and employs different interventions. Significant changes were made to both CPSS and

SHAKA to ensure that appropriate data is collected; these changes resulted in new data entry requirements for CWSB staff. In light of these significant changes and the understanding that this was a new experience for many of the private providers, a trial run was conducted in July 2022. This was an important step because it identified common areas of missing or inaccurate data. UH evaluators met with providers and the CQI team to review common errors. The CQI team as well as CWSB Program Development spent August 2022 correcting errors. Data on families served during the period October 1, 2021, to July 31, 2022 was extracted again in September 2022.

The UH evaluation team produced a report on data quality in September 2022. In that report, the team documented that:

"Very early on in the process, it became evident to the UH team that the amount of missing data in the CWS systems was much higher than anticipated. This was surprising given the amount of work that had gone into the monitoring and data correction process in July 2022. The UH team immediately shared initial feedback and rough data counts with CWS. An emergency data meeting was scheduled to discuss the problem and possible solutions. The UH team also met separately with those responsible for data clean-up efforts to better understand their process and to obtain their insights on what had happened."

The final number of families that had relatively complete case data was small:

- IHBS families served 10/1/2021 – June 30, 2022: 10
- PAT families served 3/1/2022 – June 30, 2022: 3
- HFA families served 3/1/2022 – June 30, 2022: 0

This was largely due to continuing challenges with missing and erroneous case information. After reviewing the case data, the UH team outlined the following comments in their September 2022 report:

1. Many needed Family Service Plans (FSP) are not entered into SHAKA.
2. FSPs are not entered into SHAKA timely.
3. FSPs are entered into SHAKA, but not approved by supervisors.
4. Providers are incorrectly identifying, or failing to identify, FFH clients on Client Eligibility Lists (CELs).
5. Incorrect service start dates and termination dates are in both the CPSS and SHAKA.
6. There are mismatched service dates between provider records and CWSB records.
7. There are problems with accurately identifying children who are FFH eligible in all data systems.
8. The process of tracking data entry from CELs is labor and time intensive and will not be sustainable as FFH case counts increase over time.

In addition:

9. Because child ID numbers have not been consistently entered on the universal referral forms sent to providers, that identifier was not available. The lack of this ID# makes the process of matching data more difficult and may reduce the accuracy of the matching process.

Although training and monitoring of data entry efforts is handled by CWSB, those efforts are supported by the FFH Data, IT, CQI, Evaluation (DICE) workgroup. The UH report offered the following recommendations for addressing the above concerns:

“Both the UH and HCWCQI teams would like to suggest the following strategies to address and improve data quality moving forward:

1. CWSB should prioritize micro-learning sessions and emphasize the specific data entry requirements for FFH (e.g., creating a FSP in SHAKA with supervisor approval, providing client ID# on universal referral form for services, and checking the FFH eligible box on the universal referral form)
2. The FFH Data, IT, CQI, and Evaluation (DICE) workgroup should prioritize the creation of a monthly data verification plan:
 - a. Prioritizing the completion and monthly generation of the various lists that the Data/IT workgroup had identified and hoped to develop in CPSS;
 - b. Identifying specific individuals at CWS to monitor those lists and how any errors would be addressed;
 - c. Identifying how and by whom these solutions would be tracked to completion;
3. Useful tools, based on our two teams’ experience, that can support the efforts listed above are:
 - a. Visual workflow diagrams for FFH with identified checkpoints to help keep caseworkers and SSAs on track,
 - b. Data entry cheat sheets with screen shots
 - c. Printed data error checklists with dates that lay out what data should be corrected and when in a simple checklist format.
 - d. Consulting with the SHAKA Team to create a sortable tracking list using the CQI lists developed in CPSS and data in SHAKA to facilitate the identification of missing data.”

These comments were taken up by the DICE workgroup and communicated to other workgroups as well, including the CWSB Training Division that has incorporated the above recommendations into caseworker trainings and refreshers.

In addition, the DICE and Case Pathways workgroups are currently collaborating to produce a clear training document that outlines the critical chronological steps in working a FFH case (which are also relevant to all CWSB casework), with reminders of the corresponding information to be gathered, and where in which data system it is to be recorded. It is anticipated that this will decrease missing data in both the CPSS and SHAKA data systems.

A more recent data extraction was performed on February 1, 2023. That data, while still being processed, appears more complete, with data on approximately 200 families served between October 1, 2021 and December 31, 2022. Future APSRs will report on case outcomes for these families.

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 are referenced throughout this report.

a. On-site Quality Case Reviews

Hawaii has a robust quality case review system, modeled after the federal CFSRs. All units and sections that carry cases are reviewed at least once a year, using a randomly selected sample of their 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 is Hawaii CWSB's official system of record. CWSB's electronic database, CPSS, contains information for required federal reports, such as AFCARS and NCANDS. CPSS also 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 2024. The Data Booklet contains all the graphs, charts, and tables that are referred to in the APSR narrative. *Please note: the Data Booklet shall be used alongside the relevant APSR narrative, as the data is further defined, described, explained, clarified, and given context in this report. Viewing and using the Data Booklet contents independent of the APSR is discouraged.*

C. COLLABORATION ON CFSP AND 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. As part of the overarching goal: Collaboration, Objective 1, CWSB has worked diligently to identify shared outcomes, which include the CFSR practice and systemic items, and to align strategies that effect change to improve practice and partnering with stakeholders.

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Shared outcomes can be guided by the practice and systemic factors and tailored to the focus of specific groups. For example, quarterly stakeholder meetings in each of the State's four circuits discuss permanency and permanency outcome performance on CFSR Item 5: Appropriate and timely permanency goal and CFSR Item 6: Achievement of reunification, guardianship, and adoption goals; other PIP initiatives in which CWSB and Family Court have decision-making authority, responsibility, and influence are also discussed. As another example, the All-State Team worked together to develop and implement the shared outcome of supporting an enhanced, prevention-based child welfare system that will be better able to identify and adapt services and interventions to meet the needs of children and families with children aged 0-3. This shared outcome also supports CFSR Item 12: Services to children/youth, parents, and resource caregivers.

CWSB recognizes the importance of family voices and partnerships with agencies and organizations to support a robust Child Welfare system that can adapt to the needs of families and communities. 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 continually identified to inform the process and develop strategies to achieve desired outcomes. New partners are identified based on the area of focus. For example, the quarterly stakeholder meetings mentioned above were developed as a strategy to achieve timely permanency. Key partners for this focus were identified as the Court Improvement Program (CIP), CWSB leaders, Family Court judges, Deputy Attorneys General (DAGs), Guardians ad Litem (GALs), Court Appointed Special Advocates (CASAs), parents' counsel, and other judicial partners. CWSB's Advisory Committee and targeted workgroups, for example, have also 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. Ongoing and new collaborations are identified throughout this APSR.

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 Project (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. The review of the case review results for each section provides an opportunity to highlight strengths in practice and areas for clarification and improvement. These reviews form the basis of action plans

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for each section. The information from the reviews is also shared in a different format with stakeholders to align efforts and identify opportunities for collaboration to improve outcomes. This is the primary process CWSB uses to assess its practice.

2. Targeted Reviews

When CWSB leadership notices a pattern in the CWSB data that they need to understand more fully, HCWCQI designs and conducts a review of CWSB cases to target issues and identify areas for improvement. Topics can be identified based on ongoing areas of focus, emerging needs, and as part of implementing practice change. Case specific reviews are also available as needs arise to understand current situations and improve practice in relation to performance items.

3. Expert Consultants

The Department continues to draw upon the wisdom and experience of child welfare experts to guide CWSB work and ensure the best outcomes for children and families. These experts include representatives from the Child Welfare Capacity Building Center for States, the Center for the Study of Social Policy, Casey Family Programs, and others with specialized experience or expertise in specific areas. Consultants' work usually begins with an assessment of current Hawaii practice. Using data from the assessment, Hawaii and the consultants collaborate to develop strategic plans to improve CWSB practice, procedures, and tools. In SFY 2022 and SFY 2023, expert consultants assisted CWSB in numerous projects, including developing an Equity Action Plan, preparing for CCWIS implementation, preparing data for federal data submissions, revising CWS safety assessment, managing FFH, and FFH public awareness.

4. CWSB Advisory Committee

The Child Welfare Advisory Committee's purpose is to inform positive system change to improve outcomes for children and families. The Committee meets quarterly to share updates from CWSB and partners in each community that affects children and families. In addition, CWSB data, including case review findings, are shared and discussed. The Committee's broad, statewide membership includes CWSB, contracted HCWCQI staff, community social service providers, court staff, Department of Health representatives, youth representation, resource caregivers, and family representatives. In addition to data, CWSB shares its goals, progress, outcomes, strategies, and challenges, and receives feedback from members. Committee members bring geographic perspectives on how to improve CWSB functioning in their regions. The group is continually exploring opportunities for collaboration and feedback and has been key in ensuring that the insight and wisdom of people with lived

experience from within the child welfare system are incorporated into decision-making and the creation of all new programs and practice tools.

5. Lived Experience and Stakeholder Voices

In workgroups, planning meetings, teams, councils, action strategizing, and similar groups and activities, Hawaii CWSB continues to seek out and incorporate the perspectives and opinions of people with lived experience in child welfare. Only through collaboration with stakeholders and community partners does CWSB make decisions and implement programs. Information on how stakeholders and partners are engaged in assessing the State's performance in meeting the goals of the CFSP/APSR is provided throughout this APSR. Voices of stakeholders have also played an important part in implementing Family First Hawaii. For example, these voices have shaped the data questions that the CQI and Evaluation team is working to answer.

Parent Partners with EPIC Ohana, Inc. provide an important, supportive service to CWSB-involved parents who are participating in the Wraparound planning process called Family Wrap Hawaii. They also provide a key perspective in improving systems and practice. Parent Partners have valuable lived-experience with Child Welfare Services and/or other State systems and provide specialized support to parents in a variety of ways, including enhancing parent voice in case planning, and promoting engagement and positive outcomes. A panel of Parent Partners was part of the Family First Hawaii first-year celebration conference where they provided both valuable concrete information about navigating CWSB and emotionally resonant and honest perspectives on their child welfare experience. They shared about the impact CWSB has on families, the importance of genuine engagement, and how the system has progressed over time. The panelists' candor dramatically reminded CWSB staff to take the time to understand the perspectives and struggles of biological parents. Many conference attendees commented that this panel was the highlight of the celebration.

Makua Allies, another lived experience service, reaches out to pregnant persons with substance use needs to support their access to and engagement in appropriate services. This outreach service works to prevent, when possible, involvement with CWSB and future entry into foster care.

6. Goals

- a. **Increase Equity**, focusing on disparities involving:
 - i. Race and Ethnicity
 - ii. Gender Identity and Gender Expression
 - iii. Sexual Orientation
 - iv. Disabilities

- v. Poverty
- b. **Improve Communication** among front-line staff, Branch, and Program Development:
 - i. Feedback System (from line staff to Program Development Staff) for Policy and Procedure Changes
 - ii. Workgroups with Broad Representation
 - iii. Microlearning Sessions for Line Staff on New Initiatives
 - iv. Weekly Huddles with Branch and section administrators
 - v. Weekly Workflow Meetings with Branch and Program Development Administrators
 - vi. Branch Administrator Attendance at Weekly Program development Meetings
 - vii. Quarterly Management Leadership Team Meetings
- c. **Improve Safety Framework** including the following to improve practice:
 - i. Review and Revise Procedures, Forms, and Tools
 - ii. Review and Revise Training Curriculum
 - iii. Provide Support for Supervisors
 - iv. Support for Practice Implementation from Intake through Permanency.

For more information about how CWSB assesses its programs, see *Section VI.C. Quality Assurance (QA) System* of this report.

E. INTERVENTIONS & STRATEGIES

1. Interventions

Safety, permanency, wellbeing, family engagement, and youth transition are the center of CWSB interventions and services. All CWSB interventions and services work to promote successful outcomes for families. 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 using the strengths, problem-solving abilities, and unique capacities of each family and the family's community;
- d. Culturally sensitive;
- e. Respectful of family dynamics, routines, practices, and choices;
- f. Undertaken in a spirit of partnership and collaboration with all parties committed to strengthening the capacity of the family to make sound decisions for the safety and wellbeing 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. Collaboration 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. Creativity in addressing individual problems;
- d. Evidence-based, trauma, and healing informed care;
- e. Honest and earnest communication;
- f. Compassion and caring; and
- g. Strength-based support to build family and community capacity to ensure child safety.

3. Cultural Focus

CWSB participates in multiple community collaborations to incorporate and promote Native Hawaiian culture and lived-experience. CWSB also takes an equitable approach to incorporate Native Hawaiian culture and values into casework practice as Native Hawaiian is the root culture of this state and Native Hawaiian people experience significant disproportionality in the child welfare system. In direct casework services, CWSB partners with families to engage and build case plans around their identities and culture to best fit their needs.

CWSB continues to collaborate with Casey Family Programs (CFP) Annie E. Casey Foundation, EPIC Ohana, Liliuokalani Trust (LT), Kamehameha Schools (KS), Hawaii DOH and DOE, the Office of Hawaiian Affairs (OHA), and other community agencies to strengthen partnerships and serve children and families through a community approach to strengthen culturally tailored services, interventions, and strategies, and promote family voice. CWSB recognizes that Hawaiian children and families are disproportionately represented among system-involved families and anticipates that these efforts will address this; examples are provided below.

CWSB is an active member of *Na Kama a Haloa*. Their website describes the group as, “a community-based network that first came together in September 2018...to weave Native Hawaiian wisdom and perspective into the Hawaii foster care system [in an effort to] share power among representatives of Native Hawaiian serving institutions, the state Child Welfare Services, contracted service providers, and birth parents and youth with lived experience in child welfare.”ⁱ These efforts are intended to improve outcomes

for Native Hawaiian children and families involved in the child welfare system. *Na Kama a Haloa* has had 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, supporting, and nurturing resource caregivers; and honoring sibling connections. *Na Kama a Haloa* has implemented a Hawaiian culture-based engagement training for CWSB New Hire Training and for the core training required for all new resource caregivers (H.A.N.A.I. -- Hawaii Assures Nurturing and Involvement). *Na Kama a Haloa* also introduced *Hoo Aa*, a Hawaiian values training for CWSB leadership. The first *Hoo Aa* cohort began in 2022, followed by *Hoo Aa* part 2 in 2023. This curriculum educates child welfare system leaders on Native Hawaiian culture and values through storytelling, reflections, group work, and resource materials. It provides an opportunity for participants to reflect on their life experiences and build a connection to Native Hawaiian culture.

As part of the *Na Kama a Haloa*, the *Hui Kauhale* is assisting CWSB with Hawaiian cultural messaging. *Hui Kauhale* helped create the Family First Hawaii (FFH) informational video and message and enhanced CWSB New Hire Training by infusing cultural understanding and Hawaiian principles into training modules. The FFH video was a key part of the FFH public awareness campaign. Through this partnership, learning opportunities on culture are identified and integrated into other efforts.

Two Makua program is an example of an effort to engage families through a culturally informed approach. In Hawaiian culture, child-rearing is a shared responsibility. The term *makua* refers to those who care for and are a part of raising a child, regardless of family or blood relationship. There is no significant distinction made among the adults in a community that care for a child. Aunts, mothers, uncles, neighbors, fathers, and friends of child rearing age are all referred to by the same Hawaiian word – *makua*. Building on this concept, a program was created to bridge the gap between birth parents and resource caregivers, called *Two Makua*. In the *Two Makua* program, there is an initial facilitated meeting with a child's resource caregiver and birth parents to introduce them to each other in a positive manner; this meeting is followed by ongoing assistance to promote mutual support and shared caregiving responsibilities. The *Two Makua* program embodies CWSB's core intervention and strategy tenets listed above, e.g., 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. This resource is available to all families involved with CWSB.

Another collaboration to support Native Hawaiian families on Oahu that may expand to other locations is *Ka Pili Ohana (KPO)*. Liliuokalani Trust (LT) initiated this collaborative project that focuses on strengthening parent-child relationships during Ohana Time

(visitation) with birth parents, children, resource caregiver, and CWSB, and facilitates cultural integration and strengthens the relationship between birth parents and resource caregivers. LT provides the Native Hawaiian cultural guidance to the project and participants.

See also *IV.A.1. Reunification Efforts; J. Ka Pili Ohana, Two Makua, Na Kama a Haloa* for additional information.

The Child Welfare Equity Improvement Collaborative (EIC), formerly the Casey Family Programs Race Equity Improvement Collaborative (REIC), has identified Hawaiian children and families as their focus with the goal of ending the disparity of Hawaiian children involved in CWSB cases. See *VII.C.1 SPC Race Equity* for more information.

EIC meets monthly and is creating statewide implementation plans for addressing racial disparities, as well as equity in other key areas such as gender, sexual orientation, gender identity, gender expression, social class, disability, and age. Other workgroups meet quarterly or more frequently as needed. Across CWSB, addressing the overrepresentation of Native Hawaiian families is a high priority. Culture and values are frequently discussed when implementing new initiatives and revising ongoing practice.

Family voice is critical to inform and improve CWSB. Throughout the implementation phase of Family First Hawaii (FFH), one of the primary foci have been to bring culture, equity, diversity, and family voice and experience to the forefront of new initiatives, policy, and practice. FFH aims to safely prevent children from entering foster care by identifying and referring families to programs and services that best meet each family's need. FFH has also created space for the Lived Experience Advisory Group (LEAG) composed of family leaders – resource caregivers, parent partners, and young people with lived experience. LEAG has been critical to the development of policies and procedures to promote family-centered practice and lived experience voice. One can see the influence of people with lived experience on Hawaii's work in Data for Equity and Action (D4EA). D4EA is a national learning laboratory that focuses on leveraging demographic CWSB data to advance equity. When choosing a project for D4EA, the Hawaii Team decided to pool resources and energy to improve sibling connections. This project was chosen because children in foster care and young people formerly in foster care in Hawaii consistently report that their biggest worry, concern, pain, frustration, and sadness while they were/are in foster care is/was being separated from their siblings and not being able to talk to and see them.

With continued collaborations with multiple cultural workgroups and community partners, in addition to implementing Family First Hawaii, CWSB and its partners anticipate a continued decline in the number of children entering foster care and shorter times to permanency, particularly among Native Hawaiian children.

SECTION III. PROGRAMS SUPPORTING SAFETY

A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES

Child Welfare Services Branch (CWSB) strives to provide families with services that are the most appropriate and the least intrusive level of intervention. 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 depends 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. CWSB staff provide assessment and case management services to families. Contracted providers offer skill building, counseling, and training to families. Both CWSB and contracted providers provide psychoeducation and support to families. Families may also be supported through other State resources and organizations in their communities.

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. Voluntary Case Management (VCM) Services,
5. Family Strengthening Services (FSS),
6. Intensive Home-Based Services (IHBS), and
7. Crisis Response.

In addition to the services above, CWSB is implementing its approved plan to address Family First Prevention Services Act, named “Families First Hawaii – Keeping Families Together” (FFH). This plan 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.

Approved FFH in-home services include the Homebuilders Model for intensive home-based services, Parents as Teachers, and Healthy 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.

Intensive Home-Based Services are available on Oahu, East Hawaii Island, and West Hawaii Island. CWSB is in the process of expanding this service to Kauai and Maui Islands to enhance the service array in these geographic locations.

Through other services, initiatives, and collaborations, CWSB is identifying services and resources to address the needs of families within their communities, including those that meet families' concrete needs.

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 works 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 are examples of efforts to meet 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 consolidates 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 2018-2022 summarizes the types of calls received by the Statewide Intake Hotline during SFY 2018 through SFY 2022. "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. See Data Booklet, Figure 1: Statewide Intake Hotline Calls SFY 2018 – 2022 for details. The total number of calls received has slightly increased from SFY 2018 to SFY 2022.

The number and percentages of calls assigned for intervention has slightly increased in recent years as follows: 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); SFY 2021 – 20,348 (5,001 or 25% assigned for intervention); and SFY 2022 – 20,603 (5,975 or 29% assigned for intervention).

Refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2018 – 2022 to review the number of cases assigned to CWSB and DRS from SFY 2018 through SFY 2022.

Intakes assigned to CWSB increased over the last five years from 2,448 in SFY 2018 to 3,328 in SFY 2022. Referrals to VCM increased from 1,487 in SFY 2018 to 1,973 in SFY 2022 and referrals to FSS decreased slightly from 710 in SFY 2018 to 674 in SFY 2022.

The assignment distribution between CWSB and DRS has changed over time. See Figure 3: Percentage of Intakes Assigned to CWSB, DRS/VCM and DRS/FSS, SFY2018-2022 [Chart] for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation, VCM, or FSS.

Over the past five years, the percent assigned to CWSB has varied. The percentage of assignments to CWSB was as follows: SFY 2018 (53%), SFY 2019 (55%), SFY 2020 (60%), SFY 2021 (61%), SFY 2022 (56%). The percentage of assignments to VCM also varied slightly and was as follows: SFY 2018 (32%), SFY 2019 (32%), SFY 2020 (29%), SFY 2021 (28%), SFY 2022 (33%). Assignments to FSS also varied slightly over the last five years but remained consistent in the last three years: SFY 2018 (15%), SFY 2019 (13%), SFY 2020 (11%), SFY 2021 (11%), SFY 2022 (11%).

CWSB continues to strive for accuracy and consistency in handling intakes. The increase in assignments to CWSB may be related to a procedural clarification issued in January 2020 regarding the recording of reports on open cases. Reports of new maltreatment require a new intake. Second complaints are limited to capturing information from callers reporting additional information on an existing report. Reports on open cases that do not meet the criteria for investigation are documented as “calls of concern.” A possible area for further analysis may involve reviewing intakes with new reports on active cases to understand the circumstances of the assignments in relation to the application of procedures. As technical assistance is received from CBC, CWSB may review its intake procedures and training to clarify application of the safety framework.

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 2022 and Figure 5: Intake Disposition by County SFY 2022 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 2022 for county specific data.

In SFY 2022, 2,921 reports were assigned to CWSB for investigation (including reports assigned directly from intake and those returned to CWSB from VCM or FSS) with a

disposition. Of the 5,874 children in these reports, 1,380 (or 23%) were confirmed as victims of child maltreatment. Note: The variance in the data in Figures 1, 2, and 5 is due to the use of different data sources. Figures 1 and 2 are based on CWS Intake Stats at a Glance, which is a hand-count by CWSB Intake staff. Figure 5 is based on data from Management Services Office, which was extracted from the CPSS database.

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 2018 – 2022 and Figure 16: Maltreatment Type SFYs 2018 – 2022 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 there is a lower percentage in one type of harm, there should be a rise in at least one other type of harm to total 100%.

There is slight variation between 2018 and 2022 in the confirmation percentage of types of maltreatment. Medical neglect and psychological neglect represent lower numbers of confirmation type and have remained fairly steady. Medical neglect: SFY 2018 (0.7%); SFY 2019 (0.7%); SFY 2020 (0.4%); SFY 2021 (0%), and SFY 2022 (0.9%). Psychological neglect: SFY 2018 (0.5%), SFY 2019 (0.8%), SFY 2020 (1.3%), SFY 2021 (0%), and SFY 2022 (0.5%). Physical neglect has varied over time: SFY 2018 (9.9%), SFY 2019 (14.1%), SFY 2020 (18.3%), SFY 2021 (21%), and SFY 2022 (13.8%). Physical abuse has declined: SFY 2018 (8.5%), SFY 2019 (8.7%), SFY 2020 (8.6%), SFY 2021 (7%), and SFY 2022 (6.8%). Sexual abuse remained fairly similar over the years, as follows: SFY 2018 (5.7%), SFY 2019 (5.3%), SFY 2020 (6.7%), SFY 2021 (5.0%), and SFY 2022 (6.3%). Reporting on sex trafficking in this section of the APSR started in SFY 2019 and has varied slightly as follows: SFY 2019 (1.1%), SFY 2020 (1.4%), SFY 2021 (2%), and SFY 2022 (0.7%). Threatened harm has also varied somewhat as follows: SFY 2018 (74.6%), SFY 2019 (69.3%), SFY 2020 (63.4%), SFY 2021 (64%), and SFY 2022 (71%).

Efforts to promote and support information gathering, assess safety and risk, understand the needs of parents and children, application of the safety threshold, and determining disposition are ongoing through procedure revisions, and developing tools, job aids, and training curriculum as needed.

CWSB continues to collaborate with a variety of partners and initiatives to strengthen communities and families, identify and connect families to resources, advocate for the needs of families to prevent abuse and neglect, and support families to thrive in their communities.

2. Number of Children in Foster Care

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

In examining the yearly oscillations in the number of children in foster care in Hawaii, it is prudent to begin by considering the time just before Hawaii implemented its Differential Response System (DRS). See *Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2022*, and *Figure 23: Monthly Average Number of Children in Foster Care in Hawaii SFYs 2004-2022*. After Hawaii implemented 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 in 2015 of its Title IV-E Waiver Demonstration Project (whose activities focused on reducing the number of children in care), following national trends, the number of children in foster care began to rise and continued to climb in SFYs 2016 and 2017. The rise appeared to be largely due to substance use of new parents. Children in these cases would enter foster care as infants and would stay in care for years because sufficiently addressing the risk of parental substance is challenging and can take a long time. Based on data from the Title IV-E Waiver Demonstration Project, Hawaii hypothesizes that the number of children in foster care would have risen much higher and faster than it did if Hawaii had not implemented the Waiver services, especially Intensive Home-Based Services (IHBS) and the Crisis Response Team (CRT), both of which proved particularly successful in safely keeping children out of foster care. The number of children in foster care remained relatively steady in SFYs 2017 – SFY 2020, with an encouraging descending trend in SFYs 2020, 2021, and 2022. These recent changes do not appear to be the result of the pandemic, because the number of calls to Hawaii's child abuse and neglect intake hotline increased during the pandemic, unlike many other states.

See Data Booklet, *Figure 24: Percentage Change of Children in Foster Care SFY 2017 through SFY 2022*. There has been a 7.9% decrease in the total annual number of children in foster care from SFY 2021 (2,520 children in foster care) to SFY 2022 (2,322 children in foster care), and an 9.5% decrease in the monthly average number of

children in foster care from SFY 2021 (1,555 children in foster care) to SFY 2022 (1,407 children in foster care). SFY 2022 is the third 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, such a decline hadn't happened since SFY 2012. Data from the beginning of SFY 2023 indicates that the monthly average number of children in foster care is continuing to decline.

A graph illustrating the total annual number of children in foster care and the numbers of children that entered and exited care during the past five years can be found in *Figure 21: Statewide Children in Foster Care, Entries, and Exits – SFYs 2018-2022*.

In *Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2022*, one can see an incremental rise starting in SFY 2014 and ending in SFY 2019, with the numbers of children in foster care starting to drop in SFYs 2020, 2021, and 2022. CWSB is pleased that this upsurge has appeared to have leveled off and has begun to decline. The decline is largely due to the decrease in confirmation rate over the past five years. See *Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFYs 2018-2022*. However, considering the intense negative effects of the pandemic and the continuing economic impacts that caused additional stress on families, Hawaii anticipates an increase in cases (both new families and former CWSB-involved families with new incidents) in the next couple of years.

There is another reason Hawaii is not optimistic that the downward trend of the number of children in foster care will continue. There has been a dramatic increase in cases (and potential victims) coming to the statewide Child Abuse and Neglect Reporting Hotline that are being referred to CWSB for investigation. See the "CWSB" row of *Figure 2: Intakes Assigned to CWSB and DRS SFYs 2018 – 2022*, and the red-white-blue bars in *Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFYs 2018-2022*. This increase began before the pandemic but may have been exacerbated by it. In comparing the total victim count in CWSB investigations in SFY 2018 (3,631 potential child victims) to the total count in SFY 2022 (5,874 potential child victims), there is a 62% increase in this five-year period. Similarly, in looking at the bottom row in *Figure 8: Report Sources of Total Reported Intakes with Disposition in SFYs 2018 – 2022*, when comparing the total reported intakes with dispositions in SFY 2018 (1,942) to the total reported intakes with dispositions in SFY 2022 (3,349), there has been a 72% increase. Since confirmation rates have been decreasing, these increases in the number of cases and potential victims have not corresponded to increases in the number of children in foster care. It is important to keep in mind that these large increases in victims to be investigated by CWSB and in case dispositions by CWSB assessment workers has not corresponded with an increase in staff to take on this work. On the contrary, Hawaii CWSB has fewer caseworkers now than it has had in more than a decade.

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 that graphs this decline in *Figure 7: Statewide Intakes by Victim Count Assigned for CWSB Investigation and Confirmation Rate SFYs 2017-2022*), from 33% in SFY 2018 to 23% in SFY 2022, this increase in investigations has not corresponded to an increase of children in foster care. The reason for the decrease in confirmation rate remains unclear. Hawaii is investigating theories involving:

- Changes in sources of reports of potential harm;
- Modifications to assessment trainings and tools;
- Staffing patterns and vacancies;
- Increased supervision;
- CWSB leadership focus on reducing inequities;
- Enhanced Hawaiian cultural trainings; and
- Clearer guidance to staff regarding how to assess and support low-income families.

Data Booklet *Figure 26: Number & Percentage Change in Foster Care by Geographic Area SFYs 2018 to 2022* shows children in foster care across regions over the same five year period, SFYs 2018 – 2022. The number of children in foster care for each year statewide and in each geographic region is provided, along with the number and percentage rise over these five years. The percentages in this figure compare each region to itself, e.g., when comparing West Hawaii’s numbers in SFY 2018 to West Hawaii’s numbers in SFY 2022, there is a decrease of 38%. Over this five-year period, the greatest percentage change statewide for children in foster care can be seen in West Hawaii (a decrease of 38%,) with the largest numeric decrease on Oahu (a decrease of 180 children). The most modest changes can be seen in Maui County, where we also note that SFY 2022 is the first year in this five-year period where Maui’s numbers decreased. The only region with a significant increase during the past five years is Kauai, which increased by 20 children in foster care (or 13.6%). Because the numbers of children in foster care are smaller on Kauai than other regions in the State, small numeric changes translate to substantial percentage changes.

Hawaii’s total number of children in foster care 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 *Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2022*. As noted above, Hawaii is relieved that the number of children in foster care declined in the past three years, but CWSB is not confident that this number will continue to decline. To reiterate, this lack of confidence is due to the rise in cases that the statewide hotline referred to CWSB for investigation over the past five years, and

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the likely long-term negative economic impact and resulting increased stress on families due to the pandemic.

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 response to 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
- 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 2024 Hawaii APSR Data Booklet, CFSR Items, Figure C1 Timeliness of initiating investigations of reports of child maltreatment for a chart of the SFY 2018-2022 five-year strength rating for this item.

CFSR Item 1: Timeliness of Initial Response of Investigations

Item 1: Timeliness of initiating investigations of reports of child maltreatment

44 Cases Reviewed

38 STRENGTHS, 6 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 or subjects of reports during the period under review (PUR).

SUMMARY

Pursuant to CWSB procedures, intake staff have four hours to process and assign intake cases to units, after they have made an intake disposition; Crisis Response Team has two business hours to make contact with the family after the case has been assigned to them; CWSB assessment workers must make contact with the family within two business days of receiving the case assignment for investigation; and Voluntary Case Management (VCM) workers shall make contact with the family within five business days of case assignment.

In 38 of 44 applicable cases (or 86%), response timeframes were met, or sufficient efforts were made for contact. Responses were timely in 32 cases. In six cases that were not timely, there were reasons for delays that were beyond the control of the agency. The reason for the delays included the following: the children's location was unknown and the family was not home.

Reports were assigned timely from the Intake units and to investigators in the units. Efforts were well-documented in most of these cases in CPSS and/or SHAKA.

Six cases (or 14%) were rated as needing improvement. The investigation was not initiated timely, and/or contact with the children was not made in accordance with State timeframes.

- In three cases, there were discrepancies with dates in the SHAKA intake tracker, which contributed to delays.

- In two of these cases, there were delays with initial attempts on institutional abuse intakes.
- In one of these cases, the investigation was initiated on day three, and face-to-face contact was made on day four.
- In two cases, there were delays in physical contact attempts. Phone attempts were made before the first physical attempt.
- In one case, there were delays in responding to two intakes on an open case.

Discussion and Annual Update

CWSB significantly improved in this item with a strength rating of 86% in SFY 2022, up from 58% in SFY 2021. CWSB is continuing to implement completed PIP 3 activities, including consistent use and review of the intake tracker to monitor timely response and data entry.

In relation to cases with discrepancies with dates in the SHAKA intake tracker that contributed to delays, discussions and clarification occurred to document the disposition date in SHAKA based on the actual Intake disposition date and time. Caseworkers and Sections use the SHAKA tracker data as a tool to monitor timely response.

Discussions continue with sections on the SHAKA tracker to review and discuss response time data as well as to brainstorm solutions to achieve contact.

CWSB continues to implement activities identified in PIP 3 such as using trackers and meetings to review response times, successful strategies, and challenges and to review activities to determine if further clarification is needed in specific CWSB sections to institute activities and/or identify new activities to improve in this outcome. CWSB may review procedures to determine if revisions or clarifications are needed.

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 2022 was 93.5%, an improvement from

SFY 2021 at 92.8%. See Data Booklet, Figure 49: Absence of Recurrence of Child Abuse and Neglect SFY 2018 – 2022.

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 assigned caseworker’s response. 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 continue to contribute to the increase in intakes assigned to CWSB and possibly 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. An area for further review may be to look at intakes with new reports on active cases to understand the circumstances of the assignments and in relation to the application of procedures.

4. Safety in Child’s Home

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

Refer to the FFY 2024 Hawaii APSR Data Booklet, Figure C2 for a chart of the SFY 2018 – 2022 five-year strength rating for this item.

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

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

49 Cases Reviewed

40 STRENGTHS, 9 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 40 of 49 applicable cases (or 82%), concerted efforts were made to provide services to maintain children safely in the home and to prevent children's entry into foster care (34 cases) or a child in the family was removed without services because it was necessary to ensure their safety (six cases).

Nine cases (or 18%) were rated as needing improvement. In these cases, irregular caseworker visits with families and a lack of thorough assessments were barriers to ensuring that appropriate safety-related services were identified.

- In seven cases, concerted efforts were not made to provide appropriate safety-related services, and the children remained in the home.
- In two cases, removal could have been prevented. Safety services were not offered or explored.

Discussion and Annual Update

CWSB improved in this area with a strength rating of 82%, up from 70% in SFY 2021. Efforts are being made to assess and provide services to maintain child safety in the home with services and determine when removal may be necessary to ensure their safety.

Concerted efforts were made to provide services to maintain children safely in the home and to prevent children's entry into foster care or a child in the family was removed without services because it was necessary to ensure their safety.

Safety and in-home safety plans, when applicable, are reviewed and assessed on an ongoing basis and the Child Safety Assessment tool is completed at specific intervals. In addition, the Caseworker Monthly Visit form may be used at each visit to guide a review and discussion on topics that define a quality visit. These discussions should be documented on the Caseworker Monthly Visit Form, which should also include documentation of the caseworker's review of and updates to the in-home safety plan (in-home cases) and an assessment of risk and safety of children in their home or in foster care. The caseworker should also identify and monitor services to prevent the child's removal and maintain the child safely in the home.

Regular visits help ensure that the family is receiving the services they need and that needs continue to be addressed through appropriate services. In addition, assessment and determination of appropriate level of intervention and identification of community resources help to ensure child safety and meet the needs of families.

Safety application is discussed in different venues including Management Leadership Team meetings. Safety assessment and safety planning with appropriate services to prevent out of home placements are a focus of Family First Hawaii (FFH), is discussed in many FFH meetings, and is incorporated in FFH implementation and practice improvements.

Application of the safety framework in practice, which includes but is not limited to safety assessment and safety planning and management, is discussed in different venues, including during Management Leadership Team meetings. Safety assessment and safety planning with appropriate services to prevent out of home placements are a focus of Family First Hawaii (FFH), and are discussed in many FFH meetings and incorporated in FFH implementation and practice improvements. For example, FFH eligibility determination is aligned with the Child Safety Assessment in the workflow process and in procedures.

Intensive Home-Based Services using the Homebuilders model assist in safety planning and management. These services are available on Oahu, East Hawaii Island, and West Hawaii Island. CWSB is in the process of expanding this service to Kauai and Maui Island to enhance the service array in these geographic locations.

CWSB continues to integrate safety concepts in practice and is working to enhance and revise procedures, tools, job aids, and training curriculum to support and improve practice.

Family First Hawaii (FFH)

As FFH continues its initial implementation phase, preventing child removal by keeping children safely with their families through preventative services continues to be the primary purpose and focus for FFH. Although FFH candidacy and eligibility criteria were established during the planning and development phase, the specific pathways for each candidacy group and FFH service are in varying stages of development in order to ensure that necessary infrastructure is in place to support organizational and practice change while meeting the needs of staff.

The pathways for service provision of Intensive Home-Based Services (IHBS), Parents As Teachers (PAT), and Healthy Families America (HFA) Home Visiting Services (HVS) were officially implemented for CWSB involved families, with IHBS on October 1, 2021, and HVS on March 1, 2022. While there are challenges to extracting data reports from the CPSS database, preliminary data showed that 200 children from 139 families received FFH services between October 1, 2021 to December 31, 2022. Out of these 200 children, 48 children (from 37 families) entered foster care. The remaining 152 children (from 103 families) were safely kept out of foster care, thus preserving the family unit.

The pathway for Expectant and Parenting Young People (EPYP) in foster care was officially implemented on March 14, 2023. It is important to note that a EPYP child does not have to be at risk to receive FFH services. Parenting support and promoting safety in the home through EPYP are voluntary services. The pathway for EPYP in Imua Kakou or extended foster care is projected to be implemented in 2023 after the service provider portal in the CWSB SHAKA database system has been built. The development of FFH pathways for Voluntary Case Management (VCM) and Permanency Strengthening Services (PSS) will also proceed once service provider portals are in place. Hawaii anticipates that these portals will be built before the end of 2023. Without the needed infrastructure, families engaged in VCM and PSS may still receive FFH services, but Hawaii will not be able to claim federal reimbursement through FFPSA.

Once all pathways for FFH services and candidacy groups are fully implemented, it is hoped that there will be a notable increase in the number of children who are able to remain safely at home with their families.

CFSR Item 3: Safety and Risk Assessment and Management

Refer to the 2024 Hawaii APSR Data Booklet, Figure C3 for a chart of the SFY 2018 – 2022 five-year strength rating for this item.

Item 3: Safety & risk assessment and management

95 Cases Reviewed

60 STRENGTHS, 35 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

In 60 of 95 applicable cases (or 63%), concerted efforts were made to assess and address risk and safety for children. Monthly or almost monthly face-to-face contact occurred, and thorough assessments were conducted. Formal safety assessment tools were completed, and safety plans were developed and monitored.

- Of the 36 cases opened during the PUR, the agency conducted an initial assessment that accurately assessed all risk and safety concerns in 32 cases, or 89%.

- Of the 92 cases that required ongoing risk and safety assessments, the agency accurately assessed all risk and safety concerns in 58 cases, or 63%.
- In 19 cases that required a safety plan, those safety plans were developed and monitored in 16 cases, or 84%.

35 cases (or 37%) were rated as needing improvement. Irregular monthly caseworker visits, including consecutive missed months of caseworker visits with families, significantly contributed to the lack of ongoing assessments. Assessment at critical junctures, such as reunification and case closure, was missed. Visits did not occur in the home and children were not seen alone.

- In four cases, the agency did not conduct an initial assessment that accurately assessed all risk and safety concerns.
- In 34 cases, ongoing assessments were not conducted to accurately assess all risk and safety concerns.
- In seven 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

CWSB significantly improved in this area with a strength rating of 63% in SFY 2022, up from 43% in SFY 2021. Caseworker visits and support from supervisors help workers in making safety related decisions.

In 80% of the cases reviewed, CWSB conducted an initial assessment that accurately assessed all risk and safety concerns. In 84% of cases that required a safety plan, those safety plans were developed and monitored.

CWSB has continued to improve in its application of the safety threshold and monitoring safety plans. The training curriculum on safety that was developed as part of PIP 3 continues to be provided to caseworkers as part of new hire training and for workers who participate in new hire training as a refresher course. The revisions were also incorporated in a module for new supervisor training and supports for ongoing supervisors. These efforts continue to support improved practice related to safety.

Ongoing face-to-face contact is necessary to assess and manage safety and risk concerns. CWSB continues to improve in face-to-face contacts with children and parents. Safety and in-home safety plans, when applicable, are reviewed and assessed on an ongoing basis and the Child Safety Assessment tool is completed at specific

intervals. In addition, the Caseworker Monthly Visit form may be used at each visit to guide a review and discussion on topics that define a quality visit. These discussions should be documented on the Caseworker Monthly Visit Form, which should also include documentation of the caseworker's review of and updates to the in-home safety plan (in-home cases) and an assessment of risk and safety of children in their home or in foster care. The caseworker should also identify and monitor services to prevent the child's removal and maintain the child safely in the home.

As discussed above, regular visits help ensure that a family is receiving ongoing assessments to manage safety and risk concerns. In addition, assessment and determination of appropriate level of intervention and identification of community resources ensure child safety and meet the needs of families.

CWSB continues to integrate safety concepts in practice and is working on enhancing and revising procedures, tools, job aids, and training curriculum as needed to support and improve practice.

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 99.8% in SFY 2022, CWSB exceeds 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 2018 – SFY 2022 rates.

b. Discussion

Continued monitoring of data for CFSR reviews indicates that the frequency of face-to-face contact with children is improving. Face-to-face contact may help caseworkers continually assess the safety of children in family homes and in resource homes. Face-to-face visits with children has improved from a strength rating of 49% in SFY 2021 to 67% in SFY 2022. Assessing the needs of and services for children also improved from a strength rating of 71% in SFY 2021 to 78% in SFY 2022. Increased worker contacts, assessment of needs, and the provision of services and supports for children may help strengthen the safety and stability of children in foster care. When caseworkers regularly visit resource caregivers, the workers can answer questions about the children, the case, clothing vouchers,

mileage reimbursement, and provide resources and support. Frequent contact with resource caregivers is vital to placement stability and to resource caregiver retention. When caseworkers meet with parents, they review the parents' progress in services and ensure parents can visit with their children as often as possible. When a parent is not making progress, the worker may offer other service alternatives and can shift case direction, if needed. If a parent needs more support to see their children, the worker can arrange for the visits to be close to the parent's home or work location, or the worker can provide a bus pass, and/or the caseworker can facilitate parent-child contact and visit coordination between the parent and the resource caregiver.

Supports and training for resource caregivers also helps to maintain child safety in foster care. CWSB continues to review and revise procedures and enhance practice to ensure child safety in foster care. Procedures have recently been revised and issued to support assessing convictions and history concerns to determine suitability of resource caregivers.

The licensing web portal module for general licensed resource caregiver applicants was launched in July 2021. This portal allows for electronic processing and storage of applications. Applicants are responsible for submitting information through the licensing portal to initiate and participate in the application process. Workers, providers, and applicants can upload information to one consolidated location, which streamlines and expedites the process. This should help to reduce delays in the licensing process, e.g., references are now requested and processed through the licensing portal instead of the postal system. The portal facilitates completing the licensure process within 90 days. Following implementation of this module for general licensed resource caregivers, a licensing web portal module was launched in October 2022 for child specific resource caregivers. At the same time, a renewal module was also launched for all unconditionally licensed resource caregivers.

Home Visiting Services for children 0-5 are included as part of the Family First Hawaii service array and are available to families with children in the home and in foster care. This service, available to parents as well as resource caregivers, helps to promote consistency of care for the child and potentially strengthens the relationship between the resource caregiver and parent, as the service is provided to both parties.

Guidance was issued on safe sleep and certified play yards to promote a temporary safe space for sleep. In the process, CWSB collaborated with the DOH to qualify resource caregivers as eligible to receive certified play yards for children in foster care in their homes.

Revamped pre-service HANAI training for all resource caregivers was revised in July 2022. Training requirements increased from 18 hours to 27 hours over a two-year time span. In addition, ongoing training requirements also increased from six hours per licensed individual or couple to 13 hours per licensed resource caregiver.

Combining efforts to visit, engage, and address the needs of children with supports and training for resource caregivers enhance child safety in foster care.

Section IV. PROGRAMS SUPPORTING PERMANENCY

A. PROGRAM AND SERVICE DESCRIPTION

Hawaii is committed to providing a variety of strategies and services that support child welfare's goal of timely permanency for children. Permanency goals are identified early and a variety of strategies and services are available to support permanency. Permanency includes reunification, adoption, legal guardianship, and Another Planned Permanent Living Arrangement (APPLA). Hawaii continues its strong collaboration with stakeholders, community partners, CWSB staff, and lived experience persons, to advance planning, development, training and implementing strategies and services to enable children to achieve timely permanency goals. These collaborations continue to support a diverse array of strategies and services to promote timely permanency for each child and family.

Hawaii has continued to engage its partners in utilizing several permanency approaches, which were included in its CFSR Program Improvement Plan (PIP3), to support CWSB's permanency work. Hawaii successfully completed its CFSR PIP3 in September 2022 and continues to track and monitor its permanency outcomes to ensure timely permanency for children and implement strategic improvements necessary to promote positive outcomes. CWSB continuously reviews outcomes and practice and makes strategic improvements 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 and Risk Assessment Tools

CWSB caseworkers utilize safety and risk assessment tools to assess child safety and develop safety plans when appropriate to mitigate safety concerns, prevent removals, and maintain child safety in the family home whenever possible. Ongoing assessment promotes a more thoughtful, planned, timely, and safe return home. CWSB continues to enhance assessment tools and procedures to support practice and achieve positive outcomes for families. This effort may be supported through technical assistance from the CBC. See APSR Section VII.A. Training and Technical Assistance from the CBC for additional details on CBC involvement.

Family First Prevention Services Act (FFPSA) - Family First Hawaii (FFH) elements are being aligned and incorporated into the safety decision-making framework in practice and across intervention levels.

A facilitated discussion was held in March 2023 for Supervisors and Section Administrators during a Management Leadership Team meeting to target safety

assessment and safety management. Safety assessment and planning and preventing removals will be an ongoing discussion topic of Family First Hawaii.

b. Crisis Response Team

The Crisis Response Team (CRT), initiated as part of Hawaii's Title IV-E Waiver, continues its work on Oahu and Hawaii Island to prevent foster care 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 share insights from their experiences with response, engagement, prevention, safety assessment, and safety management with the Family First Hawaii Case Pathways Workgroup, which informs practice, procedures and tool development.

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, which assists with safety planning and management. These services are available on Oahu, East Hawaii Island, and West Hawaii Island. CWSB is in the process of expanding this service to Kauai and Maui Island to enhance the service array in these geographic locations. IHBS is a primary service model identified for use in Family First Hawaii (FFH) because it had demonstrated effectiveness in the IV-E Waiver prior to FFH implementation.

Although FFH's primary focus for IHBS utilization is prevention of foster care placement, stabilizing the reunification of children with their families to prevent or minimize re-entry to foster care is also a priority for FFH. When a family needs additional supports during the reunification process, IHBS can facilitate a smoother transition for the child's return and stabilize the child's reunification with their family. IHBS service providers will begin reporting the number of families that received IHBS reunification support in their SFY 2023 Quarterly Activity Reports (QAR). FFH will start collecting IHBS reunification data from these reports after the approved QARs are uploaded in the CWSB SHAKA database system.

d. WRAP

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 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

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gathers to rethink the configuration of supports, services, and interventions to ensure success.

Family Wrap Hawaii's eligibility criteria 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 to explore alternative permanency goals if reunification is assessed to be unrealistic. This expansion provides children and families with permanency planning services earlier, allowing for expeditious and creative case planning with the support of team members to ensure timely permanency for children in foster care.

Wraparound has been instrumental in connecting families with resources in their communities to meet their concrete and individual needs, identifying solutions to barriers, and expanding and enhancing their relationships and natural supports.

Parent Partners provide an important supportive service to parents involved in CWSB, who are participating in the Wraparound process. They also provide a key perspective to improve systems and practice. Parent Partners have valuable lived-experience with CWSB and/or other systems and provide specialized support to parents in a variety of ways, including enhancing parent voice in case planning, which is essential to promote engagement and positive outcomes.

Parent Partners continue to convene a series of Birth Parent Talk Story events to increase community among birth parents and continue conversations around the creation of a parent advisory council. There is deep interest in including parent partners in stakeholder meetings to learn from their perspectives and experiences and to improve systems and practice. The Wraparound provider, EPIC Ohana, works diligently to support Parent Partner efforts and participation in various stakeholder and community meetings and initiatives.

e. Ohana Conferences

Ohana Conferencing (OC) is provided for all children entering 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 has been placed with non-relatives. Timely automatic referrals have helped move cases faster and supported early identification of relatives who may serve as placement resources and/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 make progress in family planning.

In SFY 2021, the number of OCs increased to 1,290. In SFY 2022, the number of OCs slightly decreased to 1,215 from the previous year while still exceeding the yearly goal of 1,000 OCs. The decrease in the number of OCs coincided with court hearings, services, and other activities returning to in-person appearances, making it more challenging for social workers and families to schedule OCs. When court hearings and OCs were virtual, social workers were able to attend back-to-back virtual meetings more easily. EPIC Ohana, CWSB's contracted provider for OCs, anticipated this effect on the number of OCs being held. Also noted, was a decrease of children in foster care from 2,520 children in SFY 2021 to 2,322 children in 2022. See Data Booklet, Figure 69: Ohana Conferences/First Meetings & Youth /Imua Kakou Circles – SFYs 2018-2022 [Chart]; Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2022 [Chart].

In SFY 2022, EPIC Ohana sent out 22,073 Relative Notification Letters, which support efforts for Family Finding, kin placement, Ohana Conferencing, etc. These efforts contribute to the ongoing high percentage of relative placements in Hawaii from SFY 2018 to SFY 2022. In SFY 2018, 52% of placements were with relatives and in SFY 2022, 54% of placements were with relatives. Hawaii has had the highest percentage of placement with relatives in the nation. See Data Booklet, Figure 57: Monthly Averages Percentage of Children in Relative and Non-Relative Foster Care Placements SFYs 2018-2022 [Chart].

732 surveys completed by the families who have had OCs continue to 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.

CWSB Administration and EPIC continue to meet to collaborate and strengthen their partnership, reinforce the importance of OCs, and facilitate open discussions that support creative growth and the resolution of challenges and barriers.

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 culture and acknowledge that time spent together encompasses more than "visiting." 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 resource caregivers (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 public health crisis waned, 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 was challenging to continually 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, that continued to encourage social distancing and mask wearing during the fluctuating COVID-19 pandemic.

i. Liliuokalani Trust- Ka Pili Ohana, Two Makua Meetings, Na Kama a Haloa.

These collaborations have been instrumental in supporting frequent and quality OT. They promote the practice of building a “shared parenting” relationship between birth parents and resource caregivers (RCGs) and using culture as a healing component. These projects are described in more detail below:

1) Ka Pili Ohana (KPO)

Ka Pili Ohana is a result of a collaboration between CWSB and Liliuokalani Trust (LT) for Native Hawaiian families involved with child welfare. The project focuses on developing positive working relationships among birth parents, CWSB, and resource caregivers (RCGs), and strengthening parent and child relationships during visits with birth parents, children, RCGs, and CWSB. LT provides cultural guidance to the project and participants.

KPO is currently being offered on Oahu Island in East and West Oahu sections and on Hawaii Island in Kona and Hilo.

2) Two Makua Meetings (TMM)

The Ka Pili Ohana program also partnered with EPIC Ohana to pilot the Two Makua Meetings program (TMM) involving RCGs and birth parents. What *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 developing a positive relationship that fosters open communication between the birth

parents and the RCG. The pilot project began in June 2021 in the West Oahu Section. In SFY 2022, TMM expanded to all CWSB sections on Oahu and in East Hawaii. TMM was included in the state contract with EPIC Ohana beginning in July 2022, with a goal of holding 50 meetings each SFY. From July 2022 to January 2023, nine TMMs were completed. There were 16 referrals but seven were canceled.

TMM is still relatively new, so development, implementation, and engagement of staff, birth parents, and RCGs is evolving. It involves building trusting relationships with all parties, including partnerships between private and public sectors. Questions, discomfort, capacity, case management issues, and time factors present challenges to be addressed. Setting up TMMs during an investigation is difficult as there is already tension regarding the investigation. It also involves trying to explain the “shared parenting” concept that may seem foreign or threatening to both the RCGs and birth parents. Meeting cancellation reasons included one or more of the parties were unwilling or canceled; parent missing; and child moved sections or reunified.

The collaboration has been providing information sessions to CWSB staff and RCGs and obtaining feedback to increase TMM referrals. The collaboration is also reviewing the referral process to streamline it and incorporate other improvements. A Memorandum of Understanding (MOU) regarding collaboration with EPIC Ohana, Liliuokalani Trust, and CWSB for TMM is being developed. Currently, EPIC Ohana is taking the lead with TMM. When a family is involved in the Ka Pili Ohana Program (KPO), EPIC Ohana, with the family’s permission, invites the KPO worker to the TMM. On surveys collected from every meeting, the families have shared that they find the TMM process helpful in creating partnerships with their case workers and RCGs, as well as setting up consistent visits.

The CWSB case worker initiates the TMM process by explaining the TMM program to birth parents and RCGs and scheduling a meeting for a mutually agreeable date and time. During the TMM meetings, EPIC Ohana facilitates introductions between the birth parents and RCGs, the exchange of information about the child in care, and the creation of a visitation plan. For families of Native Hawaiian ancestry, LT continues to work with RCGs, birth parents, and CWSB to build a trusting working relationship, and to expedite a safe and timely reunification. An Ohana Conference (OC) is scheduled soon after a TMM meeting.

TMM providers conduct outreach to RCGs to share information about the goals and purpose of the TMM program. This is an evolving process to support the practice of shared parenting between birth parents and RCGs. Shared parenting will ultimately promote safety, timely permanency, and well-being of the child in care. This TMM also builds extended family relationships to support the child, parents, and the entire ohana (family).

3) **Na Kama a Haloa**

Na Kama a Haloa is a statewide collaboration of community stakeholders, including CWSB, led by EPIC Ohana in partnership with Annie E. Casey Foundation. This collaboration has continued to be successful in engaging key Native Hawaiian community members and lived experience partners. There are five sub-workgroups (known as Hui), each tasked with creating critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, promoting culture as a healing element, uplifting youth and family voice, training and supporting nurturing RCGs, and honoring sibling connections.

- a) The *Hui Kauhale* developed a Native Hawaiian training Curriculum for CWSB New Hire Training and provided feedback for the RCG H.A.N.A.I. Orientation Training. This Hui also developed and produced a beautiful *Puolo* video for Family First Hawaii (FFH) Prevention Services with production funded by Casey Family Programs.
- b) *Hui Pilina's* training video on the importance of preserving sibling connections continues to be utilized in various trainings. This Hui also coordinates sibling connection events with HI HOPES, Project Visitation, CWSB, and community partners.
- c) The *Hui Fostering Strong Connections (Resource Caregivers)* received a donation from HMSA, which was shared with EPIC to produce a video on the beauty of shared parenting between RCGs and CWSB birth parents. This video continues to be used to promote shared parenting.
- d) The *Hui Hilo* group hosted an event at the end of 2022 on shared parenting and created an inspiring video to promote this effort:

<https://www.youtube.com/watch?v=x0yKnQ7YZLM>

- e) The *Hui Makua* (birth parent voices) has been connecting with national resources to provide trainings on developing and supporting parent partners. This has strengthened the WRAP parent partner program and also helped provide parent voices/representation at FFH. There is also movement to develop a birth parent advisory council. A popular monthly “talk story” session for birth parents helps them to share, learn, and support each other. Casey Family Programs provided funding to support “Better Together” Leadership/Partnership Trainings for birth parents, providers, RCGs, and CWSB in October 2022. The plan is to roll out these trainings to CWSB in 2023. Through the Na Kama collaboration, the hope is to support the Child Welfare System/Communities by infusing Native Hawaiian cultural values and meeting families in their vulnerable but hopeful spaces.

g. Relative Placement, Kinship Navigator, Resource Caregivers, and Birthparents

The DHS mission is “To encourage self-sufficiency and support the wellbeing of individuals, families and communities in Hawaii.” With this as a guiding principle, the State of Hawaii supports keeping families together when it is safe to do so. If safety concerns necessitate foster placement, foster care is viewed as a *temporary arrangement* and reunification with a newly equipped birth family in a safe home is the ultimate goal. Placement with relatives often provides a more comfortable, less traumatic option than placement with non-relatives, who may be seen as caring strangers.

CWSB strives to hold Ohana Conferences for every child entering foster care, continuing upfront efforts to make the first placement the only placement through early Family Finding searches and attempts. Through these searches, CWSB identifies relatives and provides a relative notification letter to inform and engage relatives as supports and possible placement resources. Initial and ongoing Ohana Conferencing provides a venue to further explore relatives as possible resource caregivers for the child in care. As of March 31, 2023 there are approximately 615 relative resource caregiver licenses (includes individuals and married couples) statewide caring for approximately 556 related children in foster care. See Section **IV.A.3** Relative Placement Efforts for additional information. When reunification is not an option, permanency in the form of legal guardianship or adoption becomes the goal. See Section **IV.B.2**. CFSR **Item #10** Relative Placements and Section **IV.B.2**-Continuity of Family Relationships for additional information.

There are a variety of opportunities that are available using the Kinship Navigator grant. The primary use of the funds has been to enhance Hawaii’s service array to

support children in foster care and their relative resource caregivers. See section **VI.D.4** RCG & Adoptive parent training for additional information. This enhanced support helps CWSB meet the goals for CFSR items 12 – A and 12 – C: Needs and Services of the Child and Resource Caregivers, and CFSR Item 4: Placement Stability, while also promoting the Child and Family Service Plan goal of collaboration with providers.

On July 1, 2020, new contracts went into effect with new service providers for resource caregiver licensing, home study assessments, and Resource Caregiver Support Services, including the Ohana Navigator Program. There was a delay in transitioning services to the new provider because funds were not available to allow for an overlap of services to assist both the former and new provider with this change. This transition required a transfer of information, documents, equipment, and hardware causing a delay in implementation by the new service providers. In addition to the change in service providers, the COVID-19 pandemic added many other changes to practice and more flexibility in the licensing process. The new contracts were written for most services to be conducted virtually and removed the requirement of in-person events as related to licensing. However, the provider was still required to complete an in-person visit in the home prior to submitting the home study and required licensing documents to the Department. In addition, CWSB licensing staff were also required to complete at least one in-person home visit prior to issuing an unconditional license.

Data collection and reporting from the providers are significantly different. Prior to the new contract for services, the Quarterly Activity Report (QAR) form required from service providers was updated to capture the data needs of the Department. The QAR may also be used as a self-report by providers to share their performance outcomes. CWSB has identified a significant difference between the previous providers' data reports and the current service provider data. For purposes of this funding request, the process that CWSB will use in its narrative will be to compare the current state fiscal year data to the previous state fiscal year data and provide the reasons that have contributed to the increase in strength ratings or areas needing improvement. Since there was a difference in how data was collected between the providers, it is not appropriate to compare/contrast the two data samples.

The Ohana Navigator Program is part of the RCG Support Services team. The RCG Support Services team regularly networks within the community (statewide) to keep a pulse on various resources and supports available within the foster care community. The RCG Support Services team collaborates with other community and faith-based organizations to provide all RCGs and the youth in their care, with an enhanced source of cultural foundation, engagement, resources, and services. Part

of the grant funds is being used for one full-time staff person called the Ohana Navigator.

Resource Caregiver Support Services, which includes the Ohana Navigator Program contract, was awarded and services began during the height of the COVID-19 pandemic. Filling positions has been a challenge for this provider, similar to what occurred at the national level. For example, the provider had a vacancy for the Ohana Navigator position from 07/01/2019 – 11/13/22 and was able to fill the position on 11/14/22. To meet the needs of the Department and relative resource caregivers, the staff for the Resource Caregiver Support Services contract shared the responsibilities of the Ohana Navigator. The strength of this particular method is it furthers the goal of the Department to provide quality and in-depth services to all resource caregivers statewide. Relatives represent approximately 58% (615 relative, 438 non-relative) of all statewide resource caregivers; therefore, services for relatives should be the standard.

The Ohana Navigator Program seeks out community resources and develops partnerships to provide an array of options for ongoing trainings, support services, and resources to resource caregivers to care for their relative child in foster care. The program also includes ways to help identify and minimize gaps and barriers in support services for resource caregivers and promote CWSB's vision of shared parenting/caregiving.

Hawaii implemented Two Makua as a pilot program, initially to support those with Native Hawaiian ancestry. It was discovered, however, that this two-families model works well to encourage resource caregivers and birth families to develop a relationship that fosters mutual respect, continued parent connection/bonding, and support for the child's development and best interests. Two Makua, therefore, is presently being expanded to include non-Hawaiian children as a means to better engage birth parents.

In 2021, Hawaii DHS launched a public foster care recruiting website (<https://rcg.hawaii.gov>) to provide prospective resource caregivers with licensing requirements and information on current state and federal foster care resources. As of 2022, the website continues to be updated to include more information on topics recommended by the foster care community. Some of these topics include grandparents raising their grandchildren, relative caregiving, childhood development, sexual health (which includes natural milestones that all youth are expected to develop), prudent parenting, and more. Additionally, all pre-service trainings, ongoing trainings and support group topics, along with registration information is available on the website.

In SFY 2022, there was a total of **twelve live virtual ongoing trainings** offered statewide and a total of **95 resource caregivers** participated in the trainings.

All resource caregivers have various ongoing training options available to complete at their leisure, which include partner state agency's on-demand trainings for their clients; national on-demand trainings, including FosterParentCollege.com, Foster Care & Adoptive Community online training site (www.fosterparents.com), which features a range of published articles; and CapLEARN (Child Welfare Capacity Building Collaborative) featuring the National Training and Development Curriculum for Foster and Adoptive Parents. Training resources are consistently added throughout the year after a screening process is completed on the training and the agency providing the training. The Resource Caregiver Support Services contracted provider also has a lending library of previous in-person trainings that were recorded, DVD's, videos, written materials, and more.

A new quarterly newsletter campaign was under development for the first two quarters of the fiscal year. There were two quarterly newsletters mailed via USPS to all resource caregivers statewide. For SFY 2022 Quarter 3, **1124 copies of the newsletters** were mailed out statewide to all resource caregivers. In Quarter 4, **1152 copies of the newsletters** were mailed for a **combined total of 2,276 newsletter copies**.

The *Resource Caregiver Warmline*, a toll-free support line for all resource caregivers, provides information, referrals, and non-emergency emotional support. This support is available every day from 8:30 am-10:00 pm (365 days a year). Resource caregivers also call the Resource Caregiver Warmline to register for events, trainings, and support groups. The Resource Caregiver Warmline was established by the previous provider and was transferred to the current provider in July 2019. This is a new service for the current contract provider and there was a learning curve to answer Warm Line calls. To staff the Warm Line, scheduling and coordination of all Resource Caregiver Support Services staff needed adjustment due to operations outside of traditional business hours. In SFY 2022, there was a total of **222 calls answered**. After business hours, weekends, and holidays availability of the Warm Line is a direct expansion of services from the Kinship Navigator funding grant provided by Children's Bureau. There was a total of **22 after hour** (5:30 p.m. – 8:30 a.m. the next business day) phone calls answered and **14 calls answered on weekends**.

The provider began sharing information issued by the DHS, local partner agencies, federal partners and others with resource caregivers via email in Quarter 3 of SFY 2022. There were **28 individual email campaigns** in Quarter 3, which went out to

774 individual email addresses. In Quarter 4, there were **18 campaigns** that were emailed out to **779 individual email addresses.**

The previous provider developed and launched a mobile app (Hawaii Foster Care Connections) specifically for resource caregivers in Hawaii. For SFY 2022, there was a combined (Apple Store and Google Play Store) total of **415 downloads** of the app. This total is not cumulative of total downloads of the app since it was launched. The mobile app's information is updated and managed by the Resource Family Support Services provider. The mobile app information mirrors the resource caregiver website and registration information for trainings. Accessing videos to complete ongoing training requirements is also available through the mobile app.

For SFY 2022, there were **28 clients** who received Language Access Services (LAS). All of the clients were relatives of children in foster care and received LAS to assist them with completing the licensing process (licensing forms, home study interview and assessment, foster care information, and all pre-service training materials). All licensing forms and pre-service training materials were translated the previous year into the following languages: Chuukese, Marshallese, Tagalog, and Ilocano. Relative caregivers would benefit from having documents translated into several other identified languages; however, cost is the primary factor preventing this from happening.

The Ohana Navigator Program challenges include a need for affordable housing statewide and dependable/available transportation on all islands except Oahu. The Department will continue to partner with the contract provider to improve the Ohana Navigator Program. Some of the next steps to expand services include developing a peer mentorship program. The Department is also strengthening its internal relationship with Benefits, Employment & Support Services Division to provide a more streamlined connection for resource caregivers to access and apply for and receive TANF, Child Care Licensing subsidies, and MedQuest services. All of this information will be made available on the resource caregiver website and mobile app, which are available to kin resource caregivers as well as non-kin resource caregivers.

h. Ka Pili Ohana

Ka Pili Ohana (KPO)

Ka Pili Ohana is a result of a collaborative between CWSB and Liliuokalani Trust (LT) for Native Hawaiian families involved with child welfare. The project focuses on developing positive working relationships between the birth parents, CWSB, and resource caregivers (RCGs), and strengthening parent and child relationships during

visitations with birth parents, children, RCGs, and CWSB. LT provides cultural guidance to the project and participants. KPO is currently being offered on Oahu Island in East and West Oahu sections and Hawaii Island in Kona and Hilo.

Two Makua Meetings (TMM)

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 developing a positive relationship that fosters open communication between the birth parents and the RCG. The pilot project began in June 2021 in the West Oahu Section. In SFY 2022, TMM expanded to all CWSB sections in Oahu and East Hawaii. TMM was included in the state contract with EPIC Ohana beginning in July 2022, with a goal of holding 50 meetings each SFY. From July 2022 to January 2023, nine TMMs were completed. There were 16 referrals but seven were canceled.

An MOU between EPIC Ohana, Liliuokalani Trust, and CWSB for TMM was sent to CWSB and is still being reviewed. Currently, EPIC Ohana is taking the lead with TMM. If a family is already involved in the Ka Pili Ohana Program (KPO), EPIC then invites the KPO worker to the TMM with the permission of the family. Surveys are collected for every TMM, and the families have shared they find it helpful in creating partnership with their case worker and RCG, as well as setting up consistent visits.

The CWSB case worker initiates the TMM process by introducing and explaining the TMM program to birth parents and RCGs and sets a date and time that works for them to meet. EPIC Ohana facilitates the TMM meetings where birth parents and RCGs are introduced to each other, exchange information about the child in care, 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 then scheduled soon after a TMM meeting.

TMM providers doing outreach work with RCGs also share about goals and purpose of TMMs. This is an evolving process to support the practice of shared parenting between birth parents and RCGs. Shared parenting will ultimately promote safety, timely permanency, and well-being of the child in care. This process also builds extended family relationships to support the child, parents, the entire Ohana (family).

Na Kama a Haloa

Na Kama a Haloa is a statewide collaboration of community stakeholders, including CWSB, led by EPIC Ohana in partnership with Annie E. Casey Foundation. This collaboration has continued to be successful in engaging the Native Hawaiian community and lived experience partners. There are five sub workgroups, known as Hui, each tasked with creating critical shifts in the child welfare system by addressing ethnic disparities and disproportionality, promoting culture as a healing element, uplifting youth and family voice, training and supporting nurturing RCGs, and honoring sibling connections.

- The Hui Kauhale developed a Native Hawaiian training curriculum for CWSB New Hire Training and provided feedback for the RCG's H.A.N.A.I. Orientation Training. This Hui also developed and produced a beautiful Puolo video for Family First Hawaii (FFH) Prevention Services with production funded by the Casey Family Programs.
- Hui Pilina's training video on the importance of preserving sibling connections continues to be utilized in various trainings. This Hui also coordinates sibling events with HI HOPES, Project Visitation, CWSB, and community partners.
- Hui Fostering Strong Connections (RCGs) received a donation from HMSA and EPIC produced a video on the beauty of Shared Parenting between RCGs and CWSB birth parents which continues to be used promote Shared Parenting.
- The Hui Hilo group coordinated an event at the end of 2022 on Shared Parenting and created an inspiring video to promote this effort.
- The Hui Makua, birth parent voices, has been connecting with national resources to provide trainings for developing and supporting parent partners. This has strengthened the WRAP parent partner program and also helped provide parent voice and representation at FFH.

Hui Makua is also developing a birth parent advisory council and holds a popular monthly "talk story" session for birth parents to share, learn, and support each other. Beginning in October 2022, Casey Family Programs began providing funding to support Better Together Leadership/Partnership Trainings for birth parents, CWSB providers, RCGs, and CWSB staff with the intention to expand the trainings to CWSB and other partners in 2023. Through the Na Kama collaboration, the hope is to support the child welfare system and communities by infusing Native Hawaiian cultural values and meeting families in their vulnerable yet hopeful spaces.

2. Most Vulnerable Populations

Children 0-5 years old 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 families

According to 2019 statistics from the University of Hawaii Center on the Family, Native Hawaiian and part Native Hawaiian people make up 21.5% of the general population of the State. See the first table of *Figure 52: Hawaiian Children in Foster Care SFYs 2018-2022*. A higher percentage of Native Hawaiian children is entering foster care (ranging from 40-42%) than exist in the general population in Hawaii (21.5%); this is disproportionality.

Race and ethnicity are determined by CWSB staff asking the children how they themselves identify. For children who are unable to self-identify due to age, illness, or developmental/cognitive status, their parents or other family members identify their ethnicity. It is important to understand how CWSB staff codes ethnicities. CPSS can hold up to five race codes and up to five ethnicity codes per child, and staff indicate a primary ethnicity for each child. If a child has multiple ethnicities and is part Native Hawaiian, they will be coded Native Hawaiian as their primary ethnicity. If a child has multiple ethnicities and is not part Native Hawaiian, the child (or their family) will choose their primary ethnicity. This process may result in an overcounting of Native Hawaiian and part Native Hawaiian children in the CWSB system (when compared to other systems and censuses), but it is vital to CWSB equity and cultural efforts that all possible Native Hawaiian children are properly identified.

Distressingly, 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 2018-2022*), the percentage of Native Hawaiian and part Native Hawaiian children *in* foster care is 3% to 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.

If you view *Figure 55: Discharge Type by Hawaiian and Non-Hawaiian Children SFYs 2018-2022*, you can see 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 18% lower in SFYs 2021 and 2022). As safe reunification is the best outcome for children in foster care, Hawaii is examining the potential cause of this discrepancy. *Figure 55: Discharge Type by Hawaiian and Non-Hawaiian Children SFYs 2017-2021* shows that Native Hawaiian and part Native Hawaiian children are adopted or enter 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 2018-2022*.)

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 minor exception of SFY 2020 where the legal guardianship rate was the same at 18%). Across SFY 2018 – 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 and SFY 2022, this changed. Nine percent of Native Hawaiian and part Native Hawaiian children who exited foster care in SFY 2021 emancipated, and 8% of Native Hawaiian and part Native Hawaiian children emancipated from care in SFY 2022, compared to 6% of non-Hawaiian youth for both years. DHS does not believe that this is the beginning of a trend, but Hawaii will keep a close eye on the situation regardless, as emancipation is this least desirable way for a child/youth to exit foster care.

In looking at the middle table in *Figure 52: Hawaiian Children in Foster Care SFYs 2018-2022*), one can see that the percentage of Native Hawaiian and part Native Hawaiian children in foster care has remained relatively stable with a decrease of only 2% from SFY 2018 to SFY 2022. From SFY 2019 – SFY 2022, it is encouraging to see that the number of Native Hawaiian and part Native Hawaiian children in foster care has decreased each year, with 1,240 children in SFY 2019, 1,200 children in SFY 2020, 1,131 children in SFY 2021, and 1,013 children in SFY 2022. One can see this encouraging trend more clearly by going further back in time. See *Figure 54: Hawaiian and non-Hawaiian in Care SFYs 2012-2022*. From SFY 2012 – SFY 2016, the black line (representing non-Native Hawaiian children in foster care) and the blue line (representing Native Hawaiian and part Native Hawaiian children in foster care) are almost on top of each other. In contrast, in SFYs 2017 – 2022, the black line rises, diverging from the blue line. This figure shows:

- From SFY 2012 – SFY 2016, the number and percentage of Native Hawaiian and part Native Hawaiian children in foster care was approximately the same as non-Hawaiian children in foster care.
- From SFY 2017 – SFY 2022, the number and percentage of Native Hawaiian and part Native Hawaiian children in foster care was lower than non-Hawaiian children in foster care.
- From SFY 2014 – SFY 2019, the total number of children in foster care increased each year.
- In SFYs 2020, 2021, and 2022 the total number of children in foster care decreased as well as the number of non-Hawaiian children and Native Hawaiian and part Native Hawaiian children in foster care.
- From SFY 2016 – SFY 2022, the number of Native Hawaiian and part Native Hawaiian children in foster care remained steady and then decreased.
- In the years, SFY 2016 – SFY 2019, although the overall numbers of children in foster care continued to rise, Native Hawaiian and part Native Hawaiian children did not contribute to that rise.

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

CWSB continues to collaborate with with Casey Family Programs (CFP) Annie E. Casey Foundation, EPIC Ohana, Liliuokalani Trust (LT), Kamehameha Schools (KS), DOH, DOE, and other community agencies to strengthen partnerships and best serve children and families through a community approach. Frequency of workgroup meetings varies depending on the mission and goals. For example, the Child Welfare Equity Improvement Collaborative (EIC) meets monthly for approximately 1.5 hours and discusses larger statewide implementation plans for addressing race equity and anti-racism. Other workgroups meet quarterly, or more frequently as needed. Across collaborations in CWSB, Hawaiian overrepresentation is discussed and is a

high priority of concern. Culture and values are frequently discussed when implementing new initiatives and revising ongoing practice.

The Child Welfare Equity Improvement Collaborative, formerly the Casey Family Programs Race Equity Improvement Collaborative, has identified Hawaiian children and families as a priority focus for their work moving forward with the goal of ending Hawaiian disproportionality in CWSB. See VII.C.1 SPC Race Equity for more information.

Throughout the implementation phase of Family First Hawaii (FFH), one of the primary focuses has been to bring 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, include programs and services with a foundation in Hawaiian values and activities that incorporate Hawaiian practices. FFH aims to prevent children from entering foster care by identifying and referring families to programs and services that best meet each family's need. FFH has also created space for the Lived Experience Advisory Group (LEAG) composed of family leaders – resource caregivers, parent partners, and young people with lived experience. LEAG has been critical to the development of policy and procedure to promote family-centered practice and lived experience voice.

CWSB participates in multiple community collaborations regarding Native Hawaiian culture and lived-experience partners. CWSB is an active member of *Na Kama a Haloa*, a statewide collaboration of community stakeholders and CWSB with an initial five subworkgroups/Hui, 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 resource caregivers, and honoring sibling connections. 1) Hui Kauhale has implemented a Hawaiian culture-based engagement training for CWSB New Hire Training and H.A.N.A.I. Training for resource caregivers. Na Kama a Haloa also introduced Hoo Aa, a Hawaiian values training for CWSB leadership. The first cohort began in 2022, with the cohort continuing Hoo Aa Part 2 in 2023. 2) Hui Makua empowered the lived experience voices of birth parents. Hui members became part of the LEAG in Family First Hawaii and influenced policy, training, practice. The Hui also started monthly talk story sessions to support birth parents and created the beginnings of a Birth Parent Advisory Council. 3) Hui Pilina – is empowering the voices of young people and their siblings. This Hui is providing trainings to CWSB and is also working with Project Visitation to provide events for siblings to connect. 4) Fostering Connections Hui- is empowering the voices of RCGs. This Hui has created a video for ongoing trainings to promote the concept of "shared parenting" between RCGs and birth parents.

Efforts continue to promote this practice through ongoing trainings with CWSB, RCGs, and others. 5) Hui Hilo—This Hui focused on RCG training videos.

Na Kama a Haloa reached the end of its 5-year plan in 2022 and is in the process of developing new goals and working groups for the next phase of Hawaiian culture-based work.

Another Native Hawaiian collaboration on Oahu is *Ka Pili Ohana (KPO)*. It is a collaborative LT pilot project focused on strengthening parent – child relationships during visitations with birth parents, children, resource caregiver, and CWSB. LT provides the Native Hawaiian cultural guidance to the project and participants.

Additionally, CWSB primarily partners with EPIC Ohana to implement *Two Makua Meetings (TMM)*. These are informal meetings between the birth parent and the RCG designed to encourage development of a positive relationship that fosters open communication between the child’s caregivers. LT has integrated into these meetings the Native Hawaiian cultural component for Native Hawaiian families.

See also *IV.A.1. Reunification Efforts -J. KPO, 2Makua, Na Kama* for additional information.

With continued active collaborations with multiple cultural workgroups and community partners, in addition to implementation of Family First Hawaii, CWSB may continue to see a decline in children entering foster care, including Native Hawaiian children.

b. Services for Children Aged 0-5

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 30: Number of Children in Foster Care by Age Group: SFY 2018 – SFY 2022*, for the number of children in foster care by age, over the past five years. Data Booklet, *Figure 29: Age Distribution of Children in Foster Care by Number and Percentage: SFY 2018 – SFY 2022* displays this age distribution as percentages of the total annual number of children in foster care for each of the past five years. During this period, the percentage of children in foster care who are age 0-5 has ranged from 38% to 42% of all children in foster care annually.

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, with SFY 2018 and SFY 2019 at 42%, SFY 2020 at 40%, SFY 2021 at 39%, and SFY 2022 at 38%. During this same five-year period, the category of children ages 6-11 years has been stable (at 29% - 30%), whereas the oldest set of youth in care (aged 12-18) has steadily risen from a low of 28% in SFY 2018 to a high of 33% in SFY 2022. 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 2004-2022 [Chart]*), 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 data was shared with CWSB Maui and East Hawaii sections, with the goal of staff focusing on providing additional support to families with infants. Parental substance abuse services were fortified in those areas as well.

Targeted efforts and services for children aged 0-5 are in place. All children under age five, whether they are in-home, in a community-based setting, or in foster care are receiving these services. These services include access to childcare subsidies, health insurance coverage through Medicaid, developmental screening through DOH's Early Intervention program (0-3), Head Start, directories such as Aloha United Way's Keiki Central – 211, Executive Office of Early Learning Program's resource list, DOE's Support for Parents, and DOH's Sharing Our Ulu resources for children aged 0-5 years and their families. CWSB partners with community agencies noted above to ensure access to appropriate services that address the developmental needs of vulnerable children under 5 years of age.

Hawaii employs services and activities to reduce the length of time in foster care for children below age five, as well as services that address the specific developmental needs of the youngest children. These services are discussed below and throughout this APSR. In addition to helping reduce a child's length of stay in foster care, many of the services and interventions discussed also assist in properly addressing the developmental needs of children under age five.

FAMILY FIRST HAWAII (FFH) – HOME VISITING SERVICES (HVS)

FFH reported that robust data analyses were conducted by various workgroups to support determination of FFH candidacies and services. The analyses included review of the SFY 2019 demographic data of children in foster care and precipitating factors that led to foster care placement. The highest number of children in foster care was the 0-5 years old group at 46% and the highest precipitating factor was lack

of parenting skills at 67%. Home visiting services are available statewide for all children in foster care as well as those in the family home with cases being managed by either CWSB staff or community providers such as Voluntary Case Management.

FFH expanded services to families of children from ages 0-3 to 0-5, and chose two evidence-based Home Visiting models, Parents As Teachers (PAT) and Healthy Families America (HFA), to provide parenting support services to address the needs of this vulnerable age group. Both models received “well-supported” ratings--the highest rating given by the Title IV-E Prevention Services Clearinghouse--indicating that these models, through scientific research, have demonstrated positive outcomes for children and families and were able to sustain efficacy of at least one target outcome for 12 months or more after services were completed.

Although CWSB continues to face challenges with data extraction from its legacy system (CPSS), which is the CWSB system of record, the new CPSS management vendor was able to produce preliminary data on the number of children and families served by FFH. *See Section II.A.3 Family First Hawaii Overview for more details regarding FFH data extraction and collection challenges.* Preliminary FFH data from CPSS reported that 177 children from 116 families received home visiting services from the initial implementation of FFH on 10/1/2021 to 12/31/2022. A further breakdown of this data shows that 14 children from 9 families received HFA services and 163 children from 107 families received PAT services. It is important to note that there is only one CWSB service provider that uses the HFA model for one geographic area on Oahu. All other statewide CWSB home visiting service providers utilize the PAT model.

Hawaii’s Zero to Three Court Specialty Court (HZTT)

HZTT is a specialty court in the Family Court of the First Circuit on Oahu. 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.

HZTT continues to be a key partner of the All-State Team that meets to discuss and identify the needs of children aged zero to three. Collaboration with HZTT members provides a valuable perspective for creating new strategies for families to access services and resources to achieve safety, permanency, and well-being.

HZTT has noted positive outcomes achieved through collaboration. A few examples are included below.

Working with HZTT, the All-State Team encouraged CWSB's contracted service, Comprehensive Counseling and Support Services, to give HZTT families priority in commencing services such as parenting education, domestic violence, counseling, and outreach.

HZTT is also in the early stages of collaborating with EPIC Ohana Inc. on the parent partner program, Two Makua, and prioritizing HZTT families for the Wrap Program.

HZTT is also collaborating with Liliuokalani Trust's Ka Pili Ohana Program (KPO) to develop relationships between birth parent(s) and resource families to achieve better outcomes for Native Hawaiian children. HZTT currently has one family referred to KPO.

Continued collaboration helps to inform partners regarding the needs of families with children in the zero to three age range, as well as to develop strategies to meet their needs.

c. LGBTQ Population

CWSB continues to value and to be 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 that use best practices.

i. Recent Accomplishments

- 1) CWSB actively collaborated with DOH's Safe Spaces Committee to develop resources and support for children, youth, and families.
- 2) CWSB actively collaborated with DOH's Sexual and Gender Minority Workgroup composed of various statewide community providers and state agencies.

ii. Current Efforts

- 1) Continue to partner with DOH to develop aligning data systems and data collection; for example, DHS is working to update the CPSS system to align with the manner in which DOH captures gender identity data.

- 2) Continue to partner with DOH on improving policies and procedures related to LGBTQIA+ children, youth, and families. DHS is actively working on updating the LGBTQIA+ policy in alignment with DOH to ensure continuity of systems of care.
- 3) Continue participation in and support interagency collaboration focused on the strengths and needs of LGBTQIA+ populations with the goal of creating and improving integrated systems to best support children, youth, and families.
- 4) Continue collaboration with DOH to provide to CWSB guidance on inclusive and affirming language, writing practice, consultation, and education.
- 5) Continue to work on educational video resources centered on raising awareness of LGBTQIA+ children, youth, and families. New video to be completed in 2023 centered on the youth's experience in care.
- 6) Track bills and legislation that impact LGBTQIA+ children, youth, and families in CWSB.

d. ICWA

In SFY 2022, American Indian children made up 1% and Alaskan Native made up 0% of the multi-ethnic report of children in care in Hawaii. 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) are notified immediately. CWSB's written procedures provide guidance to frontline staff and supervisors, which include:

i. Hawaii's ICWA Process

Hawaii CWSB continues to operate with its current written procedures that provide direction and guidance for staff to comply with ICWA's regulations including requirements mandated by AFCARS 2.0. Several discussions have occurred among CWSB administrators, section administrators, program development office, and the Department of the Attorney General to clarify and confirm CWSB's process for ICWA cases.

When there is reason to believe that a child may be Native American, the caseworker informs the Department of the Attorney General (DAG). The DAG's office then sends a registered letter to the Secretary of the Interior, Bureau of Indian Affairs (BIA), and if known, to the tribe and the biological parents, as necessary. These letters notify the BIA and all parties of the State's proceedings involving these 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.

If CWSB finds that child is not registered, the caseworker encourages 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 ICWA regarding custody, placement, and terminating Hawaii's jurisdiction in the case. CWSB will continue to collaborate with a tribal representative by providing the child's vital documents and information, including Title IV-E eligibility.

ICWA is also pertinent in Interstate Compact on the Placement of Children (ICPC) cases or 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

In the Annual Summary Report: Case Reviews SFY 2022 data showed that:

In 57 cases (93%), a sufficient inquiry was conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In seven cases, the Tribe was provided timely notification.

In four cases rated as needing improvement, sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In two of these cases, there was evidence of Native American ancestry for the child. Timely notification was not made to the Tribe, and placement preferences were not followed.

Annual ICWA Improvements

Hawaii continues to explore, clarify, and train staff in ways to expedite the identification of children who are or could be tribal members, so that the best support can be provided to Native American children and families. CWSB is exploring avenues to include documentation of ICWA inquiries within the information gathering phase of a safety assessment. Technical assistance was approved from CBC for early 2023 when Hawaii plans to revise its safety assessment and tools to include queries into a child's American Indian heritage. Hawaii implemented its AFCARS 2.0 on March 28, 2023, which includes documenting required data elements for children under ICWA regulations.

3. Relative Placement Efforts

CWSB recognizes the importance of placement with relatives, and maintaining and enhancing connections with relatives and culture. DHS' mission is: To encourage self-sufficiency and support the wellbeing of individuals, families and communities in Hawaii. With this as a guiding principle, the State of Hawaii supports keeping families together when it is safe to do so. Hawaii's foster care system seeks to prevent placement into foster care and when safety concerns necessitate foster placement, foster care is viewed as a temporary arrangement with reunification to a newly equipped birth family in a safe home as the ultimate goal.

CWSB strives to hold Ohana Conferences for every child entering foster care and continuing upfront efforts to make the first placement the only placement through early Family Finding searches. Through these searches, CWSB attempts to provide a notification letter to each relative family to inform and engage them as supports and placement resources. Initial and ongoing Ohana Conferencing provides a venue to identify and include relatives in the discussion of placement options for the child in care.

The relative Resource Caregiver (RCG) brochure has been translated into targeted languages (Marshallese, Chuukese, Tagalog, and Ilocano) to promote engagement and understanding of the importance of relatives as caregivers and the steps to become a resource caregiver. Contracted support services include targeted training and support groups for Marshallese and Chuukese resource caregivers, adoptive parents, and legal guardians.

To identify relatives who may be a support to the child and a possible placement option, CWSB is diligently working to identify fathers early on. Identifying fathers and their

family members can increase the pool of potential relatives available as placement options.

Supports are also available for relative resource caregivers that may promote their availability and capacity to care for their relative in foster care. The Ohana Navigator Program focuses on stabilizing and maintaining the child's placement with these families. There are two components of the Ohana Navigator Program. The first will be to provide and establish a one-to-one supportive peer mentoring relationship between seasoned resource caregivers (Peer Navigators) and new relative resource caregivers. 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 for resource family networks with resources, recruitment, and Peer Navigator connections. CWSB learned how to more effectively utilize technology for virtual/online social events during the COVID-19 pandemic. With the lifting of pandemic related restrictions, events may now be held either virtually or in person. Family Friendly Quarterly Ohana Navigator events are held at times that are convenient for resource caregivers in various locations statewide.

CWSB is continuing efforts to identify and support relatives as resource caregivers. As of March 31, 2023, there were approximately 615 licensed relative resource caregiver statewide (including individuals and married couples) caring for approximately 556 related children in foster care. This number represents approximately 58% of all resource caregivers in the state.

4. Adoption and Guardianship Promotion and Support Services

a. Adoption and Legal Guardianship as Permanency Options

Reunification continues to be the primary permanency goal for children in foster care.

In SFY 2022, CWSB saw a slight increase in reunifications, up 3% from SFY 2021 while the number of adoptions and legal guardianships declined slightly. In SFY 2021, there were 247 adoptions and 211 legal guardianships; in SFY 2022, there were 211 adoptions and 196 legal guardianships. See Data Booklet Figure 51: Percentage of Children Reunified with Parents SFY 2018-SFY 2022 and Figure 58: Exits by Adoption and Legal Guardianship SFY 2018-SFY 2022 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. The decrease in adoptions and legal guardianships coincide with an increase in reunification, which reflects Hawaii's continued use and application of its safety framework to determine whether children can remain safely at home when a safety concern exists. If a child

is removed due to safety concerns, CWSB staff assess whether an in-home safety plan can be implemented so that the child may stay in the home. If unable to implement an in-home safety plan and a child must be placed out of the home, CWSB is continually assessing whether conditions in the home have changed to allow a child to be returned home safely.

Hawaii continues to perform above the National Standard (32.0%) in reaching the goal of timely adoption; in SFY 2022, Hawaii improved by more than 10% in this outcome. Refer to Data Booklet, Figure 64: Timely Adoption (Within 24 months) SFY 2018– SFY 2022. Key strategies that were implemented through Hawaii’s PIP3 have helped to improve outcomes in this area. These efforts include CWSB’s ongoing collaboration with court stakeholders, quarterly PIP3 meetings where concurrent planning is a regular topic that is discussed, revising the adoption checklist, and streamlining the review of adoption packets to one central location.

DHS and CIP continue to coordinate and facilitate ongoing quarterly meetings in each judicial circuit to discuss permanency, PIP initiatives, and other areas where CWSB, Family Court, and Deputy Attorneys General (DAGs) can improve shared outcomes. Court stakeholders state that they find the meetings helpful as it allows a venue to support collaboration and support families involved with the CWSB system. Meeting discussions included the importance of timely hearings and strategies, including holding hearings more frequently than the statutorily required every six months; utilizing pre-hearing meetings; and other topics that may affect timely, appropriate permanency.

The Family Law Division DAGs continue to attend CWSB meetings with section administrators. This has provided an opportunity for CWSB to address issues regarding case filings, hearings, court orders, and other legal matters and to collaborate on strategies to improve cases involved in the legal system.

b. Permanency Support Services and Pathways under Family First Hawaii

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

The adoption and legal guardianship incentive awards that Hawaii receives support Hawaii’s Permanency Support Services(PSS) contract, which includes permanency strengthening services, also known as adoption and guardianship strengthening/support services that 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.

In addition, 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 will be provided by Hawaii's contracted provider for Permanency Strengthening Services. Policies and procedures are being revised to include FFH procedures to identify candidates, determine eligibility, complete referrals, and provide the family with access to resources.

Annual Update

In SFY 2022, fewer than 10 families statewide were referred to PSS and all declined services. CWSB is working on enhancing the process of identifying and making referrals for families who are interested in receiving PSS as part of developing the pathway for FFH. There is a variety of services available to families within their communities that they may be connected to at the time of case closure or that they may be connected to as needs arise. In addition to these services, families can be connected to the WARM line, Hawaii's Kinship Navigator Program, and CAMHD for more targeted support. The WARM Line's target population includes legal guardianship, pre-adoptive, adoptive, and post-adoptive families. It provides services to support and strengthen the bond between the caregiver and child and enhance the caregiver's skills to meet the child's needs. Hawaii's Kinship Navigator program also assists caregivers with navigating available services by providing information and referrals and explaining eligibility requirements. CWSB has developed a strong working relationship with other community resources, such as DOH'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. Services include but are not limited to intensive case management services, additional resources through CAMHD contracts with private providers, and an array of mental health treatment services that are based on the youth's specific 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 and 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. CWSB also distributes a brochure that is provided to all families who are in the process of establishing adoption and legal guardianship. This brochure explains PSS services, its purpose, target population, and services provided and was recently revised to highlight FFH and identify adoptive and legal guardianship families as candidates for FFH prevention services. The brochure also describes 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 youth often have complex needs.

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 PSS utilization by early identification of families and providing services that are appropriate to meet the family's needs.

c. Intercountry 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 uses the code DIA – Disrupted/Dissolved International Adoption-- to identify cases where there is information on children who are adopted from other countries and enter state custody because of the disruption of a placement for adoption or the dissolution of an adoption. In SFY 2022, there was one case coded with DIA; however, this case was coded in error. Although the mother had been adopted as a minor via a private arrangement, this was not an inter-country adoption. The policy on use of this code will be reviewed and clarified with CWSB staff to ensure its appropriate use.

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 2022, there were no ICPC requests for adoptions that involved

Marshallese children or children from out of the country. 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 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 were 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 §350-1, Hawaii Revised Statute (HRS), child abuse and neglect include cases 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." §587A-11, HRS, mandates that the department investigate a report of suspected child abuse/neglect. These reports may include investigations of resource caregivers, pre-adoptive caregivers, adoptive caregivers, and legal guardians.

d. Family First Hawaii

The development and implementation of the FFH pathway for Permanency Strengthening Services (PSS) is in progress, with CWSB addressing its relevant policies and procedures, and resolving IT issues within the CWSB legacy database system (CPSS) and its web-based system (SHAKA). Building a service provider portal in SHAKA, developing programs for extracting required FFH data in CPSS, and reconciling data discrepancies between SHAKA and CPSS is a challenge that should be resolved within the next 12 months. In the meantime, adoptive and legal guardianship families in need of PSS services to prevent disruption of adoptions and guardianships can continue to access PSS through the regular referral process.

5. Adoption Savings

In FFY 2022, Hawaii continued to leverage its adoption savings funds to support services aligned with its current CFSR PIP3, its 5-year CFSP, and its Family First Hawaii prevention programs. This included post-adoption and post-guardianship services to support children living with their adoptive parents, with their legal guardians, and children who reunified with their families. In alignment with Hawaii's Family First Hawaii Plan, these services focus on stabilizing reunification and placements, preventing disruption, and preventing re-entry to foster care.

Hawaii plans to use its adoption savings funds in 2024 to support its community-based prevention programs, including its differential response systems, e.g., 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

CFSR Item 4: Stability of foster care placement

Refer to Data Booklet, Figure C4 for a chart of the SFY 2018-2022 five-year strength rating for this item.

SFY 2022: 61 Cases Reviewed
51 Strengths, 10 Areas Needing Improvement

DHS will minimize placement changes for children in foster care.

PURPOSE

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

SUMMARY OF DATA

In 51 of 61 cases (or 84% of the applicable cases reviewed), children in foster care either remained in one stable placement during the period under review or changed placement to meet their needs for permanency and/or well-being.

10 cases (or 16%) were rated as needing improvement.

- In nine cases, placement changes for the children were not planned in an effort to achieve the child's case goals or to meet the needs of the child.
- In seven cases, the child's current placement was not stable at the time of the review. In four of these cases, there was information that indicated that the current caregiver may not be able to continue to care for the child, but no support was provided. In two of the cases, the placement change was an unplanned move due to a request made by RCG and the child. In one case, the

child's current placement was not stable at the time of the review. The resource caregiver agreed to provide temporary care until a stable placement was found.

DISCUSSION

From SFY 2018 to SFY 2022, CWSB improved in the area of placement stability for children in care and had the highest strength rating over the past five years. From 2021 to 2022, there was a 7% increase during the period under review. CWSB continues diligent upfront efforts to make the first placement the only placement for a child through early Family Findings searches identifying relatives and efforts to hold Ohana Conferences for every child entering foster care. CWSB will work on developing and enhancing the Kinship Navigator Program by providing targeted support services to relatives by assisting with the licensing process.

CFSR Item 5: Appropriate and timely permanency goal

Refer to the 2024 Hawaii APSR Data Booklet, Figure C5: Item 5 - Permanency goal for child for a chart of the SFY 2018-2022 five-year strength rating for this item.

59 Cases Reviewed

48 STRENGTHS, 11 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 48 of 59 applicable cases (or 81%), the child's permanency goal was identified timely and was appropriate to the needs of the child.

- In 53 cases (90%), the goals were established timely.
- In 55 cases (93%), the goals were appropriate to the child's needs and 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 27 of 30 applicable cases (or 90%), 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.

11 cases (or 19%) were rated as needing improvement.

- In six cases, the identification of concurrent goals for the child was not identified until more than six months after the child's removal.
- In four cases, the goal in effect was not appropriate to the child's need for permanency and to the circumstances of the case.
 - In three of these cases, children who were over 14 did not agree with the goal that was identified.
 - In one of these cases, APPLA was not appropriate due to the child's age (14 years old)
- In three cases, a TPR motion was not filed timely, an exception did not apply, or a compelling reason was not documented.

Discussion and Annual Update

CWSB has significantly improved in this item, from 60% in SFY2021 to 81% in SFY2022. Overall, stability and structure in CWSB supervision as well as quarterly PIP stakeholder meetings with all circuits have helped tremendously. In addition, certain judges help to support the adherence to timelines. In some cases, written court orders require DHS to file a motion for TPR in appropriate situations when a child has been in foster care 15 months since the date of entry into foster care.

CWSB continues to implement strategies to support the appropriateness and timely identification of permanency goals. Some strategies include:

- Revised procedure to require that the concurrent goal be established within 60 days;
- Revised Safe Family Home Report and guidance prompt documentation of compelling reasons; and
- Tracking in some geographic locations as motions are being filed at exactly 15 months.

CWSB continues to strengthen practice by enhancing staff's knowledge in the area of selecting appropriate permanency goals. Case staffings have provided opportunities to discuss practice in real time in relation to selecting and achieving appropriate case goals.

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

Refer to the 2024 Hawaii APSR Data Booklet, Figure C6: Item 6 - Reunification, guardianship, adoption for a chart of the SFY 2018-2022 five-year strength rating for this item.

61 Cases Reviewed

43 STRENGTHS, 18 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 43 of 61 applicable cases (or 70%), reunification, guardianship, adoption, or APPLA was achieved or likely to be achieved timely. In these cases, when reunification was the goal, there were frequent and quality monthly caseworker visits with parents, caregivers, and children, or other communication (phone call, text, email, 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.

18 cases (or 30%) were rated as needing improvement. In all cases, the goals of reunification, guardianship, adoption, or APPLA were not or would 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: 26 children
 - 13 – 24 months: 22 children
 - 25 – 36 months: 8 children
 - 37+ months: 5 children
- In 14 cases, there was insufficient caseworker contact with the child, parents, and resource caregiver, which served as a barrier to engagement and case planning. Meaningful discussions with parents regarding permanency occurred infrequently.
- In seven cases, there was a lack of urgency to achieve permanency. Children were residing in the same home for years, but ongoing discussions had not happened. Delays were noted in ICPC process, completing home study, establishing paternity, and filing of TPR.
- In three cases, reunification could have been achieved sooner.

Discussion and Annual Update

CWSB has significantly improved in this item from 43% in SFY2021 to 70% in SFY2022. Strategies that have helped achieve permanency goals include:

- More frequent court hearings;
- Regular Ohana Conferences;
- Concurrent planning as an agenda item at Ohana Conferences;
- Use of trackers to monitor and complete visits with parents;
- Staff and partners' knowledge and sense of urgency regarding permanency timelines; and
- High rate of relative placements.

CWSB continues to work to support stable staffing and address workload needs. Opportunities to discuss cases and apply safety decision-making are encouraged. Work continues on enhancing the safety framework to support practice.

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 refer to the 2024 Hawaii APSR Data Booklet, Figure C7: Item 7 - Placement with siblings for the SFY 2018-2022 strengths rating trend for this item.

36 Cases Reviewed

33 STRENGTHS, 3 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 33 of 36 applicable cases (or 92%), siblings in foster care were either placed together or siblings were placed apart due to special circumstances. In 9 of 12 cases, when siblings were placed apart, it was to meet the needs of the children. Circumstances for the separation included: their specialized behavioral needs, children's preferences, different fathers, and different permanency goals.

Three cases (or 8%) were rated as needing improvement. In most of these cases, siblings were initially placed apart due to the unavailability of homes and efforts to find placements that could accommodate the sibling group were needed.

Discussion and Annual Update

CWSB recognizes the importance of placing siblings together whenever possible and appropriate, as indicated by consistently high ratings on this item in case reviews. Sibling connection is identified by young people as their highest concern for their well-being. CWSB continues to work with parents to identify relatives that could be a potential placement resource and has contracted for targeted recruitment of resource caregivers (RCGs) who are able to care for large sibling groups.

Initial and ongoing Ohana Conferencing provides an important venue for family voice to discuss placement options, identify sibling groups, and prioritize the need for sibling placements and ongoing sibling connections. It is also an opportunity to engage resource caregivers (relative and non-relative) to explore “shared parenting, shared visitation” and maintain sibling connections if siblings cannot be placed in the same home.

CWSB is also working to identify fathers, including alleged fathers, early and continuously to promote engagement and to identify paternal relatives who may be supports and possible placement options for siblings. This may help increase options for placements with relatives and for siblings to be placed together.

Additionally, CWSB is involved in a workgroup to support sibling connections and placement. This collaboration works with Project Visitation to plan activities, such as trips to the Water Park or Dave and Busters, to support sibling connections. Other efforts 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 resource caregivers to maintain sibling connections; and training for resource caregivers on the importance of sibling connections, the Pono Process, and adult self-advocacy. Enhanced understanding of sibling connections may lead more resource caregivers to be open to and available to support sibling placements.

CWSB is committed to keeping siblings together in foster care and it will continue to explore options to place and maintain siblings together and to support and maintain connections when siblings are not placed together.

Item 8: Visiting with parents and siblings in foster care

47 Cases Reviewed

31 STRENGTHS, 16 AREAS NEEDING IMPROVEMENT

Refer to Data Booklet, Figure C8: Item 8 Visitation with parents and siblings in foster care.

PURPOSE

This item is to determine if, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and the child's 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 31 of 47 applicable cases (or 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 resource caregiver, by the DHS aide, or by the contracted provider. The caseworker was informed about the quality of visits through documentation provided by the visitation supervisor or through discussions with the parent, child, or RCG. In some cases, modifications were made to visitation plans and visits due to the COVID-19 pandemic.

16 cases (or 34%) were rated as needing improvement. Efforts were needed to locate parents, set up visitation, and monitor the frequency and quality of visits. The barriers to visits were not consistently addressed.

- In 11 cases, concerted efforts were needed to ensure sufficient frequency of visitation for mothers and their children.
 - In nine of these cases, the child did not have any visits with the mother.
- In four cases, concerted efforts were needed to ensure sufficient visitation for fathers and their children.
 - In three of these cases, the child did not have any visits with the father.
- In six cases, concerted efforts were needed to ensure sufficient visitation with siblings. In some cases, the visits were combined with parent-child visits, which was a barrier.
 - In three of these cases, the child did not have visits with their sibling(s).

DISCUSSION

CWSB has made concerted efforts to improve performance on this item despite the competing demands of this work. CWSB understands and values the importance of visitation/Ohana Time to maintain connections and to build relationships for the wellbeing of the children and family and to promote safe reunification. CWSB navigated its way through the pandemic and COVID-19 mitigation recommendations and policies. CWSB worked with staff, RCGs, providers, CWSB families, and young people to implement virtual visitations and safe in-person visits. CWSB is still requiring safe in-person visits, following current CDC guidelines, and has also been promoting supplemental virtual visits to increase connections with parents and families.

CFSP

- Plans for the next five years include a major focus on the CWSB workforce, including strategies for maintaining and hiring staff and providing quality staff and supervisor training, supervision, and support.
- Other collaborations offer promise, such as shared parenting with RCGs, such as Project First Care and EPIC Ohana's Two Makua Meetings (TMM); cultural engagement/ healing with Liliuokalani Trust's partnership with TMM and Ka Pili Ohana; improving efforts to find and engage fathers; and enhancing work with sibling connections, visitations, and placements.

Item 9: Preserving connections

Please review the Data Booklet, Figure C9: Item 9 Preserving Connections for the 5-year strengths rating for this item.

61 Cases Reviewed

52 STRENGTHS, 9 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 neighborhood, community, faith, extended family, tribe, school, and friends.

SUMMARY

In 52 of 61 applicable cases (85% vs. 77% in the last fiscal year), children were maintained in the same community and connected to culture, school, family (including older siblings, grandparents, and cousins), sports, and friendships. In 57 cases (93% vs.

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92% in the last fiscal year), a sufficient inquiry was conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe. In seven cases, the tribe was provided timely notification.

Nine cases (15% vs. 23% in the last fiscal year) reviewed were rated as needing improvement.

- In eight cases, concerted efforts were needed to maintain the child's important connections. Often connections were not identified or recognized by the caseworker.
 - In six of these cases, the child had prior relationships with extended relatives, and these connections were not maintained.
 - In two of these cases, connections with siblings who were not in foster care were not maintained or explored.
 - In one of these cases, the child did not have connections to community/friends that were important to them.
 - In one of these cases, efforts were needed to explore maintaining the child in his school.
 - In four cases, sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe.
 - In two of these cases, there was evidence of Native American ancestry for the child. Timely notification was not made to the tribe, and placement preferences were not followed.

DISCUSSION

CWSB's work has continued to focus on strengthening and maintaining the critical bonds and connections in a child's life while the child is in foster care. CWSB is committed to preserving the child's relationships with family, friends, tribe, culture, faith, neighborhood, community, and school. The ongoing practice of automatic referrals of families for Ohana Conferencing and Family Finding has contributed to Hawaii's ongoing high performance in this area, which is above the national average. Ohana Time's goal of enriching connections with biological family members has greatly assisted Hawaii in reducing the time a child spends in foster care, and in improving the child's emotional health. Hawaii continues the many collaborative efforts with schools, the Judiciary, the law school, partners such as EPIC Ohana and Liliuokalani Trust, and many other community entities in the collaborative Na Kama a Haloa, which appears to be "bearing fruit" as evidenced by CFSR results showing improvement in this year's case reviews. Hawaii appreciates the voices of its lived-experience partners, including birth parents, relatives, and young people, which have had a powerful impact on the CWSB community regarding the importance of connections and family. Lived-

experience voices share power and responsibility in the development of programs and policies, in contractual work for direct services, in advisory councils, and in presentations and trainings for CWSB.

CFSP

- There are also continuing collaborations to strengthen the parent/RCG relationship, such as Liliuokalani Trust Ka Pili Ohana (KPO) program and Two Makua First Meetings, which enhance cultural identity and healing, and Na Kama a Haloa's Hui Makua and Hui Fostering Connections collaborations that focus on maintaining permanent connections for Hawaiian children in care. Hui Pilina in the Na Kama collaboration has a focus on sibling connections.
- Although the COVID-19 pandemic presented challenges, confusion, and concerns, Hawaii's collaborations with its partners, including the courts, quickly worked on staff safety, personal protective equipment, investigations, first responders (assessment workers and case managers), and strategized approaches to monthly visits, in-person vs. virtual visits, and CWSB vs. contractor visits, among many other concerns. With the support of its partners and stakeholders, CWSB rose to the challenges and demonstrated compassion for families, young people, partners, and communities and creatively approached ways to keep everyone safe while supporting in-person and virtual visits. These quick pivots using creative approaches and technology continue to enhance connections and relationships.
- CWSB has continued its collaboration with Hawaii DOE on strengthening and clarifying procedures and processes for educational stability and determining the best interest of the child when making school placement change decisions. CWSB continues to strongly advocate for a child to remain the home school after removal to ensure educational stability and continued connections to child's community, families, and friends. DOE and CWSB PD leads have provided case specific support to schools to help make educational stability decisions and advocate for a child remaining in his home school as much as possible.
- The CFSP five-year plan emphasizes case staffing, which continues to 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 2024 Hawaii APSR Data Booklet, CFSR Items Figure C10 for a chart of the SFY 2018 - 2022 five-year strength rating for this item.

61 Cases Reviewed
57 STRENGTHS, 4 AREAS NEEDING IMPROVEMENT

Purpose

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

Summary

In 57 of 61 applicable cases (or 93%), children were placed with relatives (42 cases), and/or concerted efforts were made to place children with relatives. The concerted efforts included: identification of relatives at the time of removal for immediate placement, relative searches (through CWSB's contracted provider, EPIC Ohana) to identify and locate appropriate relative placement, and letters sent to relatives informing them that the child(ren) were in foster care.

Four cases (or 7%) were rated as needing improvement.

- In two cases, concerted efforts were needed to pursue maternal relatives for placement during the PUR.
 - In one case, relatives were not identified.
 - In two of these cases, relatives were not evaluated for placement.
- In four cases, concerted efforts were needed to pursue paternal relatives for placement during the PUR.
 - In three of these cases, relatives were not identified.
 - In two cases, the contracted provider did not conduct family findings because paternity was not established and the department did not sufficiently conduct the findings.
 - In one case, relatives were not evaluated for placement.

Discussion and Annual Update

This item has improved significantly in the past five years, with SFY 2022 at its highest point for that period. In SFY 2018, this item had a 71% strength rating, with some rises and dips in the interim years, achieving an impressive 93% strength rating in SFY 2022.

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 relative notifications to inform and engage

relatives as supports and placement resources. Initial and ongoing Ohana Conferences 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.

Item 11: Relationship of child in care with parents

42 Cases Reviewed

28 STRENGTHS, 14 AREAS NEEDING IMPROVEMENT

Please refer to the APSR Data Booklet Figure C11: Item 11 Relationship of child in care with parents for the five-year strength rating for this item.

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 the child's mother and father or other primary caregiver(s) from whom the child had been removed through activities other than just arranging for visitation (Only parents from whom the child was removed and with whom the child could be reunified are assessed for this item).

SUMMARY

In 28 of 42 applicable cases (or 67%) efforts were made to promote, support, and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. Ohana Conferences (OC) have continued to be very helpful in bringing families together to coordinate services for the family including arranging and scheduling visitation for child and parents. Children and youth can participate, if they wish. Caseworkers continue to encourage parents during monthly visits to participate in their child's medical and dental appointments, school activities, sports activities, and after-school or community activities. Additionally therapeutic interventions to help parents and child strengthen their relationship were offered. In 12 cases, the RCG played a significant role in supporting a positive relationship between parent and child. In nine cases, transportation assistance was provided so the parent(s) could attend appointments and activities.

14 cases (or 33%) were rated as needing improvement as parents were not encouraged or informed of visitation opportunities.

- In 13 cases, efforts were needed to support the children's relationships with their mothers.
- In five cases, efforts were needed to support the children's relationships with their fathers.

DISCUSSION

In 2022, CWSB saw great improvement in its performance on this item as well as areas for improvement. Continued collaborations among CWSB and necessary community partners have contributed to these positive movements.

The ongoing use of Ohana Conferences to engage families and their extended support systems have positively impacted the expeditious planning, reunification, and timely achievement of goals for children and families. Ohana Conferences are also normally scheduled for quarterly re-conferences to continue to promote the collaborations and to monitor the progress.

Efforts also continue to strengthen the engagement of fathers. Identification and involvement of fathers, including alleged fathers, are mandatory questions in assessments and documentation for CWSB, Ohana Conferences, Family Finding, and relative placement. Recruitment and engagement of fathers is ongoing for lived-experience programs, advisory council, talk-story sessions, and support groups,

As noted in Item 8, other collaborations and contracts have jointly contributed to strengthening the relationships between the children and their parents, including ZTT Court, Project First Care, RCG support contract, EPIC Ohana Two Makua meetings, and Liliuokalani Trust Ka Pili Ohana, Na Kama a Haloa Hui Projects with birth parents and RCGs, and WRAP parent partners. These collaborations promote immediate connections and shared parenting between RCGs and parents, cultural identification and healing, and partnerships with lived-experience experts and communities.

CFSP

- CWSB will continue to provide in-person and virtual visits and to improve documentation of actual visits and efforts. The hybrid of in-person and virtual visits increases contacts and relationship building.
- The promotion and support for shared parenting, cultural engagement and healing, and stronger lived-experience and community partnerships are exciting

and hopeful pathways to a more collaborative, culturally-based, better-together Child Welfare Services system and community of healthy families.

- With the new CCWIS plans for implementation in 2024, more technical improvement/support for CWSB staff is anticipated. This will enable staff to document visits more expeditiously and thoroughly, and managers will have real time access to child-parent visitation data.
- The PIP3 was completed successfully in September 2022, and Hawaii now directs its focus on preparation for CFSR 4 and maintaining and strengthening strategies implemented during PIP3.

SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

A. PROGRAM AND SERVICE DESCRIPTIONS

1. Monthly Caseworker Visits

CWSB staff understand the importance of monthly face-to-face visits with children and that frequent and 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 2018 and 2019, due to limitations in extracting needed data from Hawaii's database, only a sample of children were reported in the survey each year; this sample was roughly 20% of the applicable children statewide. In FFYs 2020, 2021, and 2022, Hawaii reported on the entire applicable population of children in foster care.

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

The column titled “% of Visits” of Data Booklet, *Figure 65: Worker Visit Survey FFYs 2018 – 2022 [Table]* and *Figure 66: Worker Visit Survey Percentage of Monthly Visits to Children in Care FFYs 2018-2022 [Chart]* shows Hawaii's continued struggle to meet the national standard of 95% monthly caseworker visits with children in foster care, over the past five years. It is encouraging to see that SFY 2022's performance (of 87%) is the highest it has been over the past five years. Some of the strategies outlined below and in the discussion for *Section V.B.1. CFSR Item 14: Face-to-face contact with children* are responsible for the improvement and point toward continued progress. It is particularly impressive that Hawaii has been consistently improving in this key performance area, when considering the high vacancy rate for caseworker positions, along with the rise in caseload. Vacancy rate and caseloads are discussed in Section VIII.C. CWSB Workforce.

Hawaii has been more successful in consistently exceeding the national standard of 50% of caseworker visits with the child being in the home where the child resides. This data is shown in the column titled “% of In-Home Visits” in Data Booklet, *Figure 65: Worker Visit Survey FFYs 2018 – 2022 [Table]* and in *Figure 67: Worker Visit Survey – Percentage of Monthly Visits to Child's Home: FFYs 2018 – 2022 [Chart]*. 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 Data Booklet, *Figure 68: Worker Visit Survey – Reasons for Lack of Visit – FFY 2022 [Chart]*, 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 to provide reasons for why timely visits did not occur. The data in *Figure 68: Worker Visit Survey – Reasons for Lack of Visit – FFY 2022 [Chart]* is from caseworker self-reports. A more complete description of each coded reason is provided here.

a. No Documentation/Unknown

The reason for 377 missed visits out of a total of 2,003 visits in FFY 2022 is not known. For all missed visits that fall into this category, CWSB was unable to find documentation in the electronic database 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 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. Many caseworkers state that they are not able to document all their visits with children. It is therefore 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.

The number and percentage of missed visits that fell into this category in FFY 2022 is significantly less than in FFY 2021. In FFY 2021, 49% of missed visits were due to "no documentation/unknown," compared to only 19% of missed visits in FFY 2022. This indicates significant improvement in caseworkers documenting their monthly visits with children and may be the reason for the overall increase in completed visits in FFY 2022.

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 logs of contact in the CPSS database, thereby encouraging documentation of all visits. During structured monthly supervision meetings between caseworkers and their supervisors, the Tracker content is reviewed and documentation challenges are addressed. Although the Tracker only monitors the occurrence of these visits, during the structured monthly supervision, supervisors mentor caseworkers on improving the quality of their visits as well.

b. Workload

High caseworker workload is the reason for 635 missed visits out of a total of 2,003 missed visits in FFY 2022.

This encompasses all situations where the worker was aware of the needed visit, but could not make it happen that month, because of competing 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.

The structured monthly supervision, mentioned above in *a. No Documentation/Unknown* helps caseworkers prioritize their conflicting demands, which directly addresses the workload problem.

It is not surprising that workload was a reason missed visits rose in both number and percentage from FFY 2021 (538 missed visits, 21% of all missed visits) to FFY 2022 (635 missed visits, 32% of all missed visits). Caseworker vacancies and high caseloads contributed to this problem.

c. Scheduling Problems

Scheduling problems was the reason for 658 missed visits out of a total of 2,003 missed visits in FFY 2022.

This category covers scheduling problems that arose for either the worker or the resource caregiver and child. Examples include caregiver not home at planned meeting time, worker was on sick leave, vacations, confusion about the time of the appointment, child was sick, child was 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 these issues.

d. ICPC Issues

The reason for 21 missed visits out of a total of 2,003 missed visits in FFY 2022.

When a child is placed in another state via ICPC, CWSB sets 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 being 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 their safety, but since

the contact is not live face-to-face contact and the reason is not pandemic-related these 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 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 missing or being on the run caused 131 missed visits out of a total of 2,003 missed visits in FFY 2022.

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.

With support from administration, caseworkers are learning to use a variety of social media platforms to track down and communicate with youth on the run 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 Hawaii anticipates will aid in creating 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

Problems with transfer or courtesy cases caused 107 missed visits out of a total of 2,003 missed visits in FFY 2022.

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 a worker on one island is doing visits for a worker on another island. Missed visits tend to arise in this category because of a lack of clarity regarding whose responsibility it is, along with a lack of ownership for activities in a new case.

With increased structured supervision, Hawaii has seen improvement. In FFY 2020, there were 231 missed visits in a transfer or courtesy case, which decreased to 140 missed visits for this reason in FFY 2021, and then further decreased to 107 missed visits in FFY 2022. 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 74 missed visits out of a total of 2,003 missed visits in FFY 2022.

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, and therefore the strategies in the discussion *Section V.B.1.a. CFSR Item 14: Face-to-face contact with children* may prove useful.

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, Hawaii is optimistic that this category of missing visits will disappear once the Worker Visit Tracker is fully integrated into daily practice statewide.

2. Psychotropic Medication Monitoring, Inappropriate Diagnoses, and Preventing Facility Placements

Through Hawaii's statewide annual quality case reviews, six cases were found to be relevant to the issue of appropriate oversight of prescription medication for mental/behavioral health. In four of these cases, appropriate oversight was demonstrated. In the remaining two cases, more assessments, evaluations, and/or communication with prescribing physicians were needed for conscientious medication monitoring.

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. Children with assessments and diagnoses are generally accessing and receiving services. Quality monthly contacts also help to provide appropriate oversight of prescription medication for mental/behavioral health needs. In four out of six foster care cases, appropriate oversight of prescription medication for mental/behavioral health was provided. Once engaged in services, communication is good between caseworkers and providers. In addition to monthly contacts, access to mental/behavioral health services and coordination and follow-up with a specialist helps ensure appropriate oversight and service delivery. The enhancements made in 2020 to the Safe Family Home Report and monthly caseworker visit form, help to prompt the review and documentation of children's mental/behavioral health needs.

To prevent inappropriate diagnoses and placements, CWSB continues to monitor cases. CWSB utilized various measures to ensure appropriate diagnoses of children in care, including consultation with the Multidisciplinary Team, training, and collaboration with other agency partners. These actions not only help to ensure appropriate

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diagnoses, but also help to ensure that children are living with families or in the least restrictive setting when they are not able to safely remain in their home. The Multidisciplinary Team includes medical staff who have oversight of all youth in care for whom psychotropic medication is prescribed. They are 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. The MDT is also available for consultation of all CWSB-involved children with medical and mental/behavioral health needs. CWSB does not currently gather aggregate data regarding inappropriate diagnoses or inappropriate placement settings. For additional information on this item, please refer to *Section V.B.3 Children's physical and mental health needs*.

CWSB continues to meet monthly with Department of Health, Child and Adolescent Mental Health Division (CAMHD), and 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 safely as 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 who have complex needs and who are experiencing multiple barriers to achieving their 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. At the beginning of SFY 2023, Hawaii contracted to provide the Homebuilders service on the islands of Maui and Kauai. As of March 2023, the staff recruitment process is ongoing, and the services have not begun.

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.

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

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

Well-Being Outcome 1: Families have an enhanced capacity to provide for their children's needs

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

Refer to the Data Booklet, Figure C12: Item 12 - Needs and services of child, parents, and resource caregivers, for the five-year strengths ratings for this item.

95 Cases Reviewed

47 STRENGTHS, 48 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine whether, during the period under review, the agency (1) made concerted efforts to assess the needs of children, parents, and resource caregivers (both initially, at the child's entry into foster care if the child entered during the period under review 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 the appropriate services.

SUMMARY

In 47 of 95 applicable cases (or 49%), concerted efforts were made to assess the needs of children, parents, and resource caregivers initially and on an ongoing basis. Concerted efforts were also made to identify and provide the services necessary to achieve case goals and adequately address the relevant issues. Caseworkers discussed needs and services during monthly visits, which allowed for ongoing assessment and monitoring of progress.

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48 cases (or 51%) were rated as needing improvement. Inadequate monthly caseworker visits and 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 needed to be more 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

Please refer to Data Booklet, Figure C12a: Sub-item 12a - Needs assessment and services to children, for the five-year strengths ratings for this item.

78% Strength

22% Area Needing Improvement

95 Cases Reviewed

74 STRENGTHS, 21 AREAS NEEDING IMPROVEMENT

- In 77 of 95 applicable cases (or 81%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed children's needs.
- In 35 of 55 applicable cases (or 64%), appropriate services were provided to children to meet their needs. In cases where youth were 16 or older, five of the eight applicable youth were offered or provided with independent living services.
- In 18 of 95 applicable cases (or 19%), initial and/or ongoing comprehensive assessments were needed to accurately assess children's needs.
- In 20 of 55 applicable cases (or 36%), appropriate services were not provided, or monitoring of services to ensure the children's needs were being met did not occur.

DISCUSSION

In 2022, CWSB made notable improvement in this area, from 36% in SFY2021 to 49% in SFY 2022, and recognized the need to focus on increasing caseworker visits with parents, children, and RCGs to ensure timely assessments of needs and provision of appropriate services to achieve case goals and address relevant issues. The CFSR PIP3 strategies in tracking, frequency and quality of supervision, case documentation, and the strong collaboration between CWSB, CQI-UH Maui and other external partners have contributed to improvement in this area.

The strong partnership among CWSB leaders, CQI, and other partners has supported Hawaii in maintaining positive outcomes, especially during the pandemic and its residual effects, such as the difficulties in hiring child welfare workers and mental health challenges for families and staff. Collaborations with community and cultural partners/providers; the Judiciary, DOH, and DOE; and feedback from young people and families with lived experience created innovative approaches and resources. Telehealth, virtual family visits; virtual court hearings; cultural connections with Liliuokalani Trust, Kamehameha Schools, and We Are Oceania; shared parenting between RCGs and birth parents offered many opportunities, services, and resources for the children and young people.

To ensure staff capacity to manage cases and improve outcomes, CWSB continued its efforts to increase and retain CWSB staffing using different approaches such as *WikiWiki Hire Pilot Project*, attending university job fairs for graduating students, hiring emergency hires, and temporary assignments. Staff Development Unit continued to provide training for new hires and refresher training for current staff and leaders. Continued collaboration among CWSB, DHS Personnel Office, and Department of Human Resources is essential to increasing staff capacity and positive outcomes for families and children.

Sub-Item 12B: Needs assessment and services to parents

See APSR Data Booklet, *Figure C12b: Needs assessment and services to parents* for the 5-year strength ratings.

During the 2022 review of 84 cases, in 42 cases (50%), this was determined to be a strength and in 42 cases (50%), an area needing improvement.

For mothers:

- In 53 of 80 applicable cases (or 66%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed mothers' needs.
- In 43 of 64 applicable cases (or 67%), appropriate services were provided to mothers to meet their needs.
- In 27 of 80 applicable cases (or 34%), initial and/or ongoing comprehensive assessments were needed to accurately assess mothers' needs.
- In 21 of 64 applicable cases (or 33%), appropriate services were not provided to mothers to meet their needs, or lack of monitoring and follow-up on services to ensure mothers' needs were being met did not occur.
- In 20 cases, the infrequency of visits or lack of efforts to contact and engage the mother impacted this item.

For fathers:

- In 40 of 71 applicable cases (or 56%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed fathers' needs.
- In 32 of 63 applicable cases (or 51%), appropriate services were provided to fathers to meet their needs.
- In 27 of 80 applicable cases (or 34%), initial and/or ongoing comprehensive assessments were needed to accurately assess fathers' needs.
- In 21 of 64 applicable cases (or 33%), appropriate services were not provided to fathers to meet their needs, or lack of monitoring and follow-up on services to ensure fathers' needs were being met did not occur.
- In 25 cases, the infrequency of visits or lack of efforts to contact and engage the father impacted this item.

Discussion

CWSB has improved in this sub-item from 35% in SFY 2021 to 50% in SFY 2022. CWSB has continued to build on different strategies that emphasize engagement and information gathering to understand a family's strengths and needs and to uplift parent voices in case planning.

CWSB utilizes a variety of strategies to support assessing and addressing needs of parents. Regular caseworker visits and engagement with parents help to identify parents' needs and provide necessary services and supports. CWSB has also made improvements in this area as case reviews have found more documented efforts are being made to see parents. The checklist to locate parents has been a useful tool for casework that provides examples of efforts to locate and contact parents. Clarifying which parents need to be visited, including incarcerated parents and parents defaulted in court, may help improve this item; clarification is included as part of the case review process. In addition, caseworkers use a variety of communication strategies to contact parents including sending letters and using email and text messaging.

The LEAG (Lived Experience Advisory Group), works collaboratively with Family First Hawaii 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. This video was shared as part of targeted training on the updated Family Service Plan. The training sessions were held in each CWSB section, which provided an opportunity for focused learning and dialogue.

Two Makua meetings, further explained in detail in *Section IV.A.1. Reunification Efforts*, may also provide an opportunity for early engagement and partnership with parents that will continue throughout CWSB involvement.

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The strategies noted above assist caseworkers locate and contact parents and engage parents in meaningful discussions about their case to help parents safely care for their children.

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

See Data Booklet Figure 12c for SFY 2017-2021 strength rating trend.

78% Strength

22% Area Needing Improvement

60 Cases Reviewed

47 Strengths, 13 Areas Needing Improvement

- In 53 of 60 applicable cases (or 88%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed resource caregivers' needs.
- In 38 of 51 applicable cases (or 75%), appropriate services were provided to resource caregivers.
- In seven of 60 applicable cases (or 12%), initial and/or ongoing comprehensive assessments were needed to accurately assess resource caregivers' needs.
- In 13 of 51 applicable cases (or 25%), appropriate services were needed to adequately care for the child and were not provided.

Discussion

This item slightly decreased from 83% in SFY 2021 to 78% in SFY 2022.

A variety of supports and resources are available to support resource caregivers meet the needs of children in foster care.

Data from Hawaii's Child and Family Services Reviews indicates that the frequency of face-to-face contact with children is improving. Face-to-face contact helps caseworkers continually assess the safety of children in family homes and in resource homes. Face-to-face visits with children have improved from a strength rating of 49% in SFY 2021 to 67% in SFY 2022. 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 built good rapport with children and saw them in a variety of settings—home, school, community, etc. Caseworkers often noted observing interactions of the children with parents, resource caregivers, and/or siblings as part of their monthly contact. Observing interactions of children with resource caregivers helps to assess both the children's

needs and the resource caregivers needs and promote support and service coordination to meet their needs.

Assessing needs and services for children also improved from a strength rating of 71% in SFY 2021 to 78% in SFY 2022. Increased worker contacts, assessment of needs, and the provision of services and supports for children may help strengthen the safety and support of children in foster care.

Some of the supports and resources available for resource caregivers are included below:

- Initial and ongoing training for resource caregivers helps to maintain child safety in foster care. CWSB continues to review and revise procedures and enhance practice to ensure child safety in foster care. Revamped Pre-service HANAI training for all resource caregivers was revised in July 2022. The training requirements increased from 18 hours to 27 hours over a two-year time span. In addition, ongoing training requirements also increased from six hours per licensed individual or couple to 13 hours per licensed resource caregiver. Additional training provides information and support for resource caregivers who care for children in foster care.
- Home Visiting Services for children age 0-5 are included as part of the Family First Hawaii service array and are available for families with children in the home and in foster care. This service is available to parents as well as resource caregivers to promote consistency of care for the child and potentially strengthen the relationship of the resource caregiver and parent if the service is provided to them together.
- Guidance was issued on safe sleep and certified play yards to promote a temporary safe space for sleep. In the process, CWSB collaborated with the Department of Health to qualify resource caregivers as eligible to receive certified play yards for children in foster care in their homes.
- The licensing web portal module for general licensed resource caregiver applicants was launched in July 2021. This creates an electronic processing and storage system for applications. Applicants have the ability and responsibility to submit information through the licensing portal to initiate and participate in the application process. Workers, providers, and applicants can upload information in one consolidated location to streamline and expedite the process. This helps to address some barriers to delays in the licensing process. For example, references are now requested and processed through the licensing portal instead of mail. The portal assists with completing the licensure process within 90 days. Following the implementation of this module for general licensed resource caregivers, a licensing web portal module was launched in October 2022 for child specific resource caregivers to support the

licensing process. At the same time, a renewal module was also launched for all unconditionally licensed resource caregivers.

The combined efforts of visits, engagement, and provision of resources helps to continually assess and address the needs of children in foster care and the resource caregivers who care for and support them.

Item 13: Engagement of child & parent in case planning

Refer to Data Booklet, Figure C13: Item 13 - Child & family involvement in case planning

89 Cases Reviewed

52 STRENGTHS, 37 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 2022, Hawaii observed a very positive increase in the engagement of children and families in case planning, though with much room for improvement. In 52 of 89 applicable cases (or 58%), concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed services required during monthly visits and continued to use Ohana Conferences as a means for family engagement. Hawaii will continue its efforts to locate and engage parents.

37 cases (or 42%) were rated as needing improvement. In many of these cases, the infrequency and quality of contact did not allow children and parents to be engaged in case planning. Parents and children in these cases were seen infrequently; in some cases, not seen for several consecutive months and lacked engagement and in-depth conversations. Ohana Conferences could have helped improve communication and facilitate case planning with the parents.

- In 50 of 63 applicable cases (or 79%), concerted efforts were not made to actively involve the child in case planning.
- In 54 of 78 applicable cases (or 69%), concerted efforts were not made to actively involve the mother in case planning.
- In 39 of 62 applicable cases (or 63%), concerted efforts were not made to actively involve the father in case planning.

DISCUSSION

CWSB, its partners, collaborators, and stakeholders rose to the challenges stemming from the pandemic, demonstrating creativity and compassion for families, young people, partners, and communities to keep everyone safe while supporting in-person and virtual visits. CWSB will continue to work through the residual effects of the COVID-19 pandemic with partners, stakeholders, and collaborations to provide in-person and virtual visits and improve documentation of visits and efforts to ensure visits. CWSB continues to utilize the worker visit tracking tool to track worker visit frequency and uses the information gathered to support efforts to increase the frequency of visits.

Ohana Conferencing (OC) continues to be one of the best engagement tools to ensure family voice and decision-making in case planning. Initial auto-referrals and quarterly OCs have enhanced the case planning processes. Family Finding is utilized to identify relatives of parents and CWSB is working to define family finding to include a search for relatives of alleged fathers; thus increasing early engagement of more supportive relatives in case planning.

Along with OCs, other contracts and projects have increased family engagement and planning for families. The WRAP program utilizes lived-experience former CWSB birth parents to promote reunification by helping current birth parents navigate the child welfare system and community resources. EPIC Ohana and Liliuokalani Trust (LT) provide support and promote cultural engagement and healing in case planning. For example, Two Makua Meetings connect birth parents with RCGs and cultural enhancement. This shared parenting is critical in the evolution of the case. Ka Pili Ohana (KPO) also promotes cultural healing, shared parenting, and relationship building between birth parents, children, RCGs, CWSB, and other critical parties.

EPIC Ohana and HI H.O.P.E.S. young people advisory council continue to collaborate with CWSB, UH Law School, and other partners to enhance youth participation in case planning, per Public Law 113-183 (Preventing Sex Trafficking and Strengthening Families Act). This workgroup is exploring models for program and project design of other states and the federal government, including developing a case planning model based on the Youth Circle Model (YC). YCs, as with OCs, are nationally acclaimed as lived-experience decision-making models. The workgroup, led by young people and EPIC Ohana, in partnership with CWSB, successfully worked on the foster youth “Bill of Rights” (Act 105, Session Laws of Hawaii 2018) and related grievance (“Pono”) process to bring these projects to fruition.

CFSP

Discussed above is the continued need for tracking tools, consistently holding multiple Ohana Conferences in CWSB cases, and strengthening other community and cultural collaborations. This continued work will address the CFSP goals of collaboration, workforce, prevention, and case planning and management.

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

Refer to the 2024 Hawaii APSR Data Booklet, *Figure C14: Item 14 – Caseworker visits with child* for a graph of the SFY 2018-2022 five-year strength rating for this item.

95 Cases Reviewed

64 STRENGTHS, 31 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 64 of 95 applicable cases (or 67%), the frequency and quality of visits between caseworkers and children were sufficient to ensure their safety, permanency, and wellbeing and promote the achievement of case goals. In these cases, caseworkers met with children alone when appropriate for their age and development, and discussed safety, permanency, and wellbeing in a way appropriate for that specific child. In many of these cases, caseworkers built good rapport with children and saw them in a variety of settings—home, school, and community. Caseworkers often noted observing interactions of the children with parents, resource caregivers, and/or siblings as part of their monthly contact. In 70 cases, the frequency of visits was sufficient; in 79 cases, the quality was sufficient.

31 cases (or 33%) were rated as needing improvement.

- In 37 cases, the frequency of contact with the children was less than monthly. Staff turnover/transfers appeared to account for several cases. In five cases, staff reported high caseloads.
 - In 21 of these cases, children were not seen for consecutive months.
 - In two of these cases, there were no visits with the children.

- In 14 cases, the quality of visits with the children was insufficient. In 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 unavailable for an interview.
 - In six of these cases, the pattern and location of the visits were insufficient; virtual in lieu of face-to-face visits, or the visits were not in the home.
 - In five of these cases, efforts were needed to engage the child in an in-depth conversation.
 - In three of these cases, children were not met with alone.

DISCUSSION

CWSB recognizes that frequent and 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. A 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 using the tracker with their staff at least monthly, and to steer their staff to prioritize work to help ensure all children are seen monthly. Additionally, with the PIP3 focus on improved supervision, supervisors are better able to guide, coach, and support caseworkers in completing quality visits with children.

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

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 2018 - 2022 five-year strength rating for this item.

83 Cases Reviewed

41 STRENGTHS, 42 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 41 of 83 applicable cases (or 49%), the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency, and wellbeing of the children and promote achievement of case goals. In these cases, the mothers and fathers were contacted, involved, and engaged in case planning.

- For mothers, in 48 cases, the frequency of visits was sufficient, and in 59 cases, the quality was sufficient.
- For fathers, in 35 cases, the frequency of visits was sufficient, and in 44 cases, the quality was sufficient.

In 42 of 83 applicable cases (or 51%), the frequency and quality of visits between caseworkers and mothers and fathers were rated as needing improvement. According to supervisors and caseworkers interviewed, a combination of staff turnover and workload were factors in not seeing parents. Lack of efforts to locate parents contributed to the rating. In seven cases, parents were incarcerated, and efforts were needed to make contact.

- For mothers:
 - In 44 of 78 applicable cases, the typical pattern of visits with the mother was not monthly. In 8 of these cases, there were no visits with mothers.
 - In 10 of 69 applicable cases, visits with the mother were not of sufficient quality. Meaningful conversations with mothers did not occur, as issues related to case planning, services, and goal achievement were not discussed.
- For fathers:
 - In 37 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 nine of 53 applicable cases, visits with the father were not of sufficient quality. Meaningful conversations with fathers did not occur, as issues related to case planning, services, and goal achievement were not discussed.

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

Despite consistent improvement, Hawaii has been concerned about the deficient performance on this item. Branch administrators have made concerted efforts to impress upon section administrators the importance of promoting consistent and quality visits with parents. CWSB leadership and line staff have collaborated to identify strategies to address barriers to regularly contacting parents. Identified 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

Please see Figure C16: Item 16 - Educational needs of the child in the APSR Data Booklet for the five-year strength rating for this item.

For FFY 2023:

59 Cases Reviewed

51 STRENGTHS, 8 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),

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

In 51 of 59 applicable cases (or 86%), children were assessed and provided with services to meet their educational needs. Caseworkers had sufficient contact with children and their caregivers to address the 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.

Eight of the cases (or 14%) were rated as needing improvement. Consecutive missed months of face-to-face visits and a lack of in-depth conversations with the children and caregivers were factors.

- In eight cases, initial and/or ongoing assessments of the children's educational needs were not completed.
- In eight cases, efforts were needed to address educational needs and provide appropriate services.
 - In three of these cases, DOH services/IEP were not monitored.
 - In two of these cases, identified speech delays for the child were not addressed.
 - In one of these cases, preschool enrollment assistance was identified as a need, but not provided.
 - In one of these cases, challenges with online school were not addressed.
 - In one of these cases, school attendance issues existed, but were not addressed.

Discussion and Annual Update

CWSB's strength rating in this item has improved from 77% in SFY 2021 to 86% in SFY 2022. 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 strengthen its efforts to assess and address the educational needs of children and partner with DOE to meet the educational needs of children involved with CWSB. DOE has joined specific CWSB workgroups that target needs of children that 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 free lunch program. CWSB and DOE also continue to partner to provide support to solve case-specific needs to achieve educational stability and success.

3. Children's Physical and Mental Health Needs

Well-being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

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

78 Cases Reviewed

65 STRENGTHS, 13 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 65 of 78 applicable cases (or 83%), children were assessed and provided with services to address their physical and dental health needs. Pre-placement physical exams (PPE) were found to be common practice. The review indicated that caseworkers had appropriate and adequate contact with children to assess and meet their physical and mental health needs as well as their caregivers. 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.

13 of the cases (or 17%) were rated as needing improvement. Consecutive missed months and lack of in-depth conversations with the child and caregivers were factors.

- In nine cases, assessments were not completed to determine the children's physical health needs.
- In six cases, assessments were not completed to determine the children's dental health needs.
- In 10 cases, services were needed to address the children's physical health needs but were not provided.
 - In four of these cases, oversight/monitoring of the children's medical issues was needed.
 - In two of these cases, a PPE and routine physical health exams were needed.

- In three of these cases, timely referrals or other follow-up were needed on recommended services.
 - In one of these cases, the RCG was not provided with information on child's health, resulting in an ER visit.
- In five cases, appropriate services were needed to address the children's dental health needs, but services were not provided.
 - In two of these cases, routine dental exams/cleanings were not provided to children.
 - In two of these cases, monitoring of dental exams was needed.
 - In one of these cases, dental services were needed and not provided.
- In three foster care cases, appropriate agency oversight of the children's prescription medication(s) was needed.

DISCUSSION

There has been a promising repeated increase in this area, as this year had the highest strength rating of the last five years. CWSB staff received training in case staffing, including procedures and practice guidelines for case monitoring and tips on coaching and supervision. The CFSR PIP3 strategies, including coaching, supervision, caseload monitoring, and use of SWAT Team, contributed to the increasing number of children having their medical and dental needs met. Teaming between birth parents, RCGs and CWSB support staff have largely impacted this outcome and reflects the teamwork in embracing the “it takes a village to raise a child” approach necessary to ensure the well-being of children and young people in care.

In SFY 2022, CWSB continued its partnership with DHS MQD to improve health outcomes for children in foster care. The focus has been on completing comprehensive health exams of children within 45 days of entering foster care. While the CPSS system does not currently capture data in this area, with CCWIS implementation in 2024-2026, Hawaii will ensure future data collection.

CWSB’s efforts to extract data directly from the MQD system were found challenging and resulted in error reports. CWSB then began a pilot program with three CWSB sections to focus on identifying children entering foster care and tracking health assessments. The pilot includes all five MQD health insurance plans, which have assisted in scheduling children’s comprehensive health assessments. Although currently there is limited data in this area, the data available has shown that CWSB has been meeting its timelines.

In collaboration with MQD, CWSB staff were trained on the use of the MQD SSD portal to access medical coverage information for children in foster care. Although the collaboration has focused on children entering foster care, one of the units in the pilot

project reached out to MQD for assistance for a family with children in the family home. Collaboration with MQD has proven to be beneficial to CWSB children and families.

Hawaii continues to use the SHAKA monthly tracker system to assist staff and supervisors in tracking and monitoring quality monthly face-to-face visits recognizing that monthly visits allow caseworkers to accurately assess and provide services to address children's needs. CWSB will focus on increasing the frequency and quality of case worker's assessments during their monthly visits to ensure that the medical and dental needs of children are met.

Item 18: Mental health assessments and services for the child/youth

See Data Booklet, Figure C18: Item 18 - Mental/behavioral health of the child for a graph of the SFY 2018 - 2022 five-year strength rating for this item.

70 Cases Reviewed

50 STRENGTHS, 20 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 50 of 70 cases (or 71% of applicable cases reviewed), children were assessed and provided with services to address their mental/behavioral health needs. Caseworkers had sufficient contact with children and their caregivers about mental/behavioral health needs. Resource caregivers often helped to schedule appointments and transport children.

20 cases (or 29%) were rated as needing improvement.

- In 17 cases, assessments were not completed initially or later to assess the child's mental/behavioral health needs to inform case planning decisions. Consecutive missed months of face-to-face visits and a lack of in-depth conversations with the child and caregivers were factors.
 - In 14 cases, ongoing assessments were not completed.
- In 16 cases, appropriate services were needed to address the child's mental health.
 - In seven of these cases, children were not provided services for identified mental health needs.

- In four of these cases, although children were exposed to domestic violence and/or had trauma-related needs, these were not addressed.
 - In four of these cases, children were not regularly attending mental health therapy, and this was not addressed.
 - In three of these cases, identified services were delayed because referrals were not made timely and/or waitlisted.
 - In three of these cases, there was a lack of monitoring the children's progress in services.
- In two foster care cases, appropriate oversight of prescription medication for mental/behavioral health was not provided.

DISCUSSION

CWSB has maintained significant progress in this area, improving from 42% in SFY 2020 to 71% in SFY 2021 and maintaining those gains in SFY 2022 with a 71% strength rating.

A variety of strategies contribute to a strength rating in this item and in overall quality casework. Quality monthly contacts and revised forms highlighting important topics help caseworkers to assess and address all needs of children, including the children's mental/behavioral health needs.

Monthly and quality contacts also help to ensure that assessments are completed, children are referred to and receive appropriate services, and appropriate oversight of prescription medication for mental/behavioral health needs is provided. Children with assessments and diagnoses are generally receiving and accessing services. In four out of six foster care cases, appropriate oversight of prescription medication for mental/behavioral health was provided. Once engaged in services, communication is good between caseworkers and providers.

CWSB continues to improve on the frequency and quality of caseworker visits with children to promote information gathering, understand the needs of children, and coordinate service delivery.

In addition to monthly contacts, access to mental/behavioral health services, and coordination and follow-up with a specialist helps ensure appropriate oversight and service delivery. The enhancements made to the Safe Family Home Report and monthly caseworker visit form prompt the review and documentation of children's mental/behavioral health needs.

CWSB continues to partner with Department of Health, Child and Adolescent Mental Health Division (CAMHD) and other government and community agencies to understand the mental/behavioral health needs of children and the resources available to meet their needs, as well as to provide a coordinated system of care for children in Hawaii. When there are challenges to accessing services, CWSB is able to partner with CAMHD to work towards solutions. These partnerships have helped caseworkers access needed services in children's communities.

Practice enhancements and community collaborations support the assessment of and addressing the mental/behavioral health needs of children.

SECTION VI. SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM (CFSR ITEM 19)

1. Child Protective Services System (CPSS)

Hawaii's child welfare continues to use CPSS, its legacy data base system, as the CWSB system of record and the "Central Registry" for background clearances. CPSS stores all information on abuse/neglect reports made to CWSB, as well as investigation dispositions, and case information (including payment information) from intake, to permanency, and to case closure. CPSS information is not available to the general public.

Although the agency uses a legacy mainframe system, the Information Technology (IT) unit strives to improve productivity and increase efficiency by utilizing modern tools that could interface with CPSS. CPSS continues to collect, store, extract, and generate federally required reports such as AFCARS, NYTD, NCANDS, and Family First, in addition to reports required by internal child welfare administration to support its multiple programs.

In 2022, major CPSS modifications were ongoing for Family First Hawaii and AFCARS 2.0 projects, including processes built and ready to be utilized in the XML data transformation for Family First and AFCARS 2.0, and data submission to the National Child Welfare Data Management System (NCWDMS) when the portal's API service is available.

The IT CPSS team also implemented Augintel system, which uses natural language processing (NLP) to process huge amounts of case notes and to extract key data to help case workers and managers make informed decisions. Boomi platform infrastructure also became ready for production. One of the processes currently in production is the daily automated file transfers to update Augintel with CPSS data.

In preparation for the upcoming Comprehensive Child Welfare Information System (CCWIS), the IT CPSS team is addressing data quality issues by adding screen edits to catch more data entry errors, especially given the addition of hundreds of new AFCARS 2.0 data elements. Included in this work is the ongoing review of current CPSS batch jobs and eliminating jobs and reports that are no longer needed.

In 2022, the CPSS IT team began to heavily utilize SharePoint as a document management tool to distribute electronic reports to CWSB users. In the last quarter of 2022, there was a transition from a one-person contracted vendor to a new contractor with a three-person team to support CPSS maintenance and operation. The change to a

new CPSS contractor has impacted the new changes for Family First Hawaii data and AFCARS 2.0.

The system training section has converted many in-person CPSS user training classes to a video-on-demand platform. Testing and training for the new CPSS modifications for Family First and AFCARS 2.0 projects began in 2023. Final data extracts for Family First and AFCARS 2.0 are still a work in progress.

2. State of Hawaii Automated Keiki Assistance System

The Maui Software Development Center at UH Maui College (MSDC) team continues development and maintenance of a supplemental data system for DHS. The MSDC team develops and maintains three data and information systems known as CWS SHAKA, APS SHAKA, and ShakaTown.

In 2021 - 2023, the primary CWS SHAKA activities included the development of an electronic Family Service Plan (FSP), which included support for prevention plans to help record eligible clients and their services for Family First Hawaii (FFH) reporting. Development of the FSP included program development planning, working with federal partners to understand reporting needs, and training and rollout of the tool by Staff Development. Use of the FSP was further made possible by the mandated use of an electronic Child Safety Assessment in the CWS SHAKA system. Other FFH activities included the development of a service provider report management system to streamline and centralize the submission of reports related to client services provided.

The MSDC team supported efforts in the realm of annual federal reporting and submissions. Processing ACF National Youth in Transition Database (NYTD) survey data collection and submission happens bi-annually. Annual aggregation of data for Monthly Worker Visits was completed for submission to ACF, and continued maintenance of processes and tools for data collection was supported. Program Improvement Plan (PIP3) tools were enhanced, particularly for measuring CWSB investigation response times (known as the First 48 tracker).

The collection of transitional youth extended assistance programs information was maintained for Imua Kakou, Higher Education, and Educational Training Vouchers (ETV) throughout the year. There is an ongoing effort to improve the processes for transitional youth and the tools provided by the MSDC team. The MSDC Team, CWSB Program Development, and contracted service providers have regular meetings to discuss obstacles and improvement strategies.

Lastly, the MSDC team provides support, advisory, and coordination resources for Hawaii's efforts in pursuing a CCWIS compliant information system.

There is an ever-increasing need for tools and systems that provide data-based insights for decision making and reporting. The MSDC team is continually developing and improving tools to this end and providing advice on technical paths to achieve a more beneficial and modern approach to Hawaii's management of information and data for the Social Services Division.

3. Comprehensive Child Welfare Information System

Hawaii continues its effort to design, develop, and implement its Comprehensive Child Welfare Information System (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 intent to build a Hawaii CCWIS.

In 2022, DHS made large strides in continuing its CCWIS planning and implementation. SSD was able to procure a contract for Project Management Services (PMS) for the CCWIS project in December of 2022. The procurement of PMS enabled DHS to realign and redevelop project management schedules and procedures to enable the effective identification of a technical solution and plan for retiring the functions of the current legacy systems.

In FFY 2023, CCWIS planning changed from a multiple operation system development plan to a single operation development plan. This means that child welfare plans to procure one technical solution to meet the needs of Hawaii's child welfare system, rather than multiple integrated technology solutions. The following progress has been made as it relates to the new CCWIS plan:

- a. Project Management services for the planning, development, and implementation of Hawaii's CCWIS has been procured and is in process. The Hawaii CCWIS Core Team and the contracted PMS Team have begun using tools like Smartsheet to organize the overall project plan developments, monitor and track risks and issues, and monitor weekly task completion. The PMS Core Team is preparing a Data Quality Plan to integrate CCWIS data quality initiatives and automation to support data collection and align technology support with program assessment/service delivery, including management of data relating to CCWIS data migration and integration of data interfaces.
- b. CCWIS Request for Proposal (RFP) to identify a technical solution has been approved by ACF and will be released as soon as final internal reviews are completed.
- c. A RFP evaluations team has been identified for training, evaluation, and participation in demos, which will occur approximately six weeks after release of the RFP.

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- d. Contract negotiations with a selected vendor will be finalized before contract award.
- e. CCWIS implementation is tentatively scheduled to begin in FFY24 Q2.
- f. A plan for procurement of an Organizational Change and Communication Management service will be released once the scope is approved by ACF.
- g. A freeze on existing system enhancements has been approved by executive leadership with no effective date yet. At a future specified time, enhancements to existing systems and subsystems, CPSS, SHAKA, licensing portal, Augintel, will be stopped, helping to ensure that data is not changing as migration and implementation of the CCWIS technical solution is occurring.

Hawaii continues to expand its CCWIS internal project team. The SSD administrator oversees the core CCWIS project team comprised of a TA Project Manager, contracted Project Assistant, Business Lead, and contracted consulting PMS team. The CCWIS Project is also supported by SSD Procurement and Purchase of Service (POS) team, Staff Development Office (SDO), with plans to procure vendors for a Data Quality and Organization Change Manager (OCM). Additional vendors will be procured as necessary.

The CCWIS Core team is utilizing Technical Bulletin 6: Data Quality Plan guidance to assist in CCWIS planning to ensure technology automation is integrated into Hawaii's ongoing CQI activities. SSD is planning to utilize the CCWIS Data Quality Self-Assessment tool to ensure program, policy, and technology initiatives are coordinated to support ongoing CQI work across Hawaii's child welfare organization when CCWIS implementation begins. The CCWIS Core team will continue to update the Data Quality Plan to ensure that CCWIS supports coordination with child welfare's CQI/QA activities including the use of Biennial Reviews subject to the ongoing development of the Data Quality Plan and CCWIS Comprehensive Project Plan. Hawaii is aware of the important opportunities to improve the collection and use of data to inform and improve practice that a CCWIS can provide and is ensuring involvement from both program and technical staff so that child welfare functional and program needs are driving the technical development of CCWIS.

The Center for Capacity Building (CBC) was brought on in 2022 to assist the CCWIS project team and has continued to be of assistance throughout FFY 2023. The assistance from CBC has aided the expansion of the project team and additional support from ACF is helping Hawaii refine the CCWIS project approach, which includes the incorporation of PIP, CFSR, and Family First data into CCWIS project planning. Data will inform the sequence of system functionality to ensure the project meets federal

principles, practices, and goals for 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 §587A-4, HRS, and section 17-1610-26, Hawaii Administrative Rules (HAR), 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 §587A-7, HRS, 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 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.

Pursuant to section 17-1610-26, HAR, 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 were revised as a strategy to improve permanency outcomes.

In 2022, the Family Service Plan (FSP) was revised, as a part of Family First Hawaii implementation, to align with Chapter 587A, HRS and CWSB's values of family engagement and parent voice. CWSB utilized this opportunity to modernize its FSP by moving it online to the web-based system known as SHAKA, which connects the FSP with the Child Safety Assessment (CSA) Tool.

CWSB staff are required to develop the FSP in partnership with the child and family, 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 safety issues in the home.

The FSP must be individualized and include the family and age-appropriate child's voice, culture, identity, faith, and functional strengths to support family empowerment and self-determination. The FSP must be written and approved no later than 60 days after receipt of the report of abuse or neglect, or, for an out-of-home placement, no later than 60 days from the date the child was removed from the home, whichever is earlier.

For court cases, the FSP 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 foster custody 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 §587A-18, HRS, unless otherwise ordered by the court.

As part of FFH implementation, micro learning sessions were organized to support CWSB staff implement the revised FSP. The micro learning sessions were provided statewide and allowed each geographic section to meet in a smaller venue to share and discuss procedures and implementation. These sessions provided staff with hands-on practice to create a FSP in SHAKA and provide feedback on data entry and other areas of need. Feedback from these sessions has been shared in work groups and has assisted in making additional improvements to the FSP.

Hawaii continues to assess, through case reviews, whether each child has FSP 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 processes.

In relation to FFH implementation, the FSP has been developed and implemented for families to prevent children from entering care, support reunification, and for Expectant Parenting Young People (EPYP). The FSP was streamlined to include prevention elements in case planning, documentation, and practice. An FSP is required to be completed when FFH eligible families or EPYP will receive a FFH service.

Data

Item 13: Engagement of child and parent in case planning

In 52 of 89 applicable cases (or 58%), 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 through in-depth conversations, 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.

37 cases (or 42%) were rated as needing improvement. In many of these cases, the frequency and quality of contact did not allow children and parents to be engaged in case planning. Parents and children in these cases were seen infrequently; in some cases, they were not seen for several consecutive months, and lacked engagement and in-depth conversations. Ohana Conferences could have helped improve communication and facilitate case planning with the parents.

- In 50 of 63 applicable cases (or 79%), concerted efforts were not made to actively involve the child in case planning.
- In 54 of 78 applicable cases (or 69%), concerted efforts were not made to actively involve the mother in case planning.
- In 39 of 62 applicable cases (or 63%), concerted efforts were not made to actively involve the father in case planning.

Item 20: Written Case Plan

Hawaii's CFSR case review data for SFY 2022 shows the following:

- In 26 of 41 cases (63%), concerted efforts were made to actively involve the mother in case planning (CFSR Item Question 13b).
- In 20 of 33 cases (60%), concerted efforts were made to actively involve the father in case planning (CFSR Item Question 13c).

Of 61 cases reviewed, 20 cases were not applicable due to the target child's age or developmental level (functioning at 5 years or younger or aged 5 years old or younger). In the 41 applicable foster care cases, there were a total of 130 court hearings with 71 (55%) written notices provided to children and with 12 (9%) children that attended court hearings.

In SFY 2022, data collection on the Foster Youth Bill of Rights document began mid-year; data was not captured for the entire year. Also, cases were deemed not applicable if the target child was 13 years old or younger. Of the applicable four cases, three (75%)

case plans indicated the case worker discussed the Bill of Rights and the document was signed by the youth and one case (25%) contained a CPSS log of contact entry that indicated the child signed the document.

Discussion

CWSB has made improvements in the area of engagement of child and parent in case planning with a strength rating of 58% in SFY 2022-- up from 38% in SFY 2021.

Monthly face to face case worker contacts with children and parents are critical to engagement. Increasing monthly face to face contact with children and parents may also increase engagement of children and family in case planning. In quality monthly visits, caseworkers discussed case direction through in-depth conversations, 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.

Staff have a number of tools available to assist them in engaging parents and children, including but are not limited to concurrent planning brochures for parents and youth, written notices of court hearings to parents and children, as appropriate, and the foster youth bill of rights. The FSP was revised to assist workers in engaging parents in their case plan. Further, a practice guide was developed to support staff in their conversations with families and provides families with clear and important information regarding their service plan, purpose of the DHS involvement, how DHS assesses and measures progress, parent or caregiver responsibilities, DHS caseworker responsibilities, and other information regarding the concurrent planning process. It was also intended to be a tool for caseworkers to facilitate difficult conversations related to full disclosure and parent or caregiver protective capacities.

Court stakeholders are critical to supporting engagement of parents in their case plan. The concurrent planning parent brochure has been discussed and shared with court stakeholders at quarterly PIP3 stakeholder meetings and is available at the courthouses for parents' attorneys to use in their conversations with parents.

2. CFSR Item 21: Periodic Review Hearings

In SFY 2022, of the 61 cases reviewed, there were 36 applicable cases for a total of 78 periodic review hearings. Of these hearings, 78 (100%) 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 2018B – 2022B for a graphic representation of the timeliness of review hearings during the FFY periods 2018

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through 2021. Within the last five years, DHS has consistently rated 95% or higher, with the exception of FFY 2018B (90%). This continues to be an area of strength for Hawaii.

3. CFSR Item 22: Permanency Hearings

Case Review Data

For SFY 2022, of the 61 cases reviewed, there were 30 applicable cases for a total of 67 permanency hearings. Of these hearings, 67 (100%) had timely permanency hearings. The timing of the hearings was no later than 12 months from the child's entry into foster care or every six months for children in permanent custody.

Discussion

DHS and CIP continue to coordinate and facilitate ongoing collaborative quarterly meetings to discuss permanency, PIP initiatives, and other concerns for CWSB, Family Court, and Deputy Attorneys General (DAGs) to improve shared outcomes. 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. Discussions at meetings have included the importance of timely hearings and strategies, holding hearings more frequently than every six months, utilizing pre-hearing meetings, and covering key topics to support discussions on permanency in hearings.

The Family Law Division DAGs continue to be a part of CWSB meetings with section administrators and staff development administrators. 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.

4. CFSR Item 23: Termination of Parental Rights

In SFY 2022, case reviews of CFSR Item 5 showed that of all 61 cases reviewed, 30 children had been in foster care for at least 15 of the most recent 22 months. Of the 20 children without TPR motions filed timely, there were exceptions to the 15 of 22 months requirement for 17 children (85%) and three were not timely and had no exceptions (15%). Of the exceptions, there were 13 related to relative placement, 5 compelling reasons documented in the SFHR, and 2 due to no reasonable efforts.

Discussion:

The Compelling Reason document is helping staff identify and document a compelling reason why a motion for TPR should not be filed. There is a section in the Family Case

Plan that highlights the requirement to identify a compelling reason or exception to filing a motion for TPR as appropriate.

Legal guardianship without TPR is being recognized and used more frequently.

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

Pursuant to Hawaii Revised Statutes (HRS) Chapter 587A and Hawaii Family Court Rules, the child's current resource caregiver 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 caregiver is entitled to participate in the hearings to provide information to the court, in person or in writing, concerning the status of the child in their care.

Resource caregivers continue to be provided written notification 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 information prior to the court hearing. They may also be permitted to raise any issues regarding the child in their care during the hearing.

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

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

CWSB monitors whether required notices are given, as follows:

- CWSB requires all caseworkers, effective October 3, 2016, to obtain written acknowledgment of receipt of hearing notices from both resource caregivers and, as appropriate, the subject child, during monthly face-to-face visits.
- The data tool for the State's annual case review confirms if copies of notices to caregivers are in the case files. Reviewers also ask resource caregivers during case review interviews if they recall receiving written notices of hearings. For SFY 2022, there was a total of 61 foster care cases eligible for review. Of the cases reviewed, there were 56 applicable cases, with a total of 185 court hearings. Of these court hearings, 80 (43%) written notices were provided to resource caregivers and 92 (50%) resource caregivers attended court hearings.

The FCT transmittal form was revised in 2022 to include notification that the resource caregiver was notified of the hearing, consistent with Family Case Plan Procedures. The revisions are as follows:

- “Family Case Plan” replaced “Case Plan”,
- Case Plan Disclosures, Roles, and Responsibilities Form was created, and
- Documents that comprise the Family Case Plan are listed in the order that they are to be filed.

In the upcoming year, CWSB will collaborate with resource caregivers to seek their input on how to improve notifications of court hearings. To accomplish this, CWSB is developing a resource caregiver survey. CWSB is also developing a court reporting form about the youth’s overall well-being, service updates, educational progress, and medical updates, which will be completed by resource caregivers prior to each hearing. The form will consider feedback and suggestions provided by resource caregivers. The goal for the form will serve multiple purposes, including ensuring that notifications to resource caregivers are provided in writing and that instructions are provided on submitting the form to the courts prior to the court hearing.

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

C. QUALITY ASSURANCE SYSTEM

Hawaii CWSB quality assurance (QA) and continuous quality improvement (CQI) systems meet the five federal requirements, as described below.

1. Operating where CFSP Services are Provided

a. Overview of Foundational Administrative Structure

Hawaii’s QA and CQI system is centrally-administered and operates in all jurisdictions of the State through a partnership between the DHS and its contractor, Hawaii Child Welfare Continuous Quality Improvement (HCWCQI) Project from the University of Hawaii, Maui College (UHMC). HCWCQI Project’s work primarily includes:

- Quality case reviews, modeled on the federal CFSR process;
- Targeted reviews of and consultation on CWSB’s procedures, practices, and services; and
- Select case reviews.

b. Quality Assurance Process

Adherence to the standards set by statute, rule, and procedure is also monitored through quality assurance processes, such as:

i. Meetings

Meetings are designed to review; discuss; track data, such as intake response time); to share information about case reviews, funding and expenditures; and to 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 and young adults. CWS Branch Administrators and Program Development Administrators are members of multiple teams. This aids in the coordination of efforts. Coordinating decisions and actions is done in meetings among Branch and Program Development. These meetings include the following:

- CFSR Core (Bi-monthly)
- CWS Advisory Council (Quarterly)
- CWS Branch (Monthly)
- CWS Management Leadership Team (Quarterly)
- CWS Supervisors Team (Quarterly)
- CWS Branch Huddle (Bi-Weekly, as needed)
- CWS Sections (Quarterly)
- CWS Unit Briefings (Daily – Weekly)
- Family First Hawaii Steering Committee (Weekly)
- Family First Hawaii Implementation Management Team (Monthly)
- FFH Data, Information Technology, Continuous Quality Improvement, and Evaluation (DICE) Workgroup (Monthly)
- FFH One CQI Team (three times a year)
- Committee on Projections and Expenditures (Monthly)
- Strategic Planning Committee (Quarterly)
- Equity Improvement Collaborative (EIC)
- Data for Equity and Action (D4EA) Team (Bi-Monthly)

ii. Reviews

Reviews include periodic review 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 IV-E eligibility reviews.

Targeted reviews in this past year were related to timely case closures, short-stayers/removal and reunification decisions, deaths/serious harms, intake reporting and dispositions, Family First Hawaii fidelity, identification and use of Another Planned Permanent Living Arrangement (APPLA), Child Protective Service System (CPSS) data accuracy, new hire and ongoing staff training, timeliness of periodic and permanency hearings, permanency, and notice of court hearings to resource caregivers.

iii. Data Sharing

CWSB 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. CWS Advisory Committee

The CWS Advisory Committee includes 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; share 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

CWSB has one full-time staff position within Program Development designated to cover CQI/QA duties. In addition, CWSB contracts with the HCWCQI Project from UHMC to conduct case reviews to promote consistency in the quality of practice and adherence to practice standards. The HCWCQI serves all jurisdictions across the State. It also engages in other QA projects as needed and requested by CWSB. The Project currently has 14 Child Welfare CQI staff. The staff cover the following activities:

- Project Direction
- Program Management
- Project Administration
- Administrative Support
- CFSR/CQI Case Reviews
- Data collection, organization, and analysis
- CWSB New Hire Training Evaluation
- Targeted Reviews
- Select Case Reviews
- New Supervisor Training
- Case Staffings
- CWSB Exit Interviews
- CWSB Staff Surveys
- Family First Hawaii Quality Assurance
- Family First Hawaii Data Management
- Title IV-E Reviews
- CWS Intake Quality Assurance
- Licensing Compliance
- CFSR PIP Development and Progress
- Permanency Guidance Tools
- Safety Guidance Tools

2. Standards to Evaluate the Quality of Services

These standards 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 and state laws and regulations. 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. Identifying 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. 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 2021 and 2022, targeted reviews were conducted regarding:

- Timely case closures;
- Short-stayers/removal and reunification decisions;
- Deaths/serious harms;
- Intake reporting and dispositions;
- Family First Hawaii fidelity;
- Identification and use of Another Planned Permanent Living Arrangement (APPLA),
- CPSS data accuracy;
- New hire training;
- Ongoing staff training;
- Timeliness of periodic and permanency hearings;

- Permanency; and
- Notice of court hearings to resource caregivers.

Specific findings from targeted reviews are shared with supervisors who incorporate the feedback into their supervision and coaching of caseworkers. 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. Case Reviews

Case reviews are modeled on the federal CFSR process.

i. Onsite case reviews

Onsite case reviews are conducted once every fiscal year for each Child Welfare Services section. In SFY 2022, Hawaii completed eight case reviews total, one in each CWS section: 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, so both foster care and in-home cases are included. 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) 2024 Data Booklet in figures 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 paper case files to be mailed and interviews to be conducted virtually or by phone. In-person case reviews resumed in May 2023.

ii. Reviewers

As of April 2020, the case review team had been comprised of only HCWCQI staff due to travel and office restrictions and social distancing requirements related to the COVID-19 pandemic. Beginning May 2023, DHS staff have been invited to participate as review partners with HCWCQI staff to form review teams. The HCWCQI staff will continue to provide leadership, QA, and support to the reviewers, throughout the case review process. As of August 2023, all CQI staff reviewers will have completed the training modules available in the CFSR Portal's E-Learning Academy.

iii. Case Preparation and Selection

Before the on-site review, HCWCQI staff select cases according to the case sampling process in Hawaii's case review procedures. The procedures were

revised in 2018 before Hawaii's third CFSR and updated in 2020 due to the COVID-19 pandemic. In summary, 99 cases are selected from the whole population of Hawaii's child welfare cases. For each geographic strata, a simple random sample design is used for foster care and in-home cases. In-home cases are manually stratified at the geographic site level based on three in-home case types. Cases may only be eliminated based on criteria outlined in procedures. Hawaii follows a regular case review cycle where each geographic area (section) is reviewed annually. The same cycle is followed each year so that sections are reviewed in the same quarter as the prior year.

HCWCQI staff also prepare and gather case data to ensure that information will be available for the review week. This includes important case documents like court orders and case plans, printed CPSS screens, and scheduled interviews of key case participants.

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 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. Beginning August 2023, the updated Round 4 version of the OSRI will be used for case reviews.

vi. Sharing Findings and Making Improvements

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.

As systematic practice issues are identified in the case reviews, the issues are discussed at Branch meetings and Management Leadership Team

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meetings. These discussions often lead to adjustments in case practice. When the case reviews identify that policies, procedures, and/or practice guidelines may need to be modified, CWSB Program Development are apprised and take appropriate action. This action may involve creating a workgroup to explore the issue and then making any necessary changes to policies, procedures, and/or practice guidelines and tools. Membership of the workgroups usually consists of representatives from the following, as relevant:

- CWSB leadership;
- Program Development;
- Staff Development;
- CWSB caseworkers;
- Community partners;
- People with lived experience in the child welfare system;
- Community services providers;
- Family court partners;
- Law enforcement;
- Cultural consultants; and
- State Agencies, like DOE and DOH.

e. Select Case Reviews

Since SFY 2019, select case reviews have been 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 CWSB on specific active cases.

- Select case reviews are conducted on an as needed basis across the State.
- Reviewers are members of the HCWCQI staff.
- Cases are identified by CWSB when they receive concerns from family members or if concerning patterns of practice are discovered by administration.
- Data from the select case review is captured through the federal Online Monitoring System (OMS). Information gathered from the review is shared with the CWSB section that oversees the select case as well as CWSB.
- If needed, adjustments to case direction, activities, or practice on the specific case that was reviewed are made with the leadership of the unit supervisor. As described above in section d.vi., if practice issues are identified in the case review that may affect other cases statewide, the issues are discussed at Branch meetings and Management Leadership Team meetings. If the case review identified that policies, procedures, and/or practice guidelines may need to be modified, CWSB Program Development

are apprised and take appropriate action, which may involve creating a workgroup to explore the issue and then make any necessary changes to policies, procedures, and/or practice guidelines and tools.

f. 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), CWS 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. CWS 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 example, young people with lived experience developed the language for a concurrent permanency planning brochure and provided CWSB guidance on user-friendly layout.

4. Providing 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 Program 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:

a. 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.

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

b. 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’s computer database system -- and updated weekly. This data is reported in NCANDS.

c. Children’s Length of Stay in Foster Care

This list helps to guide supervisors in their work with staff to meet 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.

d. 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.

e. Short Stayers in Foster Care

Beginning in August 2022, as part of Hawaii’s FFH work to eliminate unnecessary entries into foster care, a monthly report is distributed to each CWSB section, along with members of the FFH Steering Committee and the FFH Implementation Management Team (IMT). This report includes a list from the prior month of all children who exited foster care within 30 days. The report shows the data broken down by geographic section, by child’s age, by number of days in care, and by ethnicity. The data is also provided as a percentage of the total number of children who exited foster care that month. Each month’s short stayer data is compared with short stayer data from prior months and prior years. Section administrators collaborate with their unit supervisors and caseworkers to gather data regarding each month’s short stayers. The data that they gather about the reasons for the short stay in foster care and what may have prevented it are discussed at Branch meetings and FFH IMT meetings.

5. Evaluating Programs

CWSB evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through 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, in 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 (CIP), on PIP3 activities related to safety, permanency, and wellbeing. 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 Branch administrators. Challenges and successes in the action plans are shared with the CWS 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.

a. 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 looks at the array of strategies and outcomes that may be related. Current efforts are made to streamline change and minimize duplication. For example, revisions to the Family Service Plan were 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.

b. Program Improvement Plan

Hawaii's third Program Improvement Plan (PIP) developed from CFSR Round 3 was successfully completed. ACF approved Hawaii's PIP on April 16, 2019. The PIP period officially began on May 1, 2019. In December 2022, Hawaii received ACF approval of the successful completion of the plan.

At least twice a month, a core team of CWSB, CQI staff, and CIP staff oversaw the implementation of the PIP, met weekly, communicated about progress with sub-committees and stakeholders, and reviewed completion of activities and trends in data. Monthly meetings were held with SAs and quarterly meetings were held with supervisors to discuss the application of new and revised procedures and practices. Although Hawaii does not have a current PIP, these meetings are continuing for discussion and planning of practice improvement, procedures, and case review findings.

D. STAFF AND PROVIDER TRAINING

See Staff Development Office (SDO) Training Calendar 2023 (Attachment E). All CWSB staff and provider training continues to be virtual.

1. CFSR Item 26: Initial Staff Training

The current cycles of New Hire Training continue to be held virtually. SDO continues to place a strong emphasis on engagement, staff participation, culturally sensitive modules, including but not limited to Epic Ohana's Kanaka Oihi and Micronesian Cultural Sensitivity, and overall understanding of each module's objectives. SDO involved the Live Experience Advisory Group (LEAG) to provide CWSB staff and community partners with parent perspective. Since the last review period, Staff Development Office (SDO) developed and implemented evaluations and CQI continues to conduct virtual new hire group evaluations at the end of all New Hire Trainings. SDO will continue to make appropriate changes to the New Hire curriculum as recommended by the CQI evaluations and Program Development, and in consultation with Capacity Building Center for States (CBC).

2. CFSR Item 27: Ongoing Training

See SDO Training Work Plan 2023 (Attachment E).

3. New and Ongoing Training for Supervisors and Section Administrators

See Hawaii Child Welfare Services Strengths Based Supervision and Coaching in CWSB Module Topics 2021/2022/2023 (Attachment E). Below was 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 February 11, 2022
Module 5 – Friday February 11, 2022
Module 6 – Friday March 11, 2022
Module 7 – Friday May 13, 2022
Module 8 and 9 – Friday June 3, 2022

SDO is still exploring options to create training specifically for CWSB section administrators.

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

The stability of placements is greatly improved through training and support for resource caregivers. There are now three distinct contracts that focus on the following topics: Recruitment, Home Studies, and Support Services, which include Pre-Service Training and Ongoing Training, the resource caregiver support line, and the Kinship Navigator Program. Pre-service and ongoing training; support services, such as a warm line for resource caregivers and support groups; and home studies are provided by the same contract agency.

Shared parenting is the mindset of practice to support parents and children involved in foster care. The foundation of the training curriculum uses a Trauma and Healing Informed Care lens, which may help resource caregivers understand the experience of children and families in foster care and better support their needs. It also provides an opportunity for a coordinated approach to help establish relationships and support pre-service training. Hawaii Assures Nurturing and Involvement (HANAI Training) and ongoing trainings and support groups provide a continuous assessment of resource caregiver needs early on and throughout their time as a resource caregiver. This year, Hawaii is in the second year of the updated HANAI resource caregiver training. (See CFSR Item 33 below for details on HANAI and Pre-Service training).

Through the pandemic, CWSB learned the value of virtual and on-demand training as Hawaii shifted to offering monthly ongoing trainings for resource caregivers, adoptive parents, and guardianship families virtually and in-person when safe to do so. By offering virtual trainings, resource caregivers were able to select from more time options and customized topics, and minimize travel, thereby reducing barriers created in some geographic locations.

Support groups are available, including one for resource caregivers who are grandparents caring for their grandchildren, and one for resource caregivers who are caring for teenagers. The small support group idea was expanded to include an informal monthly “talk story” session with the CWS Branch Administrator and a Program Development Administrator to listen to issues, identify training and support needs, answer questions, receive feedback, and share updates. One idea that has come out of these small groups is the need for a process to vet trainings not on the “approved” training list and allow “special child specific trainings” to count towards a resource caregiver’s required annual training hours. Additionally, CWSB continues to explore the possibility of a support group facilitated by behavioral health professionals to support caregivers in meeting the individual needs of children.

Resource caregivers may access various online training options offered through the contracted provider for Resource Caregiver Support Services, including the Foster

Parent College online resource; the Foster Care & Adoptive Community online training site (www.fosterparents.com and www.fosterparentcollege.com) that features a range of published articles; and an in-house Lending Library of online videos, DVDs, and books.

Adoption Training and Preparation

In addition to being invited to all trainings and having access to the HANA! training resources noted above, adoptive parents on Oahu receive support through Family Programs Hawaii's Wendy's Wonderful Kids (WWK) program. WWK uses a comprehensive training and preparation model for adoptive parents. As Family Programs Hawaii works with WWK families, they are able to assess adoptive parent's unique needs and provide more one-to-one trainings to meet the family's needs.

E. SERVICE ARRAY AND RESOURCES

Individualized Services for Domestic Violence (DV)

DHS contracts with a community provider for statewide legal and advocacy services for survivors of domestic violence currently staying in or eligible for entry into domestic violence shelters administered by a DHS contracted provider. CWSB's primary focus is to provide services that support independence for survivors, who are in need of legal services, to be safe and to help them achieve emotional and financial independence after leaving an abusive situation.

DHS also contracts with a community provider for statewide legal services to immigrants who have experienced domestic violence (DV). The primary focus of this contract is to provide legal and advocacy services to immigrant survivors of domestic violence currently staying in or eligible for entry into domestic violence shelters administered by the DHS contracted provider. The goal of these services is to enable these individuals to achieve emotional and financial independence after leaving an abusive situation.

DHS contracts with several community providers who operate eight domestic violence shelters and supportive services across the state. These domestic violence shelters provide 24-hour domestic violence services. Services offered through these DHS contracts promote survivor safety, child well-being, and batterer accountability and behavioral changes to end violence. They include a 24-hour DV crisis hotline (crisis intervention, information and referral); 24 hour emergency shelter (safe shelter, food, and other necessities); individualized services, including supportive counseling, assessment of client's needs, safety and goal planning, advocacy and information, and referral for needed services, including 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; and services for children of domestic violence victims including child care, recreational and developmental activities, group and individual counseling, and referrals to other services.

DHS also contracts with several community providers for domestic violence services for families who don't utilize shelter services. The primary focus of this contract is to provide supportive advocacy services to afford survivors the opportunity to break the cycle of violence in their lives and address the impact of domestic violence on their children, support the emotional wellbeing and resilience of children, and afford batterers the opportunity to develop skills to make behavioral changes to discontinue the use of violence and control tactics in their relationships and their lives.

The target population includes families referred by the DHS, Voluntary Case Management Services (VCM), and Family Strengthening Services (FSS) who need services to address domestic violence. These services are also offered to those who self-refer and are referred by third-parties outside of DHS, VCM, or FSS clients; these families may be served based on availability.

Sex Abuse Treatment and Support Services

DHS contracts with a community provider to offer Intrafamilial Sexual Abuse Treatment Services (IFSATS). These services provide comprehensive assessment and treatment services to families and caregivers whose children are victims of intrafamilial sex abuse.

These services are designed to help ensure and promote safety for the child victim and victim's 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 offenders to make positive behavioral changes, and preventing re-abuse or risk of sexual abuse for the child by the parent or caregiver. Services include assessments, psychosexual evaluations, polygraphs, individual service plans, group treatment, individual therapy, clinical counseling services, family therapy, therapeutic visits, and creation of discharge and safety plans.

The target population for the above referenced services include families referred by DHS, VCM, or FSS who require services to address intra-familial sex abuse including child victims of intra-familial sexual abuse, non-offending spouses, partners, and caregivers, adult offenders, sexually reactive youth, siblings at risk, and adults molested as children.

Human Trafficking (HT) Services

Human Trafficking services are customized due to the nature of this service. 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. These services provide victim-centered, trauma informed services that are individualized and responsive to the

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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. The parents, guardian, and caregivers of suspected or identified victims of human trafficking are also provided services 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 at least once a year statewide.

The target population for services includes children and young adults under the age of 21 referred by DHS and VCM as suspected or identified victims of human trafficking. Parents, guardians, and caregivers of suspected or identified victims of human trafficking referred by CWSB or VCM can also access this service. See Section VIII G. of this report for additional information on HT.

Family First Hawaii

The approved FFH Title IV-E Prevention Plan identified four evidence-based services that were carefully selected through robust data analyses, including evaluation of precipitating factors that led to child removal and placement in foster care. Service selection was specific to addressing the following primary contributing factors: lack of parenting skills, parental substance use, and parental mental health challenges.

- a. **Intensive Home-Based Services (IHBS)** FFH implemented its first evidenced based service on October 1, 2021, with HOMEBUILDERSIHBS, an existing service within the CWSB service array. 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 or who need intensive in-home services to prevent removal or support reunification, and children who need placement stabilization to prevent imminent placement disruption due to the behavioral health needs of the children and youth.

In 2022, CWSB expanded IHBS contract services to serve the islands of Maui and Kauai, with an implementation target date of January 31, 2023; however, the contracted providers on both islands experienced challenges with recruiting and hiring staff and accordingly, the target implementation date was postponed to May 31, 2023. IHBS trainings for service providers and CWSB staff have been held up pending the hiring of IHBS staff.

- b. **Home Visiting Services (HVS)** On March 1, 2022, FFH officially implemented two evidence-based home visiting models statewide, Healthy Families America (HFA) and

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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.

- c. **Motivational Interviewing (MI)** The projected implementation of Motivational Interviewing for CWSB substance use treatment contracted providers is 2024 - 2025. MI is a client-centered counseling intervention that is designed to promote positive behavioral change. The MI technique is already widely used by substance use treatment providers in Hawaii. Hawaii plans to explore the best ways to implement MI, including mechanisms for caseworkers and providers to document and validate MI services for reporting, evaluation, and claiming purposes.

These four selected services (IHBS, HFA, PAT and MI) have the highest evidence-based rating of “well-supported” by the ACF Title IV-E Prevention Services Clearinghouse.

Multi-Disciplinary Team

Hawaii’s Child Welfare Multi-Disciplinary Team (MDT) is an essential case consultation tool used by CWSB caseworkers for expert insight. The Team consists of professionals with extensive experience and knowledge working in child abuse and neglect – a registered pediatric nurse, a pediatrician, a clinical social worker, and a clinical child psychologist. The Team members come together to discuss the case and provide perspective and insight. The Team does not direct CWSB case work, but instead provides recommendations and information that the worker may use to make case decisions. The Team reviews medical records and other relevant documents to inform its recommendations. Cases are automatically referred to the MDT, as the Team receives copies of all CWSB intakes. A Team coordinator then reaches out to the assigned caseworker to offer a team meeting for appropriate cases. All serious harm, death, and re-harm (within 60-days of case closure) cases require an MDT meeting. CWSB caseworkers also contact the Team directly to request an MDT meeting or expert consultation. The MDT provides written reports after each Team meeting as well as for other consultations as requested.

Additionally, MDT staff monitor statewide CWSB cases involving youth who are taking or may begin taking psychotropic medication. The staff also offers education to CWSB sections and to individual youth and caregivers on topics related to psychotropic medication. In SFY 2022, the staff of this contract monitored the medications of 146 CWSB youth. Out of these 146 youth, 47 cases had a concerning constellation of medication types, number, dosages, diagnoses, assessments, screenings, and youth’s demographics (also termed “red flag” cases). The MDT staff works and advocates with the youth, their caregivers, their healthcare providers, CWSB staff, and other relevant parties to help

ensure the youth's medication is appropriate and safe. The MDT staff also offers education to CWSB sections and to individual youth and caregivers on topics related to psychotropic medication.

All services provided by the MDT contract are highly individualized to the specific needs of the family. Team members read all relevant reports from CWSB, doctors, therapists, schools, and others, in addition to speaking with CWSB and numerous service providers, to obtain a detailed picture of the family.

Psychological Evaluations and Mental Health Assessments

DHS contracts with a community provider to offer psychological evaluations and mental health assessments to CWSB-involved family members. All evaluators are specifically trained to conduct these evaluations and assessments with the CWSB population. Most of the practitioners are licensed psychologists, and some are psychology graduate students in training. The students all receive close supervision and oversight of their evaluations and assessments from experienced psychologists. The evaluations involve the administration and interpretation of formal validated psychological tools. The psychologist prepares a comprehensive written report of the evaluation findings for CWSB use. These evaluations are extremely useful in determining key case matters, e.g., mental health status of the parent, best modes for education and communication with the parent, the parent's level of understanding of the reason for CWSB involvement, cognitive functioning of the parent, the parent's grasp of caretaking responsibilities, the potential need for a substance abuse assessment, the parent's capacity for bonding and attachment, among other issues. Although the tools administered for the psychological evaluations are standardized, there is individualization based on presenting issues. For example, measures are included or excluded as relevant, such as those regarding domestic violence or substance use. Also, a parent's performance on one measure may indicate the need for another specific assessment. For example, if a parent scores high on a depression index, a suicidality assessment will be conducted, but that assessment is not completed for those with low scores on the depression index. The results of the evaluations and assessments are used to help CWSB create a tailored service plan for each parent, as well as to provide a basis for case direction.

There has been a challenge in meeting CWSB demand for psychological evaluations in all areas of the State in a timely manner. One way that Hawaii is working to remedy this problem is by educating CWSB staff on the difference between mental health assessments and psychological evaluations, and by ensuring that individuals who could be well-served by a mental health assessment are not taking up a precious psychological evaluation slot. As Hawaii re-procures this service in SFY 2024, the focus will be on increasing the number of mental health assessments, which will result in a decrease in demand for psychological evaluations, and thereby reduce wait times for psychological evaluations.

Comprehensive Counseling and Supportive Services (CCSS) And Integrated Services System - Molokai (ISS-M)/Integrated Services System - Lanai (ISS-L)

Through these comprehensive contracts, a statewide array of services continues to be available to families with children at home or in foster care. These 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. Individualized Family-Centered Case Plans are an enhanced key component of this service, as well as coordinating service delivery when a family receives more than one service through this contract.

As part of the CCSS contract, CWSB continues to provide Intensive Home-Based Services using the evidence-based Homebuilders Model. This service is currently available on Oahu and Hawaii Island. CWSB is expanding this service on the islands of Maui and Kauai in SFY 2023 as part of Family First Hawaii.

Monthly worker visits are provided as part of these contracts in specific geographic locations and are in the process of being implemented statewide in SFY 2023. The services have been enhanced to include efforts to locate parents who are challenging to find or engage, as well as courtesy visits when families are served on more than one island.

Item 30: Individualizing Services

The services provided by Hawaii's statewide service system were designed with the goal of providing services to each person according to their strengths and needs. The service delivery system has demonstrated the ability to individualize services to meet the needs of children and families served by CWSB.

To ensure children and families receive appropriate services, CWSB, with its contracted community agencies, provide two levels of individualized service planning based on the agencies' assessments of the family. These assessments are based on direct contact with the family and relevant information from others who know the family.

- The first level of tailoring services to the specific family's needs is the Family Service Plan (FSP). The family and the CWSB caseworker collaboratively develop the FSP. The service plan and agreement is used with families that are receiving voluntary services and those that are under the jurisdiction of the Family Court. The service plan and agreement is the legal contract between the family and the Department. The caseworker and client create the service plan and agreement based on information that is available when the plan is drafted, such as psychological evaluations, input from the Multi-Disciplinary Team, personal contact with the family members, and recommendations from community providers. The service plan and agreement is the Department's vehicle to provide the client a document that consolidates and explains

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the services the Department believes will sufficiently address the safety issues in the home.

- The second layer of service planning is the Individualized Program Plan (IPP). A separate IPP is created for each service the individual participates in, as part of the original FSP and agreement. The creation of the IPP is a multi-step process itself. Upon receipt of a referral to the program, the service provider staff reviews the CWSB's FSP and agreement. They also consult with the CWSB caseworker assigned to the family. Additionally, they review any assessments, evaluations, or other information available. With this information, the program staff and the individual family member jointly develop the IPP. The IPP provides the specific program goals, objectives, and desired outcomes for each program for each client. These IPPs are used to facilitate and focus service delivery and to assess progress.

As an example, in addition to home-based parenting education, CWSB's Home Visiting program provides developmental screenings in order to identify any potential delays or problems as early as possible. This service dovetails nicely with the Department of Health's (DOH) Early Intervention Services. Many infants and toddlers in foster care are referred to these essential DOH services.

The State has also taken steps to ensure that services are provided in a client-friendly manner, by providing a comprehensive service array that provides seamless services of varying intensity to better meet the service needs of individuals. This means that a client only needs to be referred once to a comprehensive service program. After that initial referral, depending on the client's progress or needs, services can be provided by different components within the overall program. This method of service delivery has proven to have the following benefits:

- Confidentiality within the comprehensive program is not a barrier to service transition, as would be the case if a client must transfer from one service provider to another during the duration of their services.
- Receiving a variety of services under one umbrella reduces confusion for the client.
- Transition among different services can be accomplished in a more client-friendly manner since personnel within the program can create smooth transitions by communicating easily and working together to plan.
- The State and providers can work together to adjust the services and funding within the programs to meet emerging service needs and to maximize funding availability.
- In Hawaii, the consolidation of services has led to a system of collaboration and cooperation between service providers who often form "hui" or partnerships to submit

proposals for services that include several providers under one organization, and thus are able to focus on the services they provide best.

Statewide examples of these comprehensive, bundled services are: Comprehensive Counseling and Support Services, Home Visiting, Intensive Home-Based Services, and Domestic Violence Services for Families.

Hawaii CWSB has had success in covering the multi-linguistic needs of the population by encouraging the hiring of bilingual staff and by maintaining robust contracts with interpreters who are available 24 hours a day.

Hawaii CWSB maintains successful partnerships with key agencies and programs, like the Department of Health, Developmental Disabilities Division; DHS, Division of Vocational Rehabilitation, Services for the Blind Branch, Deaf Services Section, and Disability Determination Branch; the Arc of Hilo, Disability Services; and Learning Disabilities Association of Hawaii. These relationships help CWSB to ensure that appropriate resources and services are available for clients with a variety of disabilities and challenges.

The delivery of culturally appropriate services in Hawaii is uniquely complicated. CWSB acknowledges the duty to acknowledge and honor an individual's cultural identity and their need to maintain ties and connections to those cultures. Part of Hawaii CWSB's Practice Model is providing culturally-competent services to our families in a collaborative, child-centered, and family-focused manner. Because many families in Hawaii are multi-cultural, it is not sufficient to merely refer a child or family to a service that has a cultural label such as Hawaiian, Samoan, Filipino, or any of the many cultures here in Hawaii. (According to U.S. Census data, Hawaii's percentage of mixed-race individuals is more than twice as high as any other state in the United States. The federal Census Bureau also assigned Hawaii the highest diversity index rating of any state. The Pew Research Center reports that Hawaii has the highest rate of interracial marriage of any state in the union.) There is also the need to ensure that those culturally specific services are able to effectively link with Hawaii's universal culture, which we call "local". The "local" culture binds our community together. This local culture is a blend of aspects from the variety of ethnic cultures and communities. Hawaii's distinctive essence is the result of merging local people's diverse cultural practices, rituals, beliefs, and values. To address these complexities, CWSB requires that contracted agencies provide culturally-based services, unique to the needs of each family. This means that despite the number of providers and services that have become and are becoming more available in Hawaii, the agency must ensure that children and families receive services that acknowledge, prioritize, and promote an individual's primary cultural identity.

Hawaii has a service delivery system that provides individualized, appropriate, and culturally-relevant services to children and families. There have always been challenges and a constant

need to reassess and revise our service array, and Hawaii CWSB is committed to ongoing improvements to its service delivery system.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

1. CFSR Item 31: State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR

Family First Hawaii: Stakeholder Consultation and Collaboration

Hawaii Revised Statutes §5-7.5 defines the Aloha Spirit as “the coordination of mind and heart within each person” and elaborates on core Hawaiian traits (**Akahi** – kindness, **Lokahi** – unity, **Oluolu** – agreeable, **Haahaa** – humility, **Ahonui** – patience) that collectively exemplify the concept of Aloha. The Aloha Spirit, combined with the fundamental Hawaiian value of **Laulima** (many hands working together) is essential when working towards meaningful collaboration with all communities in Hawaii in order to achieve collective success. As Hawaii continues to move forward with Family First Hawaii (FFH) implementation, these values and traits are standards for FFH to strive for in engaging CWSB’s workforce, stakeholders, service providers, persons with lived experience, and communities to work together in keeping Hawaii’s children safely with their families.

Focusing inward, supporting CWSB workforce. In 2022, FFH leadership focused on strengthening internal communications and providing additional trainings and support for CWSB staff to strengthen awareness and knowledge of FFH services and the newly implemented electronic Family Service Plan (FSP). Hawaii recognized the importance of change management and building the appropriate structural supports for change in order to prepare staff for changes, including the implementation of FFH. FFH policies and procedures are developed through a collaborative process with internal and external partners including lived-experience partners. In 2022, an internal FFH marketing campaign funded by Casey Family Programs, and FSP microlearning trainings were provided for CWSB staff to help increase FFH awareness, address staff needs, and to strengthen the workforce. *See Section II.A.3 Family First Hawaii Overview for more information on the FFH Internal Marketing Campaign and Family Service Plan microlearning trainings.*

As part of strengthening internal communications, CWSB section administrators (SA) and supervisors are invited and encouraged to participate in the monthly FFH Implementation Management Team (IMT) meetings to stay informed on FFH implementation activities and FFH workgroup reports, make decisions on workgroup’s recommendations, and help monitor overall progress. IMT continues to receive feedback from the SAs during IMT meetings as a standing agenda item where each SA

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reports on FFH service utilization, short-stayers data, barriers to implementation, and successes and needs within their respective geographical areas.

One of the current areas of focus for FFH is reducing the number of short-stayers, children who were placed in foster care for 30 days or less, in CWSB. The FFH Data, IT, CQI, Evaluation (DICE) Team send out monthly short-stayers reports to each SA for follow up. In the IMT meetings, the SAs provide reports in on what may have prevented child removal to encourage identification of systemic issues and barriers to maintaining these children with their families. The intent of FFH's targeted focus on short-stayers is to significantly decrease the number of children who are taken into foster care by addressing systemic barriers to preventing child removal.

Family First Hawaii Conference. On October 14, 2022, CWSB, with funding from Casey Family Programs, hosted a Family First Hawaii conference for approximately 125 attendees to celebrate it's first year of implementation. The conference was a venue to share information on FFH progress, celebrate successes, promote partnerships, and express gratitude to CWSB's workforce, FFH workgroups, state partners, service providers, persons with lived experience, and multiple stakeholders for their collaborative efforts to support keeping families together.

In planning the conference, FFH leadership included members of the FFH Lived Experience Advisory Group (LEAG). The conference co-emcees, an EPIC Family Wrap Parent Partner and a CWSB unit supervisor, were selected to model the type of partnership and working relationship FFH strives for with persons with lived experience, including listening to their voices and working side-by-side.

The conference presenters included members from private and nonprofit organizations, State department representatives, and persons with lived experience and included two panels, a national experts panel and a lived experience panel. Consisting of technical assistance consultants from the Center for the Study of Social Policy and Capacity Building Center for States and a Hawaii CWSB Branch Administrator, the national experts panel discussed the challenges and solutions for implementing Family First on a national and local level. The lived experience panel consisted of EPIC Ohana parent partners, who are also members of the LEAG workgroup. The LEAG panel openly shared their CWSB experiences with the conference participants. The majority of participants indicated the lived experience panel was the highlight of the conference. The panel member's advice and thoughts resonated with many conference attendees and CWSB hopes that their shared experiences will continue to help frame conference participants' approach and perspective in working with families.

Equity Improvement Collaboration (EIC). The 2023 APSR reported on the formation of a FFH Race Equity workgroup to address inequities within the child welfare system with

a long-term goal of reducing disparities experienced by Native Hawaiian children and families. The workgroup incorporated an existing Race Equity and Improvement Collaboration group and renamed itself to the Equity Improvement Collaboration. The EIC workgroup is developing the CWSB Equity Action Plan and has prioritized addressing the disproportionality of Native Hawaiian children and families in CWSB within the Equity Action Plan. *See Section VII.C.2 for more information on Race Equity efforts.*

One CQI Team (external FFH CQI workgroup). The One CQI Team was created to support the implementation and ongoing adaptation and growth of FFH services, identify potential gaps in the prevention service array, and make recommendations for program, process, and system improvements. The One CQI Team held its first meeting on September 20, 2022 with 38 members in attendance. Members of the Team consist of CWSB staff (Assistant CWSB Branch Administrator, section administrators, supervisors, Staff Development Office Administrator, Program Development), Child and Adolescent Mental Health Division Administrator, DOE representative, service provider representatives, UH FFH Evaluation Team, UH Maui Hawaii Child Welfare CQI Project, and persons with lived experience, including a former Resource Caregiver. The tri-leads for the One CQI Team include a person with lived experience who was a birth parent, a former foster youth and previously an Expectant and Parenting Young Person (EPYP). Having a person with lived experience as a One CQI Team tri-lead is an example of FFH's commitment to include and enhance family voice and to provide leadership opportunities for persons with lived experience within FFH.

The One CQI Team intended to meet every six months to coincide with semiannual FFH data extractions by the UH evaluation team, as this team is one of the workgroups that will review and analyze the UH data extraction outcomes and recommendations. A recent ongoing engagement survey of team members showed that the majority of the respondents requested meeting on a quarterly basis, instead of every six months. In response to member feedback, the One CQI Team will be meeting three times a year. The third meeting, in addition to the FFH data extractions meetings, will address FFH prioritized areas of focus, and further engage and maximize the collective expertise of the One CQI Team members. This team will continue to review and analyze data reports, identify strengths and challenges to FFH implementation, and recommend strategies to address barriers to promote positive outcomes for children and families.

FFH Brochure and Newsletters. Through quarterly newsletters and other FFH-related documents, the Communications workgroup continues to inform over 600 stakeholders on the FFH distribution list regarding implemented activities. Additionally, a FFH community brochure was developed, with the LEAG workgroup, to ensure a culturally responsive and family-focused document in family-friendly language that would be engaging for parents. The printed brochure was first shared with all conference attendees at the FFH conference. The recently developed digital version of the FFH

brochure is scheduled for distribution to the FFH listserv in May 2023. The UH evaluation team continues to provide graphic design support to ensure that the documents shared with stakeholders are visually pleasing and engaging for our readership. FFH leadership will continue to explore various methods to effectively engage, communicate, and collaborate with staff and stakeholders.

Future Projects. FFH received funding approval from Casey Family Programs for two proposed projects--developing Public Service Announcements (PSA) and a Placement Prevention workgroup. The intent of the PSA project is to maximize usage of the FFH Puolo Metaphor video by using shorter clips of the video in public service announcements for a wider audience. The purpose of the PSAs is to build community awareness, make meaningful connections with the Native Hawaiian community, and to share the message of FFH that is beautifully illustrated in the video.

Placement Prevention workgroup. While CWSB has long engaged in the practice of providing reasonable efforts to prevent child removal and placement into foster care, it is acknowledged that they could do better in supporting and preserving the family unit. A top priority for FFH in 2023-2024 will be in developing a repeatable, scalable structure that bolsters the practice and documentation of reasonable efforts throughout the department while meeting the individual needs of each island/geographic area. In 2023, planning will begin with implementation by 2024-2025. The plans for this project will include:

- Collaborating with multiple stakeholders, state and community-based agencies, family court, and persons with lived experience.
- Identifying alternatives to removal that incorporate access to state and community-based supportive services/resources, and utilizes natural supports and kinship care.
- Strengthening case practice and documentation of reasonable efforts.
- Reviewing short-stayer data and follow-up for children who were placed in foster care for 30 days or less.
- Convening virtual and in-person meetings, including small groups, town halls or community meetings, lived experience and provider panels, to inform and engage CWSB's broader community.
- Partnering with the LEAG workgroup in all phases of planning, development, and implementation of the placement prevention project. This will include consultation with LEAG for the following:
 - Exploring and identifying strategies and practices to increase family engagement, including extended family/kin and natural supports; and
 - Emphasizing and increasing father engagement and building fathers' support network with hopes of eventually having Father Parent Partners.

The desired outcomes for this project are:

- Significant increase in the number of children and families served by the community outside the CWSB system.
- Significant decrease in the number of children in the short-stayers category.
- Ease of and increased access to state and community-based resources for families at risk of child removal.
- Increased efforts by staff to engage families including mothers, fathers, kin, and utilizing natural supports.
- Strengthened relationships between CWSB and multiple stakeholders, state and community agencies, and families.

Court Stakeholders

Hawaii's PIP3 included a strong focus on achieving timely permanency. Several strategies were implemented to address this cross-cutting theme, including collaboration with court stakeholders. Facilitated by the Family Court's NCJFCJ liaison, CWSB, the Court Improvement Project (CIP), and the National Council of Juvenile and Family Court Judges (NCJFCJ) hold quarterly stakeholder meetings in each of the State's four circuits to discuss permanency and permanency outcome item performance and other PIP initiatives in which CWSB and the Family Court have decision-making authority, responsibility, and influence. Although Hawaii met its CFSR PIP3 goals in September 2022, CWSB and court partners have recognized the benefits of meeting regularly and will continue to hold meetings to ensure timely permanency, as well as to discuss other relevant topics and strategies to meet the needs of children and families. Some topics that are being discussed include determining the appropriateness of legal guardianship or adoption as an appropriate permanency goal and the Interstate Compact for the Placement of Children (ICPC).

Additionally, CWSB also meets with court stakeholders, including CIP, CWSB leaders, Family Court judges, DAGs, GALs, CASAs, parents' counsel, and other judicial partners in meetings focused on promoting a shared understanding and responsibility for permanency outcomes and implementation of concurrent planning, and other topics such as ICPCs and Family First Hawaii.

Meetings have been regularly attended by judges, DAGs, CASAs, parent counsel, GALs, and CWSB staff. Participants have shared their experiences with the court's use of concurrent planning bench cards, timeliness of adoption, and other topics. The overall feedback on these meetings has been positive and participants express appreciation for the data that is shared and further appreciate having a venue to share challenges and hear about strategies implemented by both CWSB and the courts to improve outcomes.

In collaboration with Family Court and the Court Improvement Project, Hawaii has taken steps to improve the quality of court hearings and legal representation for clients. A campaign was initiated to recruit potential parents' attorneys. A number of attorneys have been recruited and a comprehensive training curriculum that involves a mix of in-person and online sessions is currently being developed. The project also includes a mentorship component that will allow for the attorneys, once trained, to be assigned to a seasoned attorney for guidance on child welfare law practice. Hawaii recognizes that CWSB cases are complex and the court process can be overwhelming to clients; therefore, quality legal representation is important to ensure families understand what is happening with their case and that their voice is heard.

The Child Welfare Law Update is an annual conference that is presented by CIP. CWSB collaborates with its court stakeholders on this conference to share initiatives, accomplishments, and plans for the upcoming year as well as identify relevant topics to be highlighted at the conference. The conference allows court stakeholders and state and community agencies to come together with the goal of moving quality practices forward.

CWSB and the All-State Team

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), DOH, DOE, and CWSB, continues to meet monthly through video conferencing 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.

The All-State Team meets every other month to share information about resources and programs, and to identify needs and topics to learn more about. At each meeting, the vision, objective, and activities are reviewed and discussed to determine progress and next steps. The team will continue this plan to serve as a resource exchange and identify needs and services to promote a robust array of services for families with children 0 – 5 and beyond.

Recent meetings have included a presentation by EPIC Ohana's Parent Partners. Parent Partners provide an important, supportive service to parents involved in Child Welfare Services who are participating in the Wraparound planning process called Family Wrap Hawaii. They also provide a key perspective to improve systems and practice. Parent Partners have valuable lived-experience with Child Welfare Services and/or other systems and provide specialized support to parents in a variety of ways, including enhancing parent voice in case planning, which is essential in promoting engagement and positive outcomes.

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 also shared the history and progress of this important work.

The All-State Team will continue to meet, share information, identify needs, and learn about resources that support families within their communities.

Commercial Sexual Exploitation of Children (CSEC)

DHS continues to co-chair the Commercial Sexual Exploitation of Children (CSEC) Committee with the Family Court of the First Circuit. The Commercial Sexual Exploitation of Children Steering Committee is led by the Judiciary and meets monthly via Zoom and in person. The Steering Committee is comprised of members from various State and Federal agencies with the purpose of providing a coordinated system response to identify and respond to child victims of sex trafficking. Committee members have increased trainings focused on identifying and reporting suspected trafficking.

DHS is also a part of the Honolulu County Human Trafficking Task Force led by the Honolulu Prosecutors Office. During the Covid pandemic, the task force convened meetings via Zoom. Members of the task force include Department of the Prosecuting Attorney, Susannah Wesley Community Center, Homeland Security Investigations, DHS, Legal Aid Society of Hawaii, Sex Abuse Treatment Center, Honolulu Police Department, Deputy Attorney General's Office, FBI, Hoola Na Pua, and Children's Justice Center. The mission of the Honolulu County Human Trafficking Task Force is to combat human trafficking through a coordinated collaborative response by law enforcement and service providers utilizing a victim-centered trauma informed approach to investigating and prosecuting human trafficking cases and providing comprehensive services to all victims of human trafficking.

2. CFSR Item 32: Coordination of CFSP Services with Other Federal Programs

Family First Hawaii

FFH continues to receive technical assistance (TA) and support from the Center for the Study of Social Policy (CSSP) consultants and seven Capacity Building Center for States (CBC) consultants, who have provided mentoring and guidance to workgroup co-leads and overall support to workgroups and committees. The TA support and consultation has strengthened capacity building within the child welfare and FFH leadership. The pairing of TA consultants and workgroup leads has been beneficial in tracking implementation progress, providing clarification, suggestions, and guidance to move the

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FFH work forward. The TA consultants also continue to participate in Planning, Steering Committee and Implementation Management Team meetings where their collective expertise is called upon to help address barriers and issues with FFH implementation. The TA support is essential as Hawaii implements its 5-year prevention plan.

Family Violence Prevention and Services Act (FVPSA) Grant

Hawaii CWSB is the administrator for federal FVPSA funds, serving domestic violence victims and their families statewide. In FFY 2022, FVSPA-funded domestic violence shelters statewide served 700 women, 20 men, and 604 children. Non-shelter supportive domestic violence services were provided to an additional 266 individuals statewide. Other services provided to victims were: 751 adult victims receiving crisis intervention, 879 adult victims receiving victim advocacy services, 783 adult victims receiving individual or group counseling/support group, 322 adult victims receiving victim criminal/legal advocacy, and 39 adult victims receiving medical accompaniment. Children also received other services: 192 children/youth received crisis intervention, 312 received victim advocacy services, and 167 received individual or group counseling/support group. As part of the agency's continuous quality improvement process, CWSB continues to partner with the University of Hawaii Maui College Hawaii Child Welfare CQI Project to review domestic violence shelters and services contracts to ensure quality service delivery, contract adherence, and positive outcomes for adults and children. This contract review process has strengthened these federally-funded services by adjusting resources to broaden the geographic availability and breadth of shelter services.

Capacity Building Center for States (CBC)

The Capacity Building Center for States (CBC) has been providing technical assistance to the FFH project since 2021 and now also supports Hawaii's CCWIS and Safety Assessment projects. CBC provides support in a variety of ways, including Case Pathways, Communications, CQI & Evaluation, IT & Data, Training, Program Contracts, Lived Experience engagement, and Race Equity and Inclusion. The project and workgroup leads receive 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.

Free School Lunches Program

Through an MOU partnership between CWSB and DOE, children in foster care are enrolled into the Free Lunches program at their respective schools.

Education Stability Project

Through statewide collaboration with CWSB, DOE, the Judiciary, and HCWCQI, there are continuing efforts for foster youth to remain in their home school, after entering foster care.

Project Laulima

Project Laulima was a Substance Abuse and Mental Health Services Administration (SAMHSA) grant funded project that served children with co-occurring mental health needs and developmental disabilities. CWSB and DOH's Child and Adolescent Mental Health Division and Developmental Disabilities Division partnered to better meet the needs of and provide services to this population of youth, through Project Laulima. The funding has ended, but service has been integrated into other areas of CAMHD.

Child Care Subsidies

CWSB partners with DHS Benefit, Employment, and Support Services Division (BESSD) Child Care Program to ensure that resource caregivers are able to receive financial assistance for childcare, without considering the resource caregiver's income when determining eligibility. Funding for this program comes from the federal Child Care Block Grant.

Head Start

CWSB ensures that all CWSB families and resource caregivers statewide are referred and connected to federally-funded Head Start programs, as appropriate. The Head Start-funded programs in the State have relationships with CWSB workers and administrators to ensure that the application and eligibility determinations are completed easily and timely.

Medicare

All children in foster care, who are not otherwise covered, automatically become recipients of State-funded and federally-funded medical insurance, upon entry into care. Following the federal Affordable Care Act, Hawaii's MedQuest health coverage automatically extends to age 26 for youth who emancipate from foster care. CWSB's ongoing partnership with MedQuest keeps foster care referrals and enrollment running smoothly and allows related problems to be resolved quickly.

Zero-to-Three Court (ZTT)

CWSB, CIP, the Judiciary, the Governor's Executive Office on Early Learning, and several other early childhood advocates and providers have partnered to create Hawaii's ZTT specialty court on Oahu. The ZTT court focuses on the unique needs of children ages 0-3 in foster care and their parents. ZTT court hearings are held more frequently than those for other foster care cases, ensuring that case direction is determined early and movement toward goals is timely, so that these infants and toddlers are in care for the shortest amount of time possible, and early bonding and attachment is disrupted as little as possible.

After School Program (A+)

All elementary-aged children in foster care are able to enroll in a free after-school program, run by DOE, funded by the federal Child Care Block Grant. This program runs without active collaborative maintenance, but when problems do arise, administrators from each agency are able to resolve the issues through phone contact.

Court Improvement Program (CIP)

The federally-funded CIP partners with CWSB on numerous projects and ventures. The CIP Coordinator is an active member of the CWSB's All-State Team Committee and CWSB's CQI Advisory Council. CWSB and CIP routinely consult to address issues of mutual concern.

Women Infants and Children (WIC)

CWSB staff ensure that biological parents and resource caregivers are referred for WIC supports whenever they are eligible for these federal benefits.

DOH, Family Health Services Division (FHSD), Maternal and Child Health Branch Collaborations and Partnerships

CWSB staff collaborates with DOH, FHSD, Maternal and Child Health Branch by way of membership and involvement on the following statewide DOH statutory initiatives:

- Child Death Review
- Domestic Violence Fatality Review
- Child Abuse/Neglect Prevention Program
- Hawaii Children's Trust Fund
- Home Visiting Program
- Sexual Violence Prevention Program (no statute)

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. Hawaii Administrative Rules (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.

Annual Update

In SFY 2022, contracts for services to recruit, license, and support resource caregivers were realigned through the procurement and contracting process. There are now three distinct contracts that focus on the following topics: Recruitment, Licensing/Home Studies, and Support Services (including pre-service training and ongoing training, the resource caregiver support line, and the Kinship Navigator Program).

The ongoing trainings have been adapted and enhanced based on information from calls to the Warm Line for support, questions from resource caregivers, topics discussed at support groups, and monthly meetings with CWSB caseworkers and licensing workers. Ongoing training provides a continuum of learning.

Effective January 1, 2023, licensed resource caregivers 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.

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 resource caregivers better support children and families by understanding the experience of children and families in foster care.

The Ohana Navigator Program seeks out community resources and develops partnerships to provide an array of options for ongoing trainings, support services, and resources to resource caregivers to care for their relative child in foster care. The program also includes ways to help identify and minimize the gaps and barriers in support services for resource caregivers and promote CWSB's vision of shared parenting/caregiving.

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 resource caregivers.

The curriculum was revised based on feedback received from resource caregiver surveys and the importance of providing the most current information on the CWSB practice model. The curriculum further incorporates a trauma informed and healing foundation as well as Native Hawaiian and other cultural perspectives to address the unique needs and experiences of resource caregivers. Input from contracted agencies and community partners, key stakeholders, including former youth in foster care, parents, resource caregivers, legal guardians, and adoptive parents was used to revise the curriculum to better meet the needs of resource caregivers. Comments and suggestions were provided by Partners in Development Foundation, Catholic Charities Hawaii, Family Programs Hawaii, Hawaii International Child, EPIC Ohana, Inc., and other 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 resource caregivers. This model was implemented on April 1, 2022 for all new resource caregivers and those that have not completed the previous model.

CWSB translated curriculum and brochures into four languages (Marshallese, Chuukese, Tagalog, and Ilocano) to help caregivers understand the desired outcomes and strategies to meet the needs of children, families, and resource caregivers. Contracted support services also include targeted training and support groups for Marshallese and Chuukese resource caregivers, adoptive parents, and legal guardians.

Also, with the launch of CWSB's public foster care recruiting website (<https://rcg.hawaii.gov>) in 2021, prospective resource caregivers are able to view licensing requirements along with current state and federal foster care resources. As of 2022, the website continues to be updated to include more topics suggested by the foster care community, including but not limited to grandparents raising their grandchildren, relative caregiving, childhood development, sexual health, developmental milestones, prudent parenting, and more. In SFY 2022, there was a total of 12 live virtual ongoing trainings offered statewide and a total of 95 resource caregivers participated in the virtual trainings.

Other resources available to caregivers include: partner state agency's on-demand trainings for their program's clients; national on-demand trainings, including FosterParentCollege.com; Foster Care & Adoptive Community online training site (www.fosterparents.com), which features a range of published articles; and CapLEARN (Child Welfare Capacity Building Collaborative) featuring the National Training and Development Curriculum for Foster and Adoptive Parents. After the screening process for each training and training agency is completed, training resources are consistently added throughout the year. The Resource Caregiver Support Services contracted provider also has the following ongoing training options available: a lending library of previously recorded in-person trainings, DVD's, videos, written materials, and more.

Hawaii Licensing Solution Website and Portal

In 2022, Hawaii launched a licensing portal as a platform to be used by DHS, providers, and resource caregivers. DHS and the licensing portal have provided training, support, and appropriate access for providers to process all new resource caregiver applications. Hawaii and the provider continue to add features to make navigation of the site and application completion easier.

In addition, as noted above, Hawaii's Resource Caregiver Website is live and provides a wealth of information on DHS for resource caregivers and others, ongoing training topics and registration, and support group topics and 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 resource caregiver (RCG) and all adult household members annually or biennially depending on whether the resource caregiver home is licensed for one year or two years.

CFSR Targeted Review

Of 58 cases reviewed, 39 cases (or 67%) had resource caregivers that met the safety requirement and had criminal record checks that were completed timely, documented, and found in the file.

Initial or newly licensed homes and licensing renewals:

- Printouts or documentation of the FBI fingerprinting clearance were in the file for 54 of the 58 cases.
- Clearance checks and printouts of Child Abuse and Neglect (CA/N), CJIS, National Sex Offender (NSO), and/or State Sex Offender (SSO) checks were located in the file, completed timely, and completed on the date the first unconditional license was issued for 43 of the 58 cases.

Internal Title IV-E Review

In SFY 2022, an internal Title IV-E review was conducted. As indicated in previous APSRs, the goals of the review have continued to be:

- a. Determine whether federal funds are appropriately expended for the support and care of Title IV-E eligible children and to ensure that their resource caregivers have met all the Title IV-E placement's requirements in accordance with federal statute, regulation, and policy; and
- b. Provide timely and case specific feedback to the frontline case workers and managers responsible for ensuring the proper and efficient administration and implementation of the Title IV-E foster care maintenance payments programs.

A part of the review evaluated whether, during the period under review (PUR), there was documentation that the child's resource caregiver home was fully licensed or

approved for the child's placement, even when the placement was in an out-of-state foster care setting.

It also evaluated whether, during the PUR, there was documentation that the resource caregivers met applicable safety requirements for the period for which the Title IV-E foster care maintenance payments are made on behalf of the child residing in the foster family home.

For both areas, background clearances must be completed in accordance with CWSB procedures and federal requirements for a placement to be considered fully licensed and to meet safety requirements.

Findings of the review found that 100% of the resource caregiver homes were fully licensed during the child's placement and a certificate of approval for full licensure was found in the file.

In 67% of the samples, there were Title IV-E eligible children living in resource family homes that met the applicable safety requirements. Efforts were made to complete clearance checks at initial and renewal licensures, according to the Hawaii Administrative Rules (HAR) Licensing of Resource Family Homes for Children and Child Welfare Services Procedures for licensing.

The targeted review and the Title IV-E review provides CWSB staff with two different opportunities to clarify and enhance procedures, as needed, and provide trainings to strengthen staff knowledge.

The findings are discussed to help with practice improvements.

Rap Back

CWSB has continued its efforts to ensure placement safety for Hawaii's children in foster care. Hawaii continues to collaborate with the Hawaii Criminal Justice Data Center's (HCJDC) to onboard Rap Back services. Rap Back is an extension of the fingerprint-based criminal history check process authorized by §846-2.7, HRS. Progress will include completion of application and obtain training from HCJDC prior to implementing Rap Back Services. These efforts will include immediate notification to CWSB when a new criminal activity is reported on an individual subsequent to the initial processing and retention of fingerprinting transactions.

Portable Live-scan machines

In March 2022, CWSB purchased and received three portable live-scan machines. Upon receipt of the 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 SSD to provide future trainings to new staff who may need to utilize the machine. A policy on the portable live-scan machines has also been implemented to help support CWSB licensing staff’s use of the machines.

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. Increasing the penetration rate to allow the State to receive more reimbursement from the federal government.

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 2022. 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 regarding 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. Based on the findings of the most recent HCJDC User Validation, CWSB will provide training and clarification to staff.

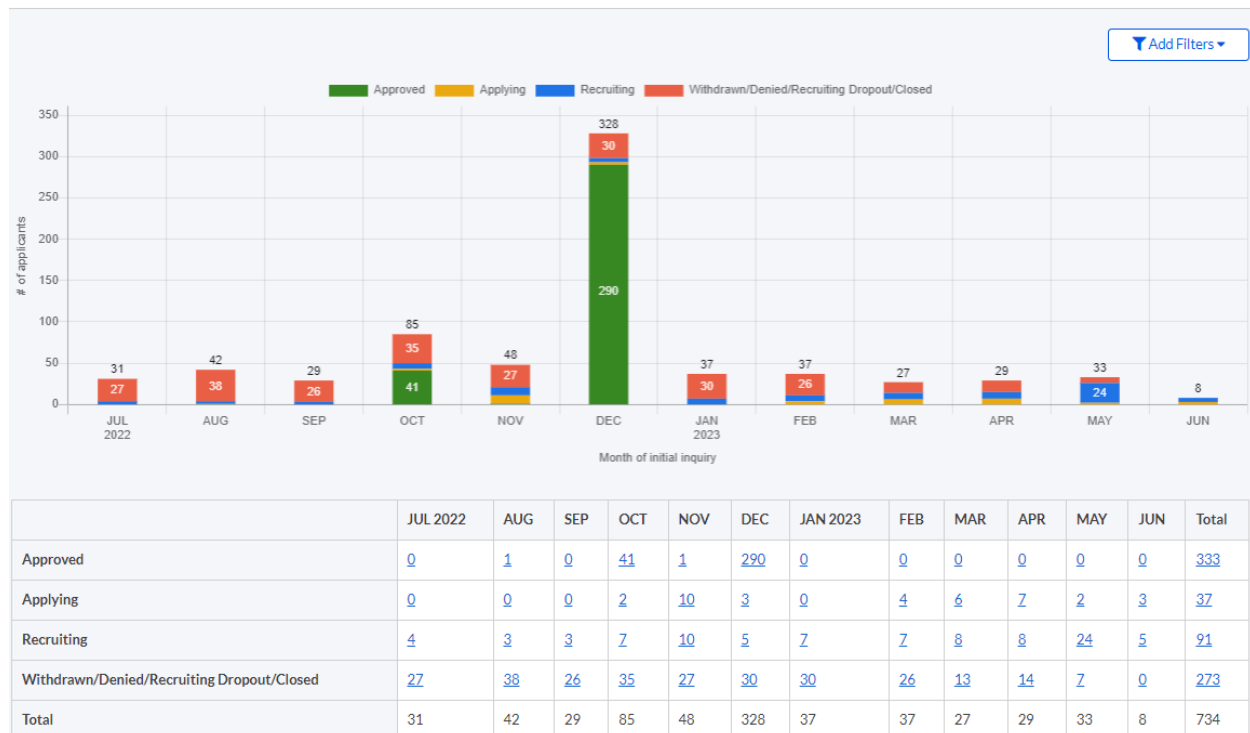
3. CFSR Item 35: Diligent Recruitment of Foster and Adoptive Homes

Foster and Adoptive Parent Diligent Recruitment Plan

Progress and accomplishments in implementing the State’s Foster and Adoptive Parent Diligent Recruitment Plan.

Data for SFY 2023 is useful, but is undergoing reconciliation that limits its value at this time for two primary reasons. First, implementing the new portal has required several IT updates and new protocol and training for staff; therefore, there have been some user and system errors requiring ongoing reconciliation. Second, migrating existing homes into the new system shows spikes in numbers. Once all homes are entered, month to month data will stabilize and only show new homes and renewals. With this being said, the new system saw 734 applications with 333 approved in SFY 2023.

Recruiting Progress



Individuals Interested in Becoming a General Licensed Resource Caregiver

While in-person recruitment events remained limited due to concerns around COVID-19, the Quarterly Newsletter, “Talk Story Tuesdays,” and other virtual sessions continued. The specific recruitment numbers are being compiled; thus, the information below is from Hawaii’s last update representing SFY 2023.

Targeted Recruitment Efforts

Native Hawaiian Resource Caregivers to Support Children who are Native Hawaiian

There were 27 campaigns completed across the State with 39 resource caregiver applications submitted.

Resource Caregivers to Support Teens

There were 31 campaigns completed across the State with 20 resource caregiver applications submitted.

Resource Caregivers to Support Sibling Groups of Three or More

There were 20 campaigns completed across the State with 18 resource caregiver applications submitted.

Resource Caregivers to Support LGBTQ+ Youth

There were eight campaigns completed across the State with 77 resource caregiver applications submitted.

Resource Caregivers to Support Youth that Have Been Trafficked

There were three campaigns completed across the State with 52 individual resource caregiver applications submitted.

Additional Recruitment Strategies

Ohana Rewards (\$200 gift cards) were provided to resource caregivers that referred new individuals or 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 continues to have 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 and continues to collaborate with other states when placing children from Hawaii and accepting children placed in Hawaii from other states.

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.

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 develop positive working relationships when collaborating on cases of youth involved in multiple systems and to expand community resources available to Hawaii ICPC youth and their families. This sharing of information has also helped to enhance Hawaii's procedures on runaways by creating a process for youth placed out of state via ICPC, as well as to locate Hawaii youth who ran away from their out-of-state ICPC placement, and to ensure their timely safe return to the state.

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.

In 2021, the state ICPC office, in collaboration with CCH, developed and implemented a policy and procedure that provided clarification to staff on when ICPC applies and doesn't apply to parents. Staff have faced barriers to obtaining timely home studies on parents through ICPC as there are a number of Compact member states that will not conduct parent home studies. The policy addresses this issue, aligns Hawaii with the Compact, and advises staff that Hawaii no longer submits or accepts parent home studies on non-custodial, non-offending parents because ICPC does not apply to this population. In acknowledgement of the continued importance of assessing the safety of a placement, procedures were developed to provide guidance to both staff and Compact members on requesting

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an assessment. The policy and procedure have helped to make requesting assessments on non-custodial, non-offending parents more efficient by eliminating the submission of inappropriate ICPC requests and providing a clear process on requesting assessments for cases that fall outside of ICPC.

Hawaii has also begun drafting an administrative rule for ICPC to clarify and implement its articles and regulations. Together, the rules and procedures will help further solidify Hawaii's ICPC process.

Training

The State, in partnership with the CCH provider, continues to provide ICPC-NEICE training to staff and community stakeholders.

The shift to relying more on technology has expanded the ability to reach staff in new and creative ways. Staff have numerous resources at their fingertips to help support their use of NEICE such as through handouts, agendas, and links to online learning that NEICE has made available through a web link. This allows staff to watch videos and review handouts on submitting an ICPC request, uploading documents, and tracking requests through NEICE as their schedule allows.

The Hawaii ICPC office and CCH are collaborating with Staff Development Office to incorporate ICPC into New Hire training. This will provide staff with an introduction to ICPC and how it connects to CWSB practice. CWSB is currently discussing the best way to present information on the ICPC process and the ICPC articles/regulations to staff, taking into consideration the use of technology to develop on-demand videos that staff can view.

The 2022 annual Association of Administrators of the Interstate Compact on the Placement of Children (AAICPC) conference was held in Austin, Texas for the first time in-person since the onset of the COVID-19 pandemic in 2020. The 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. Although Hawaii was unable to be represented at the conference, information and decisions made are available to all Compact members to review and guide any needed revisions, clarifications, or enhancements to members' ICPC policies and procedures. The 2023 annual AAICPC conference is scheduled to be held in New Orleans, Louisiana.

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

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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.

Hawaii has been using NEICE 2.0 since it was rolled out and staff have transitioned easily to the upgraded system. The Hawaii ICPC office and CCH provider continue to assist staff when the need to troubleshoot arises. In addition, there are numerous job aids and trainings available in the NEICE support desk. NEICE Support has scheduled monthly trainings for all NEICE user roles throughout 2023. Staff are able to sign up for any of these trainings if they need additional support and as their schedule permits.

b. Data

Outgoing ICPC Requests

In SFY 2022, Hawaii processed 110 requests for foster/relative/adoptive/private adoptions and residential placements in other states.

There were 35 new placements of children under the custody of the State of Hawaii who were placed with resources in other states.

Of the 35 Hawaii children, 23 are in a foster, relative, or kinship placement, 11 are placed with a parent, and one is an adoptive placement.

Incoming Requests

During SFY 2022, Hawaii completed 44 home studies for incoming ICPC requests; these include relative/foster, parent, and adoptive home studies.

Of the 44 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 and to discuss any issues that need follow up.

During SFY 2022, there were no placement disruptions. In the first six months of SFY 2023, Hawaii completed eight home studies for incoming ICPC requests. All home

studies were completed within the required 60 days. Hawaii believes outcomes reflect the described improvements and increased staff knowledge of the new systems put in place.

c. 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 an assigned Assistant Program Development Administrator to assist field staff with any questions regarding such placements.

In Hawaii's PIP3, one of the areas needing improvement 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. In response to this need, Hawaii revised its ICPC procedures, which focus on roles and responsibilities of the assigned worker and courtesy worker. Hawaii is in the process of revising its procedures on monthly caseworker visits and has developed procedures for its newly expanded contracted monthly face-to-face visits. These procedures together are helping to inform revisions to Hawaii's procedures on courtesy services.

SECTION VII. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE FROM THE CBC

In SFY 2022 and SFY 2023, CBC has continued to support CWSB FFH implementation and ongoing FFH management. CBC representatives have shared their expertise in all areas of FFH. They have significantly contributed to the successful functioning of the following FFH groups:

1. Steering Committee;
2. Communications Workgroup;
3. Data, Information Technology, Continuous Quality Improvement, and Evaluation (DICE) Workgroup;
4. One Continuous Quality Improvement Team (a group of internal and external stakeholders, community partners, and agency representatives who review FFH data and then make data-informed decisions for system improvements);
5. Equity Improvement Collaborative;
6. Case Pathways Workgroup;
7. Training Workgroup; and
8. Implementation Management Team.

CBC representatives contribute information, knowledge, insight, and perspective on the process and products of the workgroups. CBC staff are also currently providing one-on-one mentoring to Staff Development and FFH management leadership. For information on FFH implementation progress, see *Section VI.E. Service Array and Resources* of this report.

Starting in late SFY 2022, CBC began assisting Hawaii with the CCWIS project. Hawaii has also contracted with Ansa Consulting to assist with getting the project moving. CWSB is optimistic that CBC's support, along with Ansa, will result in an issued RFP and hiring a CCWIS vendor before the end of calendar year 2023.

In the third quarter of SFY 2023, Hawaii worked with CBC to finalize a work plan in which CBC will provide consultation, facilitation, and coaching to support Hawaii in enhancing its Safety Decision Making Framework at all stages of practice. CBC will help:

1. Develop practice enhancements;
2. Clarify policies and procedures;
3. Revise applicable tools and training materials; and
4. Implement supports in applying the safety framework at intake, investigation, case management, and permanency.

B. TRAINING AND TECHNICAL ASSISTANCE TO THE COMMUNITY

See Staff Development Office (SDO) Training Work Plan 2023 (Attachment E).

C. STRATEGIC PLANNING COMMITTEE

Family Engagement--*Better Together* Training

CFP developed the *Better Together* concept and trainings and funded a *Better Together* Training - Training of Trainers in Hawaii coordinated by EPIC Ohana. *Better Together* is designed to create safe and courageous spaces for caregivers and agency staff to engage in honest dialogues and actively participate in activities structured to foster experiential learning. The purpose of *Better Together* is to develop equal, mutually respectful partnerships between caregivers, child welfare staff, and community partners to improve services and the lives of child welfare-involved children and their families.

In October 2022, EPIC Ohana, in partnership with CFP, provided a three -day Facilitators Training Session. On October 10th, 2022, *Better Together* trainers met with CWSB leadership. 14 individuals, consisting of six birth parents, three resource caregivers, and five agency support staff from Catholic Charities, Liliuokalani Trust, EPIC, and CWSB program development office, were trained and certified as trainers. Planning for additional training sessions with certified facilitators will continue in 2023.

Family Engagement—Lived Experience Partnerships

Birth Parent Advisory Council. On November 14, 2022, the first CWSB Birth Parent Advisory Council meeting was held. 10 birth parents, including five EPIC parent partners, met with the Washington State Parent Ally Committee coordinator. This advisory council project was “born” out of the Hui Makua (parent) work through Na Kama a Haloa. The goal is to create an independent organization similar to HI HOPES Advisory Board that will uplift the voices of people with lived experience and educate, advocate, and collaborate on behalf of parents and their families.

Monthly “Talk Story” Support Sessions. EPIC Ohana hosts monthly “talk story” support sessions for interested birth parents. Sessions may be topic-related or simply to share, “talk story,” and build supportive relationships.

LEAG (Lived Experience Advisory Group)- Family First Hawaii. LEAG members include birth parents, young people who are expectant parents, resource caregivers, and siblings who raised their siblings in care. LEAG continue to provide support and input to FFH projects. LEAG provided meaningful input during the development and implementation of the revised “Family Service Plan” template and procedures for Expectant and Parenting Young People (EPYP). They also helped develop training videos for the trainings and procedures rollout, with the intention of impacting the hearts of CWSB workers to remind them “why we do this work”, provided input to the development of the Community FFH Brochure, and in October 2022, participated in a birth parent panel and co-emceed the FFH Kick-off Celebration. LEAG members also serve on

the Communications committee and the One CQI Committee and expressed interested in participating in “Prevent Removal” and Race Equity work.

Community Collaboration-Hooikaika

Hooikaika is a strong community collaboration on Maui to provide support, resources, and navigation services to CWSB, families, and the community. There is an average of 35 attendees at monthly general meetings representing seven or eight of its 10 Core Partners. There are three committees that meet monthly with an average of six participants.

Navigation services branched out to Molokai and in August and September 2022, engaged 11 families. 216 family referrals were made with 21 from Molokai and a total of 858 people served. The Navigator is a lived experience former CWSB birth parent. She also has become a member of the FFH LEAG and participates in monthly “talk story” support sessions reflecting a strong statewide collaboration of lived experience expertise.

Following a recruitment effort, the Hooikaika annual conference generated more participation with five new members joining the Community Engagement committee, four new partners expressing interested in the Advocacy committee, and two new members joining the Public Education Campaign workgroup.

SWAT

The SWAT team pilot project provided a great deal of expertise and immediate support to CWSB sections throughout the State, primarily to the short-staffed sections of Maui and West Hawaii. SWAT assisted with investigations, ICPC, CPSS, payments, licensing packets, TROs, court reports, vital docs, AFCAR Reports, CPSS Payment Training, credit checks, and Legal Guardianship and Adoption Assistance Audits. In 2022, SWAT pilot positions became permanent CWSB positions.

1. Family First Hawaii

CFP continues to provide essential support in augmenting staff and community engagement and collaboration with FFH. Two major FFH projects, the FFH internal marketing campaign and FFH conference, carried out in 2022 were made possible through funding from CFP.

The FFH internal marketing campaign was in response to feedback from CWSB supervisors that more information and training about FFH was needed within the workforce. The FFH Communications workgroup launched an internal marketing campaign in a joint effort with Staff Development Office to increase FFH awareness and engagement with staff. The internal marketing campaign was carried out from June 2022 to September 2022 for seven of the eight CWSB sections that had signed up for the

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campaign. FFH promotional items (mousepads, t-shirts, tote bags, sticky notes, pens) were also created for the campaign based on staff's feedback as to preferred and useful promotional items. The campaign included an FFH Overview presentation with campaign activities individualized for the specific CWSB section. Flight costs for the neighbor islands travel were also made possible through CFP funding. *Please see Section II.A.3 Family First Hawai'i Overview for more information about the FFH Internal Marketing Campaign.*

In October 2022, FFH celebrated it's first year of implementation by holding a statewide conference for CWSB staff, FFH workgroups, CWSB's partners and service providers, persons with lived experience, and multiple stakeholders. This conference allowed CWSB to share information on FFH progress, promote partnerships, and express gratitude for individual and collaborative efforts to support positive outcomes for children and families. The conference was made possible through support from the CFP as well as community volunteers and CWSB staff.

To increase awareness and enhance communication with internal and external partners, a printed copy of the FFH community brochure was developed. This joint effort between the FFH Communications workgroup and the FFH Lived Experience Advisory Group (LEAG) provides information about FFH to families and the community through a family-focused brochure with family-friendly language. The printed brochure was first presented at the FFH conference. *Please see Section VI.F.31 Agency Responsiveness to the Community, Family First Hawaii: Stakeholder Consultation and Collaboration for more information about the FFH Conference and FFH Brochure.*

In SFY 2023, CWSB received funding approval from CFP for two proposed projects which will be the primary focus for FFH in 2023. These two projects will include:

- a. Developing public service announcements (PSA). The PSAs will be created from the FFH Puolo Metaphor video to increase FFH awareness and engage a wider audience. The PSAs are intended to build community awareness, make meaningful connections with our Native Hawaiian community, and share the message with the public of transforming CWSB by keeping families safely together via FFH.
- b. Enhancing current placement prevention efforts by assessing current procedures and developing strategies to support CWSB staff and families to prevent children from entering foster care. Continuing efforts include reviewing data, including data on short-stayers, and engaging front line staff and those with lived experience to further explore systemic barriers that have hindered CWSB's efforts to prevent removal, with goal of identifying realistic solutions to support families and children. Building the infrastructure to support staff's efforts in keeping families safely together, will help CWSB preserve the family unit and safely keep children

with their families and relatives. *Please see Section VI.F.31 Agency Responsiveness to the Community, Family First Hawaii: Stakeholder Consultation and Collaboration for more information about the PSA and Placement Prevention workgroup projects.*

2. Race Equity

CWSB Hawaii is fortunate to have had an established and successful partnership with Casey Family Programs (CFP) via the Strategic Planning Committee (SPC) since 2007. The continued technical and financial support that CFP has provided to Hawaii's various CWSB programs and services have played a major role in the success of specific CWSB programs and collectively contributed to the overall success of Hawaii's child welfare services. The SPC continues to collaborate with various organizations, including CWSB, through quarterly meetings utilized to ensure successful implementation of programs, to identify other needs or barriers, and to explore plans for future programs supported by the CFP.

CWSB and SPC continued to focus on the collaboration's overarching goal to safely reduce the number of children in foster care. With continued funding from CFP, CWSB has been able to support and strengthen engagement of families, including those with lived-experience; continued collaboration and development of birth parents' leadership and advocacy skills; strengthen and refocus on race equity and inclusion of cultural values in CWSB practice and services; strengthen community-based partnerships; and integrate prevention work into CWSB.

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 CFP, UH, stakeholders, cultural guides, and those with lived experience, to implement the FFH plan in 2021 and with plans for further implementation in the future. In 2022, CFP and DHS also collaborated on the following projects: Race Equity, Family Engagement-Better Together, Community Collaboration - Hooikaika, and SWAT.

For 2023, CFP has approved support for the following projects in partnership with CWSB: Better Together Trainings, Hooikaika, Family Resource Center Pilot, Race Equity, Family First Hawaii, Ohana Is Forever, and a new project to address short-stayers in foster care and prevention of removals.

Hawaii continues to be committed to ensuring race equity in its child welfare services to children and families. CFP and Annie E. Casey Foundation have continued to support Hawaii's work in enhancing cultural learning and race equity work.

There have been Race Equity Convenings with participants from CFP and key Hawaii core members, including those with lived experience. CFP and Annie E. Casey Foundation have continued to support these efforts with funding, contractual provider supports, and technical assistance to develop and establish the CFP Core Member workgroup and the Native Hawaiian community collaboration (Na Kama a Haloa).

CWSB participated in CFP's Race Equity Convenings in 2022. Following the Convenings, CWSB transitioned the collaborative into the Child Welfare Services Branch Equity Improvement Collaborative (EIC). The EIC is charged with developing the Hawaii Child Welfare Equity Action Plan, which will be submitted to ACF.

The EIC continues to seek to enact change, in partnership with community stakeholders, and to promote, and strengthen race and equity practices and policies in the child welfare system. Through collaboration with internal and external stakeholders, the EIC will identify, amend, and promote systemic equity practices with revised policies, procedures, and training of CWSB staff and providers in order to ensure equitable outcomes for not only Native Hawaiian communities but for other children, families, and communities of different races known to CWSB.

The EIC's vision is to achieve racial equity for Native Hawaiian children, families, and communities. This means centering the experiences of Native Hawaiians and focusing on implementing solutions that specifically meet the individual needs of children and families. The EIC is committed to alignment of CWSB policies and practices to achieve the vision of equity for Native Hawaiian children, families, and communities. The EIC acknowledges that other ethnicities need culturally specific programs and services; however, at this time, equitable best practices identify the population in most need is Native Hawaiians. The EIC will continuously explore ways to integrate other cultures and ethnicities' needs when implementing strategies to address disproportionality.

In 2022, the EIC identified three priority areas: child welfare prevention, reunification, and staff support. In 2023, the EIC will identify strategies, desired outcomes, and activities in the Equity Action Plan in order to achieve their vision. The development of the plan was led by CWSB in partnership with EPIC Ohana, Inc., Liliuokalani Trust, and those with lived experience who have been impacted by the child welfare system.

D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION

Hawaii CWSB has an ongoing contract with the University of Hawaii, Maui College, called Hawaii Child Welfare Continuous Quality Improvement Project (HCWCQI). Annually, this group conducts both Hawaii's quality CFSR case reviews and internal audits of CWSB Federal Payment Programs Eligibility Unit's (FPPEU) eligibility determinations for Title IV-E funding. Regarding Title IV-E eligibility, the HCWCQI auditing team examines child and parent's case records,

licensing files, and FPPEU eligibility determination records. They produce an annual report of their audit findings, which includes errors in eligibility determination, potential errors, practice concerns, and ineligible payments found during the review. The report categorizes these errors and concerns to help identify areas needing improvement.

1. Audit Design

a. Geographic Sampling

In SFY 2022, all geographic areas of the State were audited by HCWCQI for Title IV-E eligibility determination compliance, via a sampling of cases. The sample included a total of 58 cases, with the following distribution:

- i. Oahu Special Section – 4 cases
(includes sex abuse cases, serious harm cases, unknown perpetrator cases, and the Oahu Crisis Response Team)
- ii. West Oahu Section – 9 cases
- iii. East Oahu Section – 7 cases
- iv. East Hawaii Island Section – 14 cases
- v. West Hawaii Island Section – 5 cases
- vi. Maui County Section – 13 cases
- vii. Kauai Section – 6 cases

b. Eligibility Criteria

Cases were reviewed by examining requirements in the following areas:

- i. Court-Ordered Removal
- ii. Voluntary Removal
- iii. Valid Removal
- iv. Ongoing Judicial Activity
- v. AFDC
- vi. Placement and Care
- vii. Placement in Licensed Foster Care Setting (Licensing)
- viii. Safety (in placement)

2. Findings

a. Errors and Concerns

In the eight areas listed immediately above in *VII.D.1.b. Eligibility Criteria*, for all 58 cases, no eligibility determination errors were found in seven of the eight areas. 19

errors were found only in the area of Safety in Placement Requirements. In addition to these errors, a total of 32 concerns were identified, as listed below.

- i. Court-Ordered Removal Requirements – 1 concern
- ii. Placement in Licensed Foster Care Setting Requirements – 7 concerns
- iii. Safety in Placement Requirements – 24 concerns

b. Summary

- i. Valid removals were done through a court order or signed voluntary placement agreement on all samples.
- ii. Efforts were made to finalize a permanency plan for the Title IV-E eligible child on all samples.
- iii. AFDC requirements were accurately assessed and documented on all samples.
- iv. DHS was fully responsible for the placement and care of the title IV-E eligible child, for the period the child was in foster care on all samples.
- v. Children were placed in fully licensed or approved placement settings in all samples.
- vi. FBI fingerprinting was completed for adult household members in most cases.
- vii. In 67% of the samples (39/58), there were Title IV-E eligible children living in resource family homes that meet the applicable safety requirements. Efforts were made to complete clearance checks at initial and renewal licensures, according to the Hawaii Administrative Rules (HAR) Licensing of Resource Family Homes for Children and Child Welfare Services (CWS) Procedures for licensing.

3. Plans for Improvement

CWSB FPPEU supervisor is providing individualized instruction to her staff and further guidance on the errors found in this review. There are plans for tools to be developed in the new CCWIS to automate as much of the title IV-E eligibility determination as possible, and to walk the FPPEU staff through all the remaining required steps so nothing can be missed. HCWCQI will continue to conduct internal quarterly reviews of FPPEU's eligibility files, licensing files, and parents' case files. Cases will be randomly selected to ensure proper eligibility determinations, documentation, and title IV-E coding.

SECTION VIII. CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRESS REPORT ON STATE PLAN

Hawaii appreciates the ongoing support of CAPTA funding, which will be used in the upcoming fiscal year 2024 to implement Hawaii's CAPTA State Plan by supporting Hawaii's Differential Response System (DRS), which includes Voluntary Case Management (VCM) services, Family Strengthening Services (FSS), and Neighborhood Places services, consistent with the goals and objectives of the CFSP.

Hawaii has an approved CAPTA plan and received supplemental funds through the American Rescue Plan Act of 2021, as well as an additional supplemental allotment of \$406,701. The FY 2021 supplemental grant has a five-year project and expenditure period from October 1, 2020 to September 30, 2025, and funds must be liquidated by December 30, 2025.

In 2022, Hawaii had planned to use these funds on:

1. Updating its technology system to support child welfare. Hawaii continues to work with two information systems – CPSS and SHAKA. In the SHAKA system, CWSB worked to develop an electronic Family Service Plan (FSP) online, linking the child safety assessment tools to the FSP and documenting FFH eligibility. In the CPSS system, CWSB modified the system to capture data for AFCARS 2.0 and FFH required data elements.
2. Hawaii had planned on expending funds to implement and improve its risk and safety assessment tools. In early 2022-2023, Hawaii requested technical assistance (TA) from the Capacity Building Centers for States to assist with finalizing Hawaii's Risk and Safety assessment tools. Since Hawaii was approved for TA from CBC, Hawaii will not expend funds on these efforts.
3. Support system training for staff regarding Family First Hawaii programs. With the incremental implementation of Family First Hawaii (FFH) from October 2021 to 2023, Hawaii was able to roll out multiple system trainings and refresher system training to child welfare staff and FFH service providers.

In 2023 – 2024, Hawaii will continue to assess its needs to determine how to best support projects with goals that are in alignment with the purpose of the grant. At this time, Hawaii has prioritized funding prevention services and the following projects:

1. Supporting and enhancing interagency collaboration among public health agencies, child welfare services, service providers, and other agencies carrying out private community-based programs.

2. Improving the skills, qualifications, and availability of individuals providing services to children and families, and the supervisors of such individuals, including improvements in the recruitment and retention of case workers.
3. Enhancing and supporting the Hawaii's Citizen Review Panel (CRP) to improve shared outcomes. CWSB will continue to collaborate with the CRP on topics of interest for Hawaii's keiki involved in the child welfare system.
4. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies with parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.
 - Enhance parent partner services and supports for expecting or birthing parents with substance use concerns.
5. Case management, including ongoing case monitoring, and delivery of services and treatment to children and their families.
 - Utilize funds to support interventions and strategies that prevent children from entering foster care.

The State CAPTA Liaison Officer is Daisy Hartsfield. Her contact information is below:

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A. STATEWIDE CITIZEN REVIEW PANEL

Na Kupa Alo Ana O Hawaii Citizen Review Panel (CRP) continues to work collaboratively with Hawaii Child Welfare Services. Na Kupa Alo Ana O Hawaii members, representing Honolulu, Maui, and Kauai County, met 11 times during FFY 2022, through video conferencing platforms to establish goals and discuss projects and issues related to Hawaii Child Welfare Services.

The Na Kupa Alo Ana O Hawaii focused on two projects, recruitment to increase Na Kupa Alo Ana O Hawaii membership and CWSB staff wellness initiative to implement, support, and encourage wellness in the workplace. The staff wellness subcommittee continued its efforts to replenish the staff wellness items that were distributed last fiscal year.

The recruitment subcommittee continued its efforts to recruit new members from Hawaii, Kauai, and Honolulu counties with various backgrounds currently not represented in Na Kupa Alo Ana O Hawaii. There was a change in CRP membership as several members left the panel and five new members joined CRP.

This year's CRP recommendations are based on projects Na Kupa Alo Ana O Hawaii completed this year—recruitment and staff wellness. CWSB's ongoing commitment to Na Kupa Alo Ana O Hawaii supports the Panel's recruitment efforts to ensure statewide membership representing individuals with diverse backgrounds and agency affiliation. CWSB ensures that information regarding the staff wellness initiative will be considered to improve overall wellness in the workplace. The CRP is also looking at additional projects to focus on this fiscal year, such as Family First Hawaii.

CWSB will continue to collaborate with the CRP on topics of interest for keiki involved in the child welfare system. CWSB also plans to work with CRP on future projects to support the onboarding of new CWSB staff by creating an orientation packet and will continue to support overall staff wellness.

B. CHILD FATALITIES

1. Fatalities in CWSB Cases

a. Annual Update

Hawaii continues to report data to NCANDS on child fatalities in cases that were active during the reporting period. To prepare for NCANDS reporting, CWSB staff including CWSB Program Development, frontline caseworkers, and supervisors, work closely with DHS IT to review and verify its data before NCANDS submission.

b. Data

In SFY 2022, there were four child fatalities determined to be due to maltreatment. All 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. There was a fifth child fatality in SFY 2022, but a determination of maltreatment was not made until after the data extract was completed on October 31, 2022 and outside of SFY 2022. See Data Booklet, Figure 84: Child Fatalities in Active CWSB Cases SFYs 2017-2021 [Table].

c. Quality Assurance

Hawaii continues to track all child fatalities that are reported to CWSB through its intake QA process. The tracking process begins with the CWSB intake unit

forwarding a copy of the child fatality intake report to a team consisting of CWSB, CWSB Program Development Office (PD), and Hawaii's Continuous Quality Improvement (CQI) Project. The team follows the QA process that has been developed for the purpose of:

1. Reviewing the intake report against CWSB procedures to confirm accuracy of the screening disposition by 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.
2. Entering case information into the internal child fatality database for tracking and reporting purposes; and
3. Formal process for CWSB/CQI review.

The QA collaboration process has provided opportunities to discuss specific cases, share themes, ask questions, and identify areas that need to be clarified or expanded upon in policy. Participants have been appreciative of the opportunity the CQI and Intake leadership meetings provide to understand and learn about CWSB practice in a supportive environment where questions can be asked and thoughts can be shared. Preliminary needs have been identified including but not limited to the following:

1. Development of a standardized intake tool;
2. Guidance on assessing risk and safety in cases involving c-sleeping fatalities; and
3. Clarifying intake procedures on specific types of cases including child fatalities.

d. Multi-Disciplinary Team (MDT)

CWSB continues to utilize 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 or 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. Although restrictions related to the pandemic have eased, team members, CWSB staff, community partners, and parents/caregivers continue to use a virtual platform which has allowed the service to continue without interruption and has allowed *ad hoc* members, including but not limited to parents/caregivers and community providers to participate more easily. CWSB, as well as its contract providers, continue to make use of new ways of doing business.

In SFY 2023, Program Development is procuring a new contract for the MDT. PD will continue to collaborate with the State's contracted provider to review the MDT process on child fatality cases to ensure time is being used efficiently to assist staff in:

1. Assessing the treatment needs and goals of surviving siblings, and
2. 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 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 to 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 2023 State Legislature:

<https://health.hawaii.gov/opppd/files/2022/12/2023-CDR-MMR-Legislative-Report.pdf>

Child Death Reviews continue to be held virtually and are utilizing new and innovative ways of doing business that were learned during the pandemic. The use of virtual meetings has allowed CDR members to participate more easily.

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:

1. Child Abuse and Neglect;
2. Homicide;
3. Natural;
4. Suicide;
5. Undetermined; and
6. Unintentional Injury.

In Hawaii, child deaths are reviewed one year after the death occurs. The review team process, in partnership with public and private members of the community, includes an examination of the circumstances surrounding a child's death to collect and review critical data 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 focuses 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 adjust practice.

DOH – CDR continues to serve as a mechanism to advocate and establish suggestions for system changes and can submit recommendations to the legislature for preventative program activities identified through the analysis of child death data.

b. 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.

C. CHILD WELFARE SERVICES WORKFORCE

To provide an accurate portrait of its workforce, CWSB conducted a survey in February 2023 of all staff members. This section presents the results of that survey, along with caseload data from CPSS. The relevant data tables and charts can be found in the Data Booklet, *Figures 88 – 95*.

1. Staff

As of February 2023, CWSB had 402 funded positions, 273 employees, and 129 vacant positions. Based on these figures, CWSB is currently functioning with 68% of its allocated staff. This is CWSB’s highest vacancy rate (32%) in more than a decade. Refer

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to the Data Booklet, *Figure 88: CWSB Staff Positions and Vacancies – 2018-2023*, for point-in-time details on data for the past five and a half years, as well as *Figures 90 and 91: CWSB Staff Position Breakdown Filled & Vacant– February 2023*.

For discussion on recruitment and retention efforts, see Section I. Agency Updates and Changes, D. Child Welfare Workforce.

Higher wages in the private sector may be contributing to the increase in vacancies, and CWSB is aware of a shortage statewide of social services employees. For example, for nine months, at least two DHS contracted service providers have been unable to provide their services, because they have been unable to fill essential staff positions.

2. Caseload

Based on active case assignments in CPSS on March 1, 2023, the statewide average caseload per caseworker was 39 cases. This is a 50% increase over last year, and the highest average statewide caseload in over a decade.

Average caseloads were especially high on Maui and both sides of Hawaii Island, due to high caseworker vacancy rates.

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. See Data Booklet, *Figure 89: CWSB Hawaii Average Caseload* for details and a comparison of December 2018 through February 2023.

3. Gender

The February 2023 CWSB internal survey showed that CWSB employees self-identified as 78.4% female, and 18.3% male, with 3.3% preferring not to state their gender, and no one identifying as non-binary, gender fluid, or other 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 significantly 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. Hawaii also wishes to have male staff, as it may improve engagement with fathers. 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.

4. Age

See Data Booklet, *Figure 92: Age Distribution of CWSB Staff – February 2023*. All CWSB employees were over 20, as of February 2023. The largest percentage of CWSB staff (33%) fell into the 50-59 age range, followed by the 40-49 age range (22%).

51% percent of CWSB staff were age 50 or older in February 2023. Hawaii has been concerned about its aging staff and upcoming retirements that could potentially cause institutional knowledge to be lost. Fortunately, in the February 2023 CWSB staff survey, when asked about plans to retire or leave, 61% of the current staff indicated that they either plan to stay with CWSB or have no plans to leave within the next five years.

5. Education

See Data Booklet, *Figure 93: Highest Level of Education – ALL CWSB Staff – February 2023*.

A minimum of a high school diploma or 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 February 2023, 72% 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 February 2023 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 Data Booklet, *Figure 94: CWSB Staff Ethnicities - Self-Reported, February 2023* to see 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 February 2023, over three-fourths of CWSB staff fell into the following four ethnic categories:

- 27% Native Hawaiian or Part Native Hawaiian,
- 21% Japanese or Okinawan,
- 14% Filipino, and
- 13% Caucasian or White, including Portuguese.

The remaining CWSB staff were of the ethnicities listed below.

- 4% Samoan
- 3% Chinese
- 3% Latino/a or Hispanic
- 2% Black or African American
- 1% Korean
- 1% Native American Indian
- 1% Tongan
- Less than 1% each: Native Alaskan, Other Asian not listed, Palauan, 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, see Data Booklet, *Figure 95: Length of Employment with CWSB, Self-Reported – February 2023*. CWSB is pleased to report that 73% of its staff have been working with CWSB four years or more, and one-third 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 Data Booklet, Figure 96: Foster Youth in Detention Centers SFYs 2018-2022, Figure 97: Foster Youth in Detention Centers SFYs 2018-2022, and Figure 98: Frequency of Length of Stay in Detention Centers SFY 2022. Since SFY 2018, the total number of unduplicated foster youth in detention centers and correctional facilities declined from 35 in SFY 2018 to 18 in SFY 2021; however, the number rose to 25 in SFY 2022. Foster youth in Detention Home follows this trend as there was a slight increase from 17 to 23 in SFY 2021 to SFY 2022. Foster youth in the Hawaii Youth Correctional Facility has been steady and has not risen above eight youth since SFY 2017. 68% of foster youth in detention centers spend two months or less in the detention center. This is out of the total of 25 youth that were in detention centers.

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. OYS and DOH CAMHD continue to support youth at risk of facility placement and to preparing youth to exit the facility through the WRAP program. CWSB has also implemented a policy and procedure to support youth in detention centers and correctional facilities by increasing communications and connections with the youth.

CWSB will continue to collaborate with the agencies listed above to ensure crossover youth are being assessed for safety and provided with services to ensure their well-being and connections to their families and community.

E. DOMESTIC VIOLENCE

Domestic Violence Shelter and Support Services

DHS received FY 2022 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 and provide information and referral assistance, emergency shelter services, outreach, assistance in developing safety plans, individual and group counseling, transportation, advocacy, community education, and other supportive services for survivors and their children in the shelters. Shelter services also include transition planning, limited transitional housing, and follow-up services for DV survivors exiting the shelter. Transitional housing services continue to address the challenges many survivors face in securing permanent housing due to the prohibitive cost of housing in Hawaii, the financial limitations of single parent households, and poor rental history that may result from their frequent moves.

Five of the domestic violence shelters located on Oahu, Maui, and the island of Hawaii are in urban areas, while Kauai and Molokai shelters are in rural areas. In SFY 2022, 1,324 clients were served in shelters, for a total of 39,808 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 2022, domestic violence shelters provided 192 children with crisis intervention services, 312 children with victim advocacy services, 167 children with counseling and support groups, and other supportive services. The domestic violence shelters provided 751 adults with crisis intervention services, 879 adults with victim advocacy services, 783 adults with counseling and support groups, and 322 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 99: Domestic Violence Services SFY 2022 for detail on provided services.

COVID-19 continued to impacted services for the past several years. Data comparison from FY 2022 and FY 2022 noted some dramatic changes in services provided:

- Crisis intervention: there was an increase considering restrictions eased due to COVID-19.
- Similarly, there was an increase in advocacy, counseling/support, and legal advocacy services due to confinement.
- Medical accompaniment increased with a 160% and a 43% increase in transportation.

The shelters also provide supportive non-shelter services to clients. In SFY 2022, 266 clients were served by non-shelter services, which are supportive services for domestic violence that don't need shelter.

The shelters provided 232 community education presentations statewide for the public, with 3014 participants in attendance. Presenters had to modify their way of providing presentations due to the COVID-19 pandemic. Virtual presentations were utilized as an alternative to in-person community education presentations.

The shelter programs also have access to resources for immigrant populations, including legal services contracted by DHS, a Bilingual Access Line on Oahu funded by the Office of the Prosecutor's Victim-Witness Program, and bilingual services made available at low cost through the National Coalition Against Domestic Violence.

DHS contracts with the Domestic Violence Action Center (DVAC) for TEEN DV services. The Teen Alert Program (TAP808) provides supportive services that afford youth victims and perpetrators the opportunity to break the cycle of violence in their lives.

With the mission to promote healthy relationship and put an end 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 advocacy services support anyone in Hawai'i 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. These services are offered in schools and virtually.

In the last year FY 2022, TAP808 visited schools and communities statewide and the program's Outreach Advocates delivered 180 presentations to 3,770 youth.

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 the Department of the Attorney General's Office, Crime Prevention and Justice Assistance Division, and provided a statewide training on DV 101: *Fundamentals of Domestic Violence* webinar series in FY 2021. It was held weekly 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 and an average of 80% were overall satisfied with the virtual training series.

DHS is also part of the Victims of Crime Act (VOCA) working group led 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 held in May, July and September 2021. The work group continues to meet to discuss other training needs of crime victim providers.

DHS received FY 2021 FVPSA American Rescue Plan (ARP) funds in the amount of \$1,880,042.00. This supplemental fund provides one-time funding through September 30, 2025, for the purpose of supporting the FVPSA program to prevent, prepare for, and respond to COVID-19 with an intentional focus on increasing access to COVID-19 testing, vaccines, and

mobile health units to mitigate the spread of this virus, and increase supports for domestic violence survivors. Supplemental funding will be expended to 1) Prevent, 2) Prepare, and 3) Respond to a (COVID-19) public health emergency.

The DV Shelters, DVSF, and TEEN DV continue to be responsive to this population's needs. Response plans have been developed that include activities such as 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 that enhance their capacity to provide culturally and linguistically appropriate services.

DHS also received FY 2021 FVPSA ARP funds in the amount of \$1,140,011.00. This supplemental fund provides one-time funding through September 30, 2025, for the purpose of supporting the FVPSA program to prevent, prepare for, and respond to COVID-19 with an intentional focus supporting survivors of sexual assault in 1) 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 2) support the increased emergency needs of sexual assault survivors as a result of the COVID-19 public health emergency. Supplemental funding will be expended to prevent, prepare for, and respond to a (COVID-19) public health emergency.

DHS will distribute the FVPSA ARP Act funds to its current contracted 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 the COVID-19 pandemic. DHS plans to conduct a competitive process for a portion of the FVPSA ARP funds to reach other sexual assault programs and culturally specific programs to serve sexual assault survivors across the life span.

F. SUBSTANCE EXPOSED INFANTS AND CHILDREN

Hawaii continues to provide 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. The Family Case Plan is transmitted to court to inform the court and other parties 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 to develop and maintain an effective and accessible service array and interventions for families with children 0-3 to prevent entry to foster care or re-entry to child welfare services. These services are available for all children, including those who were exposed prenatally to illicit substances or alcohol:

1. Ohana Conferencing;
2. Project First Care;
3. Crisis Response and Intensive Home-Based Services;
4. Home Visiting Services with developmental screenings and assessments to identify children at-risk for suboptimal health and developmental delays; some providers have a nurse on-call for children and families that may need more medical interventions;
5. Pre-placement physical exam;
6. Zero-to-Three Court;
7. Comprehensive Medical assessment within 45 days of placement; and
8. Early Periodic Screening Diagnosis and Treatment EPSDT for all children in foster care.

CWSB implemented a substance use assessment and drug screening policy for assessment and case management caseworkers in 2022. This policy outlines the purpose and limitations of drug screening, assessing for substance use in families, family engagement strategies, and referral processes. This policy offers much needed guidance to engage families with substance use concerns, understand the role caseworkers play in case planning, and understand how drug screenings inform the comprehensive assessment of the family. CWSB plans to train family court partners and other stakeholders on this policy in 2023.

Circumstances of children who may have been substance exposed are identified in CPSS as a precipitating factor of drug abuse or alcohol abuse by parents when an intake report is entered into CPSS.

Data

See Data Booklet APSR FFY 2022 Figure 4: Factors Precipitating Incident for Confirmed Victims SFY 2022 [Table]. In SFY 2022, of the 1,380 children confirmed as victims of harm,

- 476 (34.5%) children were identified with parental drug abuse as a precipitating factor. This is similar to SFY 2021 when 35% of children were identified with this precipitating factor.
- 187 children (13.6%) children were identified with parental alcohol abuse as a precipitating factor. This is a slight increase from SFY 2021 when 9.5% of children were identified with this precipitating factor.

Collaboration

The Hawaii Fetal Alcohol Spectrum Disorders Action Group (HIFASDAG), a group of volunteer educators, clinicians, researchers, and FASD family members continues to meet to pursue the goals of the HIFASDAG, which include enhancing community awareness of FASD, commitment

to addressing FASD, and training families and other individuals and professionals to recognize, assess, and effectively intervene with FASD-informed strategies. HIFASDAG is currently the only organization that provides advocacy for FASD-informed services and education and training on FASD in Hawaii. CWSB will continue to collaborate and become more involved in this collaborative and explore and leverage services available through HIFASDAG.

CWSB also continues to participate in the Perinatal Substance Use Disorder Workgroup, a collaboration of substance use treatment providers and Department of Health (DOH). The Workgroup is focused on program and services to support this target population and holds monthly meetings. CWSB is currently exploring ways to support a pilot program, Makua Allies, to be a long-term sustainable service for families. Makua Allies assists expecting or birthing people with substance use concerns by connecting them with a parent partner.

Practicing the Ohana Nui approach, in SFY 2021, CWSB continued its collaboration with DOH to explore the possibility of DOH providing home visiting services to children ages 0-5, regardless of whether they are known to CWSB. 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. Continued collaboration this year will focus on developing a Memorandum of Agreement (MOA) between CWSB and DOH to allow DOH to provide home visiting services to CWSB families. At this time, with Family First Hawaii services, CWSB plans to refer families with recently closed cases to DOH home visiting services if the families wish to continue home visiting services. If it is possible to keep the family working with the same staff during the transition and thereby promote continuity, rapport, engagement, and stability, CWSB will work with DOH to make it happen. Unfortunately, due to CWSB and DOH contracting with different providers in some regions, this may prove impossible.

The pandemic impacted CWSB's abilities to collaborate in-person when all meetings and services shifted to virtual meetings and services. Staff shortages at CWSB program development unit resulted in other programs such as Family First Hawaii demanding priority over others. Moving forward, Hawaii will continue monitoring this target population and ensure that services are available and accessible statewide to children, with the primary focus on children's developmental and medical care.

G. HUMAN TRAFFICKING

See Data booklet, Figures 100 through Figure 114 for information on human trafficking reports and victims for the period March 1, 2022 to March 2, 2023. Highlights of these figures include:

1. The majority of human trafficking cases are located on Oahu.
2. The average age for these human trafficking victims is 16.
3. 88% of the victims are female.

4. The common risk indicators for these trafficked youths include substance abuse and runaways.

Based on information from reports received, the statistically average victim is a 16-year-old Hawaiian female with a confirmed report of commercial sex trafficking with risk factors of drug involvement and runaway referred by a service provider on Oahu.

During the past fiscal year, the contracted provider continued its services during the COVID-19 pandemic. The contracted provider made accommodations for services based on client availability and provided services in person and remotely through the use of technology when access to services was limited.

CWSB developed an effective response to human trafficking and the CWSB Program Development office continues to focus on updating information on program areas that include trafficking, domestic violence, and outreach to the community to offer support and education. CWSB continues to collaborate with local communities to develop and implement effective human trafficking strategies. CWSB staff is working with community partners to provide information and training to enhance awareness of the signs of human trafficking, and explain how to report and appropriately access available community resources for those in need.

1. CWSB Staff Human Trafficking Training

Training on human trafficking is ongoing and held virtually and in person. CWSB Staff Development Office provides training on mandated reporting of human trafficking of minors and CWSB's human trafficking protocol during its new hire CORE training. Training for the new hire staff includes use of the Rapid Screening Tool (RST), the Commercial Sexual Exploitation of Children (CSEC) identification survey to use when a minor is identified or suspected of being a victim of human trafficking, and how to report human trafficking to the CWSB hotline. CWSB staff also participated in ongoing human trafficking trainings provided by other agencies throughout the year.

During the past fiscal year, the current contracted service provider for human trafficking provided trainings for CWSB staff, Community Empowerment Resources (mental health/case management) staff, DOE new VP's Academy Statewide, Parents And Children Together (PACT), and Hale Kipa.

CWSB continues to provide virtual and in-person trainings for the community on human trafficking for mandated reporters, on reporting, the human trafficking hotline, and the human trafficking checklist. The human trafficking guide and checklist are available on the DHS website.

2. Collaboration

CWSB is a member of the Commercial Sexual Exploitation of Children (CSEC) Steering Committee on Oahu. This Commercial Sexual Exploitation of Children Steering Committee is led by Judiciary and meets monthly. The steering committee include members from various State and Federal agencies. The purpose of this steering committee is to provide a coordinated system response to identify and respond to child victims of sex trafficking. This effort provides CWSB with additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits the overall framework.

DHS is also a member of the Honolulu County Human Trafficking Task Force (HCHTTF) led by the Honolulu Prosecutors Office. This task force meets monthly. Members of the task force include the Department of the Prosecuting Attorney, Susannah Wesley Community Center, Homeland Security Investigations, DHS, Legal Aid Society of Hawaii, Sex Abuse Treatment Center, Honolulu Police Department, Department of the Attorney General, FBI, Hoola Na Pua, and the Children's Justice Center. The mission of the Honolulu County Human Trafficking Task Force is to combat human trafficking through a coordinated collaborative response by law enforcement and service providers utilizing a victim-centered trauma informed approach to investigating and prosecuting human trafficking cases and providing comprehensive services to all victims of human trafficking.

CWSB supports efforts to increase trafficking education, training, and outreach efforts. CWSB and community partners continue to provide various statewide trainings on mandated reporting of human trafficking and CWSB Human Trafficking and Missing Children Protocols.

CWSB participated in several human trafficking awareness events this past fiscal year, which included a community awareness event hosted by the US Army CID in collaboration with Family Advocacy Program, Hoola Na Pua, and Celebrate Safe Communities, and sign waving on Human Trafficking Awareness Day to raise awareness about sex-trafficking in Hawaii.

CWSB continues to collaborate 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 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 needed data are being properly reported and tracked electronically. This electronic feed automatically notifies NCMEC when a foster youth is missing from care.

In August 2022, CWSB collaborated on a joint task force with the Federal Bureau of Investigations Honolulu office, in partnership with police on Oahu and on Hawaii Island on Operation Cross Country XII. Operation Cross Country is a coordinated operation among the FBI, other federal agencies, state and local police, and social services agencies across the country to find and assist victims of human trafficking, particularly child victims. The operation resulted in the recovery of ten missing and endangered children.

3. Trends

Based on the information from the community and service providers, several root causes of human trafficking of minor victims are:

1. Substance abuse (this is the highest risk indicator among minor victims).
2. Increase in the number of gang-controlled trafficking.
3. Increase in online human trafficking on social media or dating arrangement apps such as Seeking Arrangements, Plenty of Fish, Onlyfans, Skip the Games, and USA Sex Guide.
4. Increase in human trafficking in homeless encampments.

New trends that have been emerging are:

1. Behaviors directly related to minor victims' trafficking experience.
2. Running away or being kicked out of homes increases the risk of being trafficked for minor victims.
3. Cluster of friends, both females and males, who don't consider themselves gang involved in trafficking, and use of social medial platforms to send nude photos for a fee.
4. Increase in online human trafficking on social media apps such as Instagram and TikTok.

H. MARYLEE ALLEN PROMOTING SAFE AND STABLE FAMILIES PROGRAM (PSSF)

DHS received supplemental funds through MaryLee Allen Promoting Safe and Stable Families Program (PSSF) to provide community-based family support, family preservation, family reunification, and adoption promotion and support services. DHS focused on CWSB families across the state, who were under family supervision. CWSB identified 200 such families in need of tangible basic support items. Each family was allotted approximately \$1,300 worth of Walmart and Ross gift cards to purchase items, which included clothing, food, dishes, pots and

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pans, bedding, toiletries, hygiene supplies, car seats, and strollers, among others. Each CWSB section recorded the distribution of the gift cards in a tracker log. CWSB sections had until September 30, 2022 to distribute the cards to families, and the families had until December 31, 2022 to exhaust all the funds on the gift cards. Guidance was given to families regarding allowable items to purchase.

I. CONTINUOUS GROWTH

1. CWSB Primary Prevention Efforts

Hawaii Children's Trust Fund (HCTF)

CWSB continues to collaborate with the Hawaii Children's Trust Fund (HCTF) to support child abuse and neglect prevention efforts for all children in Hawaii. A CWSB representative is part of the HCTF Advisory Committee, which meets monthly to coordinate activities and trainings for the HCTF Coalition and the broader community.

The HCTF was established in 1993 by state legislation (HRS §350B) that created a public-private partnership between state departments and private organizations to strengthen efforts to prevent child abuse and neglect throughout the State. HCTF consists of three advisory groups: the Statewide Coalition, an Advisory Committee, and an Advisory Board. HCTF's mission is "to ensure that Hawaii's children develop into healthy, productive, and caring individuals by promoting the advancement of community family strengthening programs to prevent child abuse and neglect."

The Department of Health (DOH) is the lead state agency and the Hawaii Community Foundation is the lead private agency for this public-private partnership. The HCTF Advisory Committee requires membership from the public sector, including representatives from DOH, DHS, DOE, OYS, and the Judiciary. The HCTF Advisory Committee is responsible for planning, developing policy, and determining criteria and guidelines for HCTF grants to address prioritized areas of child abuse and neglect prevention as identified by the Coalition.

Neighborhood Places

Established by Act 302, SLH 1996, and under the guidance of the Blueprint for Change Task Force, DHS contracted with provider, Neighborhood Place Services, to develop a family-centered, community-driven, and social service delivery model. Neighborhood Place Services provide a safe and healthy environment for Hawaii's children and families through a consortium of public and private agencies to deliver coordinated services to a target population.

Neighborhood Place Services are provided statewide. The goals of Neighborhood Place Services are to assist families in need to ensure that children may be cared for, as much as possible, in their own home, or in the homes of relatives or other kin, and to promote the formation and maintenance of stable families through family strengthening initiatives.

CWSB's identified target population for Neighborhood Place Services include the following:

- a. Families with children at risk of child abuse/neglect, who request services to support and strengthen their families and decrease the risk of child abuse/neglect,
- b. Families with children identified by Neighborhood Places to be at risk of child abuse/neglect who are unknown to CWSB but need services to support and strengthen their families,
- c. Families assessed by CWSB as unconfirmed for child abuse/neglect but need supportive services to prevent child abuse/neglect,
- d. Families referred and not accepted to CWSB for investigation but assessed to need supportive services, and
- e. Families confirmed for child abuse/neglect but needing no more than six months of supportive services after the CWSB case is closed.

SECTION IX. YOUNG ADULTS AND CHAFEE

All federal Chafee funds support programs for services to current and eligible young people formerly in care through age 26. Hawaii State funds supplement contracts and programs that are required or needed to support Hawaii's young people. In January 2017, efforts began to provide a continuous and more comprehensive integrated independent living (IL) system for current and former youth in foster care. CWSB awarded integrated contracts that combined 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 an acronym, IHI. In Hawaiian, IHI also means "sacred or majestic." 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 youth 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 §346-395, HRS, (effective July 2014) extending foster care to age 21, a program better known as Imua Kakou;
3. Normalcy and prudent parenting (Act 133, SLH 2016);
4. Enactment of §587A-3.1, HRS, (Act 105, SLH 2018), 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.

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. It will continue to focus on improving access to services and ensuring service delivery is culturally sensitive and applies a trauma-informed healing approach.

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With this IL-integrated approach, CWSB is confident that positive outcomes will be achieved by young people.

A. IHI (INDEPENDENT LIVING, HIGHER EDUCATION, ETV, IMUA KAKOU) CONTRACTS

1. IL Services for Youth in Foster Care Ages 12-18

Services must be individualized and vary by age and individual needs. Depending on the needs of the youth, planned services may involve more group activities and trainings, or support groups rather than individual case planning and case management.

All youth in care aged 15 years and older must have an individualized Independent/Interdependent living transition plan. The transition plan should start early and be broken into short-term, age-appropriate, and manageable goals that align with a youth's individual needs, hopes, and strengths.

All youth in care aged 17/18 years, during the 90-day period prior to the youth exiting foster care, must be encouraged and supported in developing a transition plan that will address their needs for housing, employment, education, mentors, continuing support services and health insurance. This plan must be developed by the youth with the assistance and support of the CWSB social worker and/or a Youth Circle before they exit care.

Services for 12- to 17/18-year-old youth must be geared toward providing support for the youth's emotional, psychological, spiritual, and physical well-being, understanding foster care, self-advocacy, cultural identification and diversity issues, communication, relationships, social capital, permanent and long-term connections, goal-setting.

In SFY 2022, 138 youth in this age group (minors in foster care) participated in independent living services statewide. *See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2022 for details.*

2. IL Services Providing Support and Outreach for Youth Adults Formerly in Foster Care, ages 18-26 up to their 27th birthday

Priority is given to young people who exited care under DHS custody and are NOT receiving IK or HE services.

Services may range from information and referral only to more intensive support and assistance, including crisis intervention, in areas such as physical health, mental health, housing, finances, employment, education, relationship connections, social capital, and parenting-if relevant. Group activities may include IK and HE participants.

3. Imua Kakou/EFC for Youth Adults

The extension provided by Public Law (P.L.) 116-260, Division X of the *Consolidated Appropriations Act (CAA) 2021*, allowed young adults who turned 21 years of age from January 27, 2020 through September 30, 2021, to remain in or reenter care. IHI providers contacted eligible young adults to restart services. IK/EFC resumed its ongoing structure, requirements, and support for young people post-CAA.

Imua Kakou services include:

1. Monthly financial support for the young people and their children living in their custody, at the current foster board rate;
2. Ongoing case planning and management to reach case plan goals and objectives;
3. Monthly visits; and
4. Transition planning.

Imua Kakou provides greater support and access to:

1. Housing;
2. Education;
3. Health care services;
4. Employment;
5. Independent living skills training, including sexual health, parenting, and financial education; and
6. Connections with family and the community.

Imua Kakou case plans address critical components to prepare youth for independent living, including:

1. Building strong social capital with family and life-long adult and cultural connections;
2. Health, including medical, dental, and mental health, and the well-being of the young adult's children;
3. Independent living skills;
4. Parenting skills, if relevant;
5. Housing;
6. Education;
7. Employment;
8. Permanency goals; and
9. Youth engagement.

In SFY 2022, 216 young adults participated in the IK program statewide. *See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2022 for details.*

See IX.D. Imua Kakou & Extended Assistance Programs for more information.

4. Higher Education Stipend and Education and Training Vouchers

The DHS Higher Education Stipend program is governed by §346-17.4, HRS, 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:

1. Age: at least age 18 years, but less than age 27 years.
2. Placement: formerly under DHS placement responsibility pursuant to Chapter 587A HRS.
3. 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.
4. Institution of higher education: attending or accepted to attend an accredited institution of higher education in an academic or vocational program.

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.

Young people formerly in care may not concurrently participate in the Higher Education Stipend Program and Imua Kakou or Extended Permanency/Adoption Assistance Programs.

130 young adults who received Higher Education benefits in the SFY 2022 also received IL supportive services. *See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2022 for details.*

See IX.C. Higher Education & ETV for more information.

5. Youth Who Emancipated from Foster Care (ages 18-27 and not in IK or HE)

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.

Hawaii's former foster youth living outside the State of Hawaii, or who were adopted or placed in legal guardianship by the DHS, may receive information and referral services from IHI providers.

In SFY 2022, 135 young adults received IL services (not in IK or HE) statewide. *See the Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2022 for details.*

B. INDEPENDENT LIVING COLLABORATOR

CWSB has procured the services of an Independent Living Collaborator (ILC) since October 2015. This action was based on a strong recommendation in a Casey Family Programs report following their gathering and assessment of information from necessary partners such as the young people, CWSB, providers, and other stakeholders. The ILC has continued to assist CWSB with on-going collaboration, 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.

One of the critical functions of the ILC continues to focus on helping CWSB manage the Independent Living, Higher Education, and Imua Kakou (IHI) contracts by supporting provider agencies and community organizations through sharing information, trainings, and meetings. These trainings and meetings continue to include multiple internal and external partners including child welfare frontline administrators, Program Development staff, IT providers, CQI Team, and young people. The ILC has continued to be part of the planning committee for special events such as the Oahu Teen Days, Graduation Celebrations, the Ohana is Forever Conference, and the Pono Process/Case Planning Committee.

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

Independent Living, Higher Education, and Imua Kakou Services (IHI) case managers. There are also statewide convenings with the young people, IHI case managers, and CWSB staff. These convenings promote communication and teamwork between CWSB and IHI Case Managers. Young people formerly in care are actively involved in planning the workgroup meeting agendas and facilitating sessions. Feedback from young people is used to identify areas to improve case management practice. Topics for the meetings and convenings included: engaging young people through case planning, young people-friendly documentation, providing and receiving feedback, creative solutions to challenges, resources, possible needs, and trainings.

The ILC continues to work closely with the HI H.O.P.E.S. Initiative and EPIC Youth Partners to encourage youth and young adult involvement and to build strong relationships with other youth-focused entities. The ILC also supports and addresses CFSP goals for collaboration, workforce, prevention, and CQI. The ILC will continue to assist CWSB in strengthening communication and support with IHI providers, and to enhance the services and positive outcomes for young people. Included in the ILC's scope of work are: monitoring case management effectiveness, following up on CQI contract reviews and action plans, oversight/CQI work with Imua Kakou teams, ensuring trauma-informed care training, and ongoing case and collaboration reviews.

In 2021 – 2022, the ILC and other partners were instrumental in developing protocols and expediting the expenditures of the CAA award of Chafee funding to support eligible young people in foster care and those who transitioned out of foster care.

C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS

Higher Education

The State-funded Higher Education Stipend Program (HE) has been a tremendous success and benefit to young people formerly 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. In the 2022-23 school year, 226 students participated in the HE Program. During the school years 2018-2019 through 2022-2023, the students participating in this program were comprised of an average of 71 or 27% new students and 188 or 73% returning students. *Refer to Data Booklet, Figures 122 and 123: Higher Education Stipends School Years 2018-2019 through 2022-2023 (Table) and (Chart), for detail and graphic representation.*

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 (Extended Foster Care to 21) at age 18, and then entering the State-funded Hawaii

Higher Education Stipend Program after exiting Imua Kakou at 21, eligible young people have access to supportive and financial benefits from age 18 to age 27, while attending an institution of higher education.

Hawaii is proud to support students formerly in foster care achieve their educational goals. Hawaii's systems of financial assistance accommodate the reality that young people formerly in foster care often start on their higher education paths later than their same-age 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.

Education and Training Vouchers (ETV)

Hawaii continues to address the under-utilization of ETV awards. CWSB remains committed to assisting 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. 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 in 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.

As the flexibility of ETV requirements ended, the number of young people receiving ETV benefits returned to the more typical number of awards, at 45 for the 2022-23 school year. Although Hawaii continues to promote the usage of ETV benefits, young people are not eligible for ETV benefits for various reasons. Many young people seem to be in a "catch 22" situation. By attending community colleges while living with family, friends, or former resource caregivers, young people are often able to keep their expenses to a minimum while they receive either Extended Foster Care (EFC)/Imua Kakou (IK) stipends or state-funded Higher Education stipends. Given these lower costs, unintended consequences resulted with the young people sometimes not meeting the financial need criteria for ETV. Some young people choose to participate in the EFC/IK program because it provides a broader safety net for them to explore employment before attaining the age of majority, rather than feeling pressured to

attend higher education to in order to receive support. For young people who are in foster care and became young parents, their children become their immediate priority, rather than attending higher education. Extending ETV eligibility to age 26 offers possibilities for more young people to enter higher education at a later time in their lives.

See Data Booklet, Figures 124 and 125: Education and Training Vouchers School Years 2018-19 through 2022-23 (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 youths in foster care, and for 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 eight years on June 30, 2022. As discussed in other parts of this report, 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 Program, established 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. The numbers remain small, with SFY 2022 monthly averages of six youth with Extended Adoption Assistance, and 10 youth with Extended LG/Permanency Assistance, as it is a permanency option for an older population. See Data Booklet, Figure 126: Young Adults Receiving Imua Kakou or Extended Assistance Monthly Averages for SFYs 2018-2022, and Figure 127: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFYs 2018-2022.

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 2022, SHAKA logged 116 applications in various stages of completion. Of these applications, 50 applicants (43%) were determined eligible for Imua Kakou, 14 applicants (12%) were determined ineligible, 20 applicants (17%) were referred to other resources, and 32 applicants (28%) 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. Applicants who are determined ineligible are referred to other community services/benefits and resources. See Data Booklet, Figure 128: Imua Kakou Applications SFYs 2018 – 2022 and Figure 129 SFYs 2018 – 2022 Imua Kakou Applications – Reasons Why Ineligible.

4. Participant Demographics and Other Tracker Data

In February 2023, there were 218 Imua Kakou cases open in the SHAKA database. Based on the data, a “typical” Imua Kakou participant is a Hawaiian (61%) female (56%) who emancipated from foster care while under CWSB placement responsibility (87%). She resides with relatives (27%) or is living in a resource caregiver home (18%) while maintaining eligibility through completing secondary education and was involved in developing her case plan.

Trend information from surveys of 106 young adults exiting Imua Kakou during SFY 2022 indicates that the young adult is exiting at age 21 (58% of cases), has a relationship with at least one adult who is trusting, supportive, and unconditionally will always be there (93%), has a Social Security card (95%), birth certificate (97%), and medical coverage (91%). Although there is some overlapping and duplication of coverage, Hawaii's Medicaid program, QUEST Integration, is the major health insurance provider (88%).

Termination/Closing Tracker information indicates that most young people are working (60%), in an employment preparation activity (1%), are in post-secondary education (27%), or are not doing any activity (9%). 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.

Imua Kakou case plans for all young adults include meeting the federal requirement of creating 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 Epic Ohana Independent Living Collaborator (ILC) and UH Law School staff also review and monitor cases from each CWSB section/IK Teams and hold quarterly teleconferences to provide support to the IK Teams for the young people and to ensure that federal and state requirements are being met.

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 Opio 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) of 2021, (P.L. 116-260): (Supporting Foster Youth And Families During The Pandemic Act) - Hawaii's Plan & Implementation - Completed in September 2022.

In 2020-2021, Hawaii coordinated a workgroup through 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 continued to meet regularly to ensure that 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:

- a. 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.
- b. 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. 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.
- c. Provide expedited support for the wave of young people re-entering Imua Kakou or foster care via supplemental Chafee funded provider contracts.
- d. Supplement the Chafee-ETV awards and create flexible eligibility requirements to provide much needed support for young people.
- e. Added funds into HI HOPES Match Bank Accounts for young people who exited foster care.

All CAA funds were expended by December 2022, as required by the federal government. Hawaii's young people, advocates, CWSB, community, Judiciary, and other community partners greatly appreciated the extra support from the federal government during the pandemic. The workgroup and all the young people and partners created a very successful collaboration.

3. Youth Homelessness

CWSB has continued its partnership with the City and County of Honolulu Public Housing Authority to make Family Unification Program (FUP) vouchers available to former foster youth. The contracted provider, Hale Kipa, and a CWSB representative have continued to assist the City and County in improving youth access to vouchers and other resources. For SFY 2021, twelve FUP vouchers were issued. For SFY 2022, seven FUP vouchers were issued.

A maximum of 25 vouchers are available each year. A voucher may be renewed annually for up to five years, rather than three years, as provided in HUD's recent amendment. As Hawaii experienced barriers described below, there were challenges in issuing of vouchers during 2021 and 2022.

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. For SFY 2021, eight FYI vouchers were issued for East Hawaii and one for West Hawaii. For SFY 2022, no FYI vouchers were issued. During SFY 2023, three FYI vouchers have been issued thus far.

HUD recently expanded its eligibility to allow Housing Authorities to provide both FUP and FYI vouchers. HUD is open to exploring a roll-out of this option statewide.

As CWSB continued collaborating with young people, EPIC Ohana, HI H.O.P.E.S., providers, PHAs, and HUD to implement access to the FUP and FYI vouchers, barriers emerged:

- a. The FYI program was thought to accommodate only single individuals or single parents with children and that couples, married or unmarried, are required to rent a two-bedroom unit and obtain two separate rental agreements; this understanding was grounded in an interpretation of a HUD requirement. CWSB and the collaboration researched and contacted HUD, PHAs, ACF, and Annie E. Casey. They were successful in obtaining clarification from HUD, via a national advocate, National Center for Housing and Child Welfare (NCHCW), that married or unmarried couples with children are allowed to rent a one- or two-bedroom unit on the same rental agreement.

- b. In 2021, another 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. The Hawaii collaboration has been working with HUD, ACF, PHAs, Annie E. Casey, CBCs, and youth advocates to resolve this issue. Hawaii is seeking options such as a waiver to allow provision of both extended foster care (EFC) benefits and housing vouchers. One concern noted was that states would opt to terminate EFC benefits if given the vouchers. Hawaii young people were trying to manage with both EFC and the vouchers, until the voucher option was denied. Losing the vouchers greatly increased the young people's struggles, especially during the pandemic and post-pandemic years. The young people want the government to allow them to use both benefits, i.e., EFC and the housing voucher. The young people are seeking support from Hawaii Senator Brian Schatz and/or U.S. HUD Secretary Fudge to resolve this matter.

CWSB also 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 also remains committed to its partnership with Partners in Care, the Oahu Continuum of Care for homelessness, in its efforts to support Oahu's homeless population including youth formerly in foster care.

4. Human Trafficking

For information on human trafficking, see Section VIII. CAPTA, G. Human Trafficking.

5. Medical Coverage

In this past year, CWSB continued to collaborate with Med-QUEST Division (MQD) (and use its Kauhale On-Line Eligibility Assistance (KOLEA) system), EPIC Ohana contracted providers, and CWSB Federal Payment Programs Eligibility unit (FPPEU) to ensure that former youth in foster care continue to have medical coverage through age 26.

Discussions continued to include streamlining and improving information sharing regarding youths' eligibility for continued Medicaid coverage. The revised CWSB-MQD Communication Form (Foster Care) that was made available online in the KOLEA system, helped to improve this process. The training of CWSB staff on the KOLEA system provided support to CWSB staff who manage medical insurance coverage applications.

The collaboration will continue to meet as needed to identify problems, find solutions, and ensure that continued medical coverage is provided to youth formerly in foster care through age 26. The strong partnership of the MQD and the federal Centers for Medicare and Medicaid Services and their state counterparts have greatly benefitted Hawaii in resolving issues regarding eligibility and maintenance of coverage issues.

At the end of 2019, with continued collaboration with MQD, CWSB was informed that more young people would be eligible for inclusion in the Former Foster Youth category. Young people receiving adoption assistance payments and kin guardianship assistance payments (KinGAP) until age 18 were 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 has also been attending national information sessions and working with MQD to support MQD’s January 1, 2023 implementation of mandatory national Medicaid coverage for the former foster care children (FFCC) group. These changes, which were made by the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities (SUPPORT) Act, Pub. Law No. 115-271 (2018), expanded eligibility to individuals who were in foster care from other states and simplified eligibility determination and enrollment processes for this population. CWSB provided MQD data from services providers, for populations such as the homeless and participants in independent living programs, to determine estimated numbers of young people formerly in foster care from other states. CWSB is awaiting a formal announcement of the authorization and processes from MQD before disseminating information to entities serving young people.

CWSB staff, youth leaders including those with lived-experience, 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 any policy and benefit changes.

6. E Makua Ana (Becoming an Adult) Youth Circles

Hawaii continues to use Youth Circles (YC) to facilitate a family group decision-making process for youth currently and formerly in foster care, aged 14 to 27. The primary purpose of a YC is to empower the youth or young adult while developing a transition plan to adulthood with assistance from the youth’s supporters. Members who normally attend YCs have included the youth’s family, friends, community members, teachers, service providers, and CWSB caseworkers. This service is provided via a purchase-of-service contract with a local non-profit agency.

Youth Circles focus on:

1. Increasing the youth's self-advocacy skills;
2. Connecting youth with their circle of support;
3. Providing resources for further education, training, employment, financial assistance, housing options, and other social services;
4. Supporting well-being and healthy development;
5. Reducing homelessness; and
6. Encouraging and supporting "dream big."

YCs have been instrumental in developing independent living transition case plans for youth in care aged 14 years and older, including transition plans for youth who are likely to exit care on or after their 18th birthday.

YC agendas have also included educating young people on the importance of a good credit score, to clarify and assist the young person's understanding of the extended foster care to 21 (Imua Kakou) program requirements, and creating an IK case plan.

In SFY 2022, there was a decrease in the number of youth participating in YCs compared to the total number of YCs conducted in SFY 2021, when there were 332 total Circles for 272 youth (SFY 2022 = 292 YCs, 245 youth). This may be due to the overall decrease of children in foster care, (SFY 2021=2,520; SFY 2022=2,322). *See Data Booklet, Figure 30: Number of Children in Care by Age Group: SFYs 2018-2022. Also see Data Booklet, Figure 120: Youth Participants & Youth/Imua Kakou Circles SFY 2018 - 2022.*

Hawaii continues to work on improving its referral process to YCs to ensure eligible youth have the opportunity to participate, to continually assess the youth's needs, and adjust the YC's format to meet those needs. The goal is to increase referral and participation numbers. YC meetings have transitioned back to a combination of in-person and virtual YC gatherings as safely as possible. Youth have expressed that YCs have been very helpful in advocating and including their voices in decision making as they plan their transition to the reality of adult life and responsibilities.

Efforts in this area address CFSP goals for collaboration, workforce, prevention, and CQI.

7. CWSB Youth Advisory Board

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board continues to be active on Oahu, Maui, Kauai, and East and West Hawaii. The HI H.O.P.E.S. board membership 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. The HI H.O.P.E.S. board continues to help increase public awareness of

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youth in foster care through its outreach to other sectors in the community, e.g., education, employment, and housing.

The HI H.O.P.E.S. board has continued to focus on raising awareness of the issues, rights, challenges, and strengths of young people currently and formerly in foster care by collaborating in planning and implementation of annual activities such as Oahu and neighbor island Teen Days, Ohana is Forever Conferences, the Child Welfare Law Updates, Family Court Symposiums, and other court and CWSB sponsored events. The young people are frequently the highlight of presentations and panels at these activities.

Under the supervision of the HI H.O.P.E.S. Initiative Statewide Manager and in collaboration with DHS MQD and CWSB administration and staff, the board helped improve current and former foster youth access to health care and ensure continued health care coverage through age 26 by identifying barriers and suggesting improvements to the system. Currently, the collaboration is working with MQD to implement medical coverage for all youth formerly in care, effective January 1, 2023.

HI H.O.P.E.S. also advocates for youth engagement in case planning. They are part of a national workgroup for a pilot project to explore case planning, engagement, permanency, and culture, among other issues. The pilot is part of the American Bar Association and Spaulding, QIC-EY (Quality Improvement Center on Engaging Youth in Finding Permanency).

The creativity and advocacy of this group did not wane during the pandemic. The Board has continued to collaborate with local communities, through CP Hui -Community Partnership Hui. CP Hui consist of young people, EPIC Ohana, CWSB, Judiciary, Providers, DOE, and businesses with focus on areas such as system change, resources, events, and HI H.O.P.E.S. matching funds. The voices and leadership of the young people have guided government and community collaborations through the pandemic and beyond on behalf of young people and families.

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, thus meeting the goals and requirements of the federal government to provide for young people in and formerly in care during the pandemic.

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

CWSB has continued efforts, with support from the Independent Living Collaborator (ILC), Youth Circle programs, and the SHAKA Team to locate and engage young people to complete NYTD surveys. Survey participants are offered incentives 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 FFY 2022, 24 (75%) of the 32 youth in the 19-year-old follow-up group completed surveys and follow-up survey requirements as part of Cohort-4. Reasons why the other eight youth (25%) did not complete the survey included the youth declining to participate and inability to locate the youth.

Hawaii continues to incur periodic penalties and to face challenges in finding young people, especially those who are not already connected to transitional programs when they exit foster care at age 18. Continuing search efforts include social media and partnering with MQD and other youth serving agencies. CWSB and partners continue to explore and to consult with national entities and other states regarding these shared challenges and possible solutions. Other efforts currently being explored by Hawaii include:

- CWSB partner, EPIC Ohana, hired a lived-experience young person to support NYTD and other young people projects.
- For Cohort 4 and Cohort 5, EPIC will make efforts to enroll all NYTD survey respondents in the HI H.O.P.E.S Match program, which will provide participants with a matched savings account and promote more opportunities to provide updated information.
- EPIC will contact young people during the gap years between survey periods to obtain updated contact information and encourage young people to take advantage of available resources.
- EPIC will use funds through the ILC contract to provide small stipends when young people participate in surveys and for short surveys to update contact information.

Contracted IL service providers have continued to partner with CWSB on NYTD compliance by assisting with data collection and sharing and inputting data into SHAKA. The on-going partnership of CWSB and the SHAKA team has been vital to CWSB's ability to comply with NYTD requirements. NYTD data is widely shared to help inform CWSB staff and CWSB partners about the circumstances of foster youth and young adults in

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many areas, especially homelessness, parenthood and parenting, education, and ethnic disparities.

The Liliuokalani Trust has approached CWSB to partner in sharing de-identified NYTD data outcomes in hopes of increasing understanding of transitional youth in Hawaii.

This expansion continues CWSB's 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 improve outcomes for Hawaii's youth and young adults.

9. Youth-In-Court Facilitation Program

Since approximately March 2015, the Youth-in- Court facilitation program has provided orientations and support to youth who attend court hearings for their child welfare cases; this role is unique to Hawaii and perhaps only one other state. The current facilitator is a UH graduate and former foster youth and is the program's first Youth-in-Court Facilitator. The Facilitator meets with youth in the court waiting area to distribute and review a brochure for youth regarding the CWSB court process to let youth know they can request a pre-hearing meeting to speak to the presiding judge while accompanied by the guardian ad litem (GAL). The brochure explains foster care and what can happen while in foster care, the roles and responsibilities of the parties in the case, the various child protective hearings, and the Child Protective Act (CPA) Rights of Children in Foster Care. The guide also includes a list of resources geared towards foster youth who may be planning for life after foster care. The facilitator helps the youth prepare for their meeting with the judge, attends the court hearing if the youth requests it and if approved by the judge, and helps the youth debrief after the meeting. During the pandemic, youth were not allowed to attend court hearings so the responsibilities of the facilitator moved to assisting youth apply for enhancements funds and other resources, ensuring youth have their vital documents, and participating in planning activities to support youth during the pandemic through virtual means. In early 2023, the Oahu Family Court resumed welcoming youth at court and strongly encourages youth to meet with their presiding judge virtually or in person as required by the Child Protective Act. The facilitator has thus resumed her original functions.

10. Planned Activities for FFY 2024

Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY)

Hawaii's CWSB was selected in 2023 as a QIC-EY pilot site.

Funded by the United States Department of Health & Human Services, Administration for Children & Families, Children's Bureau, beginning in October 2021, the Quality

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Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) is charged with advancing child welfare programs and practices to ensure that they are authentically engaging and empowering children and youth in foster care throughout the United States, especially in relation to permanency decisions. It is expected that the components and impact of the QIC-EY will bring about systemic changes in how children and youth are authentically engaged as reflected in intentional policy, practice, and culture shifts in the pilot sites. The QIC-EY is a five-year, cooperative agreement led by Spaulding for Children in partnership with the North American Council on Adoptable Children (NACAC), the New England Association of Child Welfare Commissioners and Directors, the University of Nebraska-Lincoln and the University of Washington.

To accomplish its goals, the QIC-EY will partner with six to eight pilot sites (states, counties, tribal nations and territories). These sites will receive support and resources from the QIC to implement a child and youth engagement model, a training and coaching model for the child welfare workforce and a training on child and youth engagement for courts. They also will receive QIC support and resources to make systemic changes in how they authentically engage children and youth. The information gained from these pilot sites will help to transform how children and youth are engaged authentically in child welfare systems throughout the nation.

QIC-EY was especially interested in Hawaii as a pilot site due to Hawaii's many years of nationally acclaimed work with young people. EPIC Ohana has been touted as a national leader in youth engagement and empowerment based on its work with Annie E. Casey Foundation, Jim Casey Youth Opportunities Initiative, and other organizations. The exemplary partnership and collaboration with CWSB, the Judiciary, and other partners is an outstanding model of practice.

EPIC Ohana (EPIC) is co-lead with DHS in the QIC-EY pilot. EPIC has coordinated informational meetings for Hawaii with the QIC-EY Core staff, hiring staff for the HI QIC-EY pilot, and working with DHS to process required operational documents such as an MOA. CWSB administrators and EPIC have been working with field staff to engage them in the decision-making, planning, and implementation processes. EPIC will also draw on the expertise of their young people and their internal programs such as the HI H.O.P.E.S. Initiative/Youth Advisory Council and the Independent Living Collaborator noted below, to assist with the QIC-EY collaborative work.

CWSB will also continue to collaborate to improve in the following areas:

- a. HI HOPES Initiative/Youth Advisory Council (Youth Engagement and Empowerment)

The partnership between CWSB staff, HI H.O.P.E.S. Initiative, HI H.O.P.E.S. Youth Leadership Board, and CWSB contracted providers supports a powerful young adult voice that guides policies, procedures, and program design and encourages young adult leadership.

In SFY 2024, the collaborative will need to continue oversight of the Bill of Rights for Children in Foster Care and the grievance process/Pono Process. EPIC is also revisiting implementation of trainings and supportive sessions, such as “Self-Advocacy” for youth 12-18 in care, and a series of trainings called “Foster Care 101”.

Additionally, there will be a focus on enhancing young people involvement in their case planning. These are collaborative efforts to follow-through on Public Law 113-183 Strengthening Families.

The collaborative also was instrumental in informing and implementing health care insurance coverage to age 26 in Hawaii. It maintains oversight, fields questions, and assists in problem-solving areas of concern regarding medical coverage. It is also working with MQD to provide feedback, data, and recommendations for implementation of nationwide health care insurance coverage for young people formerly in care, effective January 1, 2023. The Med-QUEST Division will provide CWSB documentation to disseminate information on this significant change in medical coverage for young people.

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 2024, ILC contract services will continue to be a key source of connecting, convening, and collaborating.

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 Youth Partners 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 the 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 “post-pandemic new world” and include other training topics identified by the young people, IHI providers, CWSB, and other collaborators. Mental health issues and resources has been a statewide topic for the young people, providers, and CWSB. Ongoing quality assurance support will be provided by the UH Law School and CWSB caseworkers working on Imua Kakou (IK) initiatives. ILC partnership with CWSB for CQI and support has been critical to sustain the IK program.

The ILC has been critical for ongoing enhancements of IHI services and ensuring support for young people and the providers who support them. It has been a critical partner in any youth-related program, initiative development, implementation, youth engagement, CQI, problem-solving, collaborations, meeting federal and State requirements. These youth-related areas include Higher Ed, IK, IL, ETV, legislation, case planning, and youth events.

The ILC and a HI H.O.P.E.S. young person with lived experience were lead organizers and facilitators with CWSB on successfully implementing the federal requirements of the Consolidated Appropriations Act (CAA), effective December 27, 2020. The tri-leads led 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 created a seamless system of care 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. The same providers were awarded the IHI contracts, effective July 1, 2022.

During SFY 2023 and SFY 2024, efforts will be directed toward 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 extensive and healing cultural resources; and partnering statewide with IHI providers, e.g., taking turns hosting Zoom training sessions statewide, to work with the young people they serve and the HI H.O.P.E.S Board; and hiring young people with lived experience. Collaborative efforts remain a challenge, but the ILC convenings, trainings, and support are showing promise as demonstrated by increased relationship building with agency staff who share and ask for promising practices.

Information Technology

CWSB and the ILC work collaboratively with workgroups and continue 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. The workgroup has been working on streamlining applications for Higher Ed, ETV, and IK.

The collaborative workgroups also continue 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 and the workgroups also seek 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 2024, the IL section on the DHS website will continue to be maintained and enhanced. The various workgroups will be asked to give feedback on the enhancements. See more information through this link:

<http://www.ilpconnections.org/>

X. RECENT HAWAII LEGISLATION

The 32nd Hawaii State Legislature, 2023, passed bills impacting DHS and CWSB. From additional appropriations, simplifying procurement, disaggregating data, and creating new rights, the following describes changes in Hawaii law. (Note: as of 6/23/23 bills, without Act numbers are not yet signed or will become law without Governor's signature.)

ADDITIONAL RESOURCES & WORK GROUPS

SB 295 RELATING TO THE CHILD WELFARE SERVICES. – Act 86

This measure establishes the Malama Ohana Working Group within the Office of Wellness and Resilience and describes the 12-member working group. The working group's purpose is to establish a trauma-informed child welfare system that sustains a community-based partnership and responds to the needs of children and families in the system and community. DHS supports this collaborative as an all government and community approach to improving the child welfare system.

SB 318 RELATING TO FETAL ALCOHOL SPECTRUM DISORDERS.

The bill requires the Department of Health (DOH) to establish and administer a three-year comprehensive pilot program that implements a co-management system of care for persons with a fetal alcohol spectrum disorder. DHS supports the effort to create a multidisciplinary system of care to improve outcomes for individuals with fetal alcohol spectrum disorders and the public awareness campaign to prevent fetal alcohol spectrum disorders. DHS will work with DOH on this endeavor.

SB 811 RELATING TO DEMOGRAPHIC DATA.

The measure establishes a temporary twenty-first-century data governance task force to be led by the director of the Office of Planning and Sustainable Development or the director's designee. To better understand the needs and experiences of these different communities and for Hawaii to properly administer the State's trust responsibilities of Native Hawaiians, disaggregating race data is needed to shape programs and policies to advance equitable outcomes.

SB944 RELATING TO THE UNIFORM PARENTAGE ACT.

To keep up with modern relationships and advances in reproductive technologies, the State's parentage law needs to be updated. This measure requires the Department of the Attorney General (ATG) to convene a task force to recommend amendments to update existing parentage laws that reflect cisheteronormative concepts of families, parenthood, and parental rights.

CWSB presently provides various prevention and intervention services to reduce or address the impact of child abuse and neglect, including adoption and guardianship. Changes to the parentage law will require CWSB and other DHS programs to update their processes, IT systems, and forms to reflect future changes to the applicable laws and conduct staff and provider training. DHS must also align updates to comply with federal reporting requirements. These updates take time and resources.

HB 300 - RELATING TO THE STATE BUDGET.

DHS Budget highlights supporting children and families include funds:

- To expand Preschool Open Doors (POD) to eligible three-year-old children and increase child care subsidies in FY2025;
- To support Temporary Assistance to Needy Families (TANF)/ Temporary Assistance to Other Needy Families (TAONF) recipients participating in First To Work Program with up to \$500 in rental assistance and allows DHS to access the State's "TANF Reserve."
- To MQD to support the child wellness program pilot to encourage pediatric wellness visits;
- For the Social Service Division to increase support for children in foster care, to recruit and retain social workers, to increase payments to contracted service providers, and for two nurses to assist Adult Protective Community Services; and
- To the Office of Youth Services to support shelters for homeless youth, youth programming, and funds for programs to support victims of sex trafficking.

Unfortunately, the budget did not grant requests to fully fund Family First Hawaii and increase compensation for staff.

HB 579 RELATING TO HUMAN TRAFFICKING. – Act 83

The bill establishes the statewide human trafficking prevention program within ATG that includes a needs assessment, offender accountability strategies, public awareness, comprehensive training, and applying for federal anti-trafficking funding.

DHS supports this measure as a statewide human trafficking prevention program led by ATG will improve coordination of the system's response and continue adding resources to prevent and respond to the needs of human trafficking survivors. Act 16, Session Laws of Hawaii 2017 (Act 16), amended the definition of "child abuse or neglect" to ensure that mandated reporters of child abuse and neglect report to DHS known or suspected child victims of sex trafficking or severe forms of trafficking in person. Act 16 brought Hawaii's child abuse statute into compliance with the Justice for Victims of Trafficking Act of 2015 (P.L. 114-22).

NEW LAW

SB 45 RELATING TO MINORS.

The bill adds to §586-3, Hawaii Revised Statutes (HRS), that any minor sixteen or older or any emancipated minor per §577-25, HRS, may petition for a protective order on their behalf without the consent of a parent or legal guardian. The bill's initial draft related to dating relationships when parents are not aware of the relationship; however, the final version applies to all contexts. It is unclear how this law will be implemented and whether the Family Court will initiate a Child Welfare investigation if parents are not aware of the alleged abuse.

SB 406 RELATING TO CHILD VISITATION. – Act 77

This bill amends Hawaii's law clarifying visitation rights for grandparents compliant with the US Supreme Court's holding in Troxel v. Granville, 530 US 57 (2000). The Troxel case upheld parents' 14th Amendment right to raise their children without state interference.

The key points are that grandparents may petition the family court for visitation with their grandchildren when their son or daughter, the parent of the grandchild, is deceased or incarcerated. For the petitioning grandparents to prevail, they must rebut the presumption that a parent's or custodian's decision regarding visitation is in the best interest of the children. To rebut the presumption, grandparents must show that the denial of reasonable visitation with the grandchildren will cause significant harm to the grandchildren.

DHS is concerned this law may impact child abuse and neglect cases brought per Chapter 587A, HRS. In these cases, per §587A-15(c)(1), HRS, the Family Court and the agency have the discretion to permit visitation to family members who had visitation *before* temporary/ foster custody was granted to the agency. While there may be situations where the Family Court or agency authorizes visitation without a petition for visitation, the remaining parent sometimes objects to visitation with the other parent's family, especially in cases with allegations of child sexual abuse, domestic violence, or substance abuse. Where grandparents petition for visitation during the Chapter 587A, HRS case, these visitation proceedings will take focus and resources away from the child welfare case impacting the remaining parent as they work on their ability to provide a safe and nurturing home in the Chapter 587A case.

DHS CWSB will need to conduct staff training and revise procedures to assess whether it is in a child's best interest to have visits with grandparents. Lastly, if CWSB determines supervised visits are needed for these visits, CWSB will need additional resources.

STRENGTHENING, CLARIFYING & MODERNIZING LAW

SB 1 RELATING TO HEALTH. – Act 2

This measure is in response to the U.S. Supreme Court's decision in Dobbs v. Jackson Women's Health Organization (2022), which overturned its 1973 landmark decision in Roe v. Wade. The Act's key points are preserving access to all reproductive health services, including abortions, and authorizing physician assistants and advanced practice registered nurses to help increase such access. Further, the measure seeks to protect individuals who access care and providers who provide services by declaring that the laws of other states authorizing civil actions and criminal prosecutions for receiving, seeking, providing, or aiding and abetting the provision of reproductive health care services are contrary to the State's public policy and prohibits recognition and enforcement of other states' laws that impose civil or criminal liability relating to reproductive health care services.

The department supports this measure that maintains access to reproductive health services so residents can seek and obtain services without fear of prosecution.

SB 109 RELATING TO GENDER-NEUTRAL TERMINOLOGY.

This measure replaces gender-specific terminology used in certain parental and marital matters with gender-neutral terminology and to update Hawaii's laws to reflect new concepts of the family. The changes in gender-neutral terms are as follows: mother or father = parent; mother = birthing parent; father = non-birthing parent; stepfather = birthing parent's spouse; husband and wife = married couple; paternity = biological parentage; man = person; natural parent (aka mother or father) = birthing parent or non-birthing parent; brother and sister = sibling; uncle, niece, aunt, nephew = a person and the child of the person's biological sibling; husband or wife = spouse.

This will take time and resources to revise processes, systems, forms, and training of staff and providers. There is also work being doing to revise the State's Parentage Act, which may require further alignment of terms.

SB 110 RELATING TO GENDER-NEUTRAL TERMINOLOGY.

This measure requires gender-specific terminology used in adoption and annulment, divorce, and separation matters to be construed in a gender-neutral manner. The bill intends family terms including “wife”, “husband”, “mother”, “father”, “uncle”, “aunt”, “niece” and “nephew” to be amended to be construed in a gender-neutral manner. This rule of interpretation shall apply to all administrative rules in 578 HRS and 580 HRS. Under §578-1 HRS “mother or father” = parent, and “mother and father” = “married couple.”

This will take time and resources to revise processes, systems, forms, and training of staff and providers. There is also work being doing to revise the State's Parentage Act, which may require further alignment of terms.

HB 350 RELATING TO CHILD ABUSE REPORTING. – Act 80

The bill creates an exception to the absolute penitential communication exemption requiring clergy to report information received during a penitential communication "when the clergy member believes there exists a substantial risk that child abuse or neglect that is especially heinous, atrocious, or cruel, manifesting exceptional depravity, may occur in the reasonably foreseeable future." The bill also adds that "especially heinous, atrocious, or cruel, manifesting exceptional depravity" has the same meaning as the criminal law section 706-657, HRS, and makes technical amendments.

In 2020, the legislature proposed for the first time that members of the clergy and employees of churches be added to the list of mandated reporters of child abuse and neglect. DHS opposed any exemption for information received by clergy through penitential communication, given the substantial and widespread sexual and other abuse by clergy and the extent to which the church failed to protect children and others from the harm caused by clergy. However, the penitential exemption was incorporated in to the mandated reporter law.

While DHS would prefer that no penitential exemption exist, DHS supported this bill as it places society's responsibility to protect children of child abuse and neglect above the penitent's right to confidentiality when the information relates to abuse that is "especially heinous, atrocious, or cruel, manifesting exceptional depravity."

HB777 RELATING TO BACKGROUND CHECKS. – Act 88

The reason for this bill is to improve safety measures, as it expands the department's authority to conduct comprehensive background checks at hiring and periodically of prospective and current employees, contractors, subcontractors, and volunteers who work in close proximity to minors, young adults, and vulnerable adults who receive services from the SSD or its contracted providers.

Prior to Act 88, background check provisions for the DHS Social Service Division (SSD) did not require or authorize DHS to conduct comprehensive background checks, including national background checks, on current and prospective employees, volunteers, contractors, their employees and volunteers who work in close proximity with minors, young adults, and vulnerable adults served by SSD.

The bill also made technical amendments, deletes references to Hawaii law for Hawaii Health Systems Corporation, and deletes the term "agent" to comply with provisions required by the U.S. Federal Bureau of Investigation (FBI) to access its database.

Notably, this authority will allow DHS to conduct national background checks; currently, we have relied upon self-reports and only have access to Hawaii criminal history background checks. The measure is one step towards increasing the safety of the most vulnerable individuals and families we serve by preventing those with a history of violence, drug, or sexual abuse from working in close proximity to the population receiving abuse and neglect prevention and protective services. The ability to conduct initial and periodic national background checks also increase public trust and confidence, and our staff's trust and confidence that the agency is committed to safety in the work environment.

HB 841 RELATING TO DOMESTIC ABUSE PROTECTIVE ORDERS. - Act 27

The reason for the bill is to clarify that the Family Court is required to refer domestic abuse protective order cases to Child Welfare Services when the case involves allegations of child abuse or neglect. Currently, referrals to CWSB are made when a petition for a temporary restraining order includes a family with children, whether or not allegations of child abuse or neglect are present. CWSB staff then conducts investigations, provides a report to the court, and is required to be present to testify. This has been a drain on valuable staff time and resources. Further, the concern from advocates has been that automatic referral to CWSB serves as a "chill" on victims of domestic violence who fear additional CWSB involvement when seeking a protective order. It is necessary to appreciate that a CWSB investigation into whether child abuse or neglect is present is not a benign experience. The system should avoid causing unnecessary trauma, primarily when a victim seeks safety.

The department supports this measure as it will limit the number of referrals for investigation from the Family Court to those that include suspected child abuse or neglect, thus allowing CWSB investigators to focus on appropriate cases.

HB 907 RELATING TO TELEHEALTH. – Act 107

During the COVID-19 pandemic, providers and residents increased their use of telehealth, including telephone-only services for residents who lacked broadband access or video technology or had limited digital literacy skills. In addition, more flexible telehealth services help to address the shortage of health care providers, particularly on neighbor islands and in rural areas; this measure temporarily allows reimbursement for services through an interactive telecommunication system and two-way, real-time audio-only communications for telehealth purposes.

The department supports this temporary measure that increases residents' access to health care, including telephone only services for residents without broad band access or smartphone technology, and so providers can continue to seek reimbursement. Children, parents, and families involved in child welfare services can continue accessing health care and mental health services via telehealth.

SUPPORT FOR NATIVE HAWAIIANS

HB 1058 RELATING TO ADOPTION.

This measure applies to beneficiaries of the Hawaiian Homes Commission Act of 1920 and clarifies that adopted individuals and their natural and adopted families continue to have the same familial relationship for the successorship of homestead property. DHS supports passage of this bill as it promotes multigenerational housing stability for native Hawaiian families who live on DHHL properties. If the bill becomes law, children who were adopted may be identified as successor lessees by their birth families or their adopted families for purposes of the Hawaiian Homes Commission Act of 1920, as amended.

STREAMLINING GOVERNMENT

HB 978 RELATING TO PURCHASES OF HEALTH AND HUMAN SERVICES. - Act 45

The measure authorizes heads of purchasing agencies to establish and use their lists of qualified providers as needed. In addition, it authorizes heads of purchasing agencies, rather than the administrator of the State Procurement Office, to expedite the competitive procurement of health and human services of less than \$100,000. The measure increases the small purchase threshold for health and human services, under section 103F-405, Hawaii Revised Statutes, to up to \$100,000; the previous amount remained unchanged at \$25,000 since 1997.

Additionally, CWSB may find changes to the procurement code helpful as the changes to section 103F-404, Hawaii Revised Statutes (HRS), will allow treatment services to be purchased when: (1) the need for treatment services is unanticipated and arises from time to time; (2) the required treatment services are for a one-time purchase of no more than \$100,000 and last no longer than one year; (3) The treatment services are generally accepted practices by the industry or profession; and (4) The contract award is based on demonstrated competence and qualification for the type of treatment service required at fair and reasonable prices.

HB1022 HD1 SD1 CD1 has been transmitted to the Governor. It would appropriate funds to various programs to cover anticipated operating shortfalls due to the limited ability of a department to transfer funds between programs of that department.

Senate Resolution 46 and House Resolution 46 were each adopted, but they only express the requests of the Senate and House and do not have the effect of law. Both resolutions request the Department of Human Services to immediately cease intercepting Social Security (SSA) payments for children in foster care. DHS submitted testimony requesting the Legislature's support for a recurring general fund appropriation of \$500,000 to increase foster board payments to make up for those SSA benefits that are no longer intercepted and to improve support for children with complex needs. CWSB cannot claim federal foster care board reimbursements for children and youth in foster care who receive SSA benefits. Without SSA

reimbursements, State funds must be used to pay for those unreimbursed monthly foster board payments.

Also of note, **Act 129 of 2022** established within the Department of Human Services, a family resource center five-year pilot program. Funding for this pilot program began in SFY 2023. The pilot is underway with seven community-based and four school-based family resource centers.

Several other bills related to CWSB did not pass and may be heard in the next session, which will begin on Wednesday, January 3, 2024.

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 childcare, 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 childcare, foster care and adoption assistance, and expended no State match for these funds for these services.
3. As of April 1, 2023, the State had not expended Title IV-B, Subpart 1 funds for childcare, foster care maintenance, or adoption assistance payments in FFY 2022.
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, 2023, 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 2023.
6. Please refer to the Data Booklet, *Figure 129: 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, FFY 2023 and the planned expenditures for FFY 2024 for childcare, foster care and adoption assistance.
7. In the past, the State of Hawaii has not used more than ten percent of the Title IV-B, Subpart I federal funds for administrative costs, and has no plans in the future to use more than that percentage. Reference current and prior forms, CFS-101, Parts I and II.

B. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART II

1. 1992

The base 1992 amount of State and local share expenditures for the purposes of Title IV-B, Subpart 2 was \$5,258,623.

2. FFY 2022

As a result of the revised statutory definitions of family support and family reunification, Hawaii does not plan to make changes in its use of Title IV-B, Subpart 2 funds, nor does

Hawaii plan to change its service array. The percentage of funds for each 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 130: Title IV-B-2 Service Categories and FFY 2022 Funding* for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2022.

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 2023

Refer to the Data Booklet, *Figure 130: Title IVB-2 Service Categories and FFY 2022 Funding* for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2023, as it follows the same percentage pattern. Hawaii's plans for Title IV-B, Subpart 2 expenditures for FFY 2024 will follow the same pattern as the FFY 2023 funding. These funding amounts, percentages, and areas of focus are based on Hawaii's continuous assessment of 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 2022-2023 School Year, see Attachment C: 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

1. Family First Prevention Services Act (FFPSA) Transition Funds

The FFPSA Transition Grant funding received by CWSB has provided much needed support in implementing FFH services and evaluation processes. In FFY 2022, a total of \$1,347,933.80 has been expended thus far from the initial awarded amount of \$1,955,441. Transition funds were utilized for partial funding for the FFH evaluation contract, Home Visiting Services as well as system modification contracts to capture FFH required data elements.

The FFH/FFPSA evaluation contract with the University of Hawaii (UH) Center on the Family is essential for monitoring the quality and progress of FFH implementation and safeguarding model fidelity for FFH evidence-based services. FFH Home Visiting Services (evidence-based models Parents As Teachers and Healthy Families America) are parenting support services that teach positive parenting skills, promote child and health development, and support safe home environments for children ages 0-5 and their families.

In 2024, the remaining Transition funds will be utilized towards continued funding of the FFH evaluation contract and other needed services to prevent children from entering foster care. CWSB plans to expend these funds prior to the lapse date of September 30, 2025.

2. Certainty Funds

The State of Hawaii was awarded \$4,739,471 (FFY 2022) and \$3,529,946 (FFY 2023) in FFPSA Certainty funds, for a total of \$8,269,417. No funds were expended during FFY 2022 as Hawaii continued to assess children/families' need for services and develop its expenditure plan.

In FFY 2023, Certainty funds were utilized to support FFH services including Intensive Home-Based Services for East Hawaii, Kauai, and Maui to ensure these intensive family preservation services are available to families with children at imminent risk of out-of-home placement or families in need of intensive services to support reunification. Current expenditures as of April 2023 are at \$1,677,543.

CWSB plans to utilize the remaining Certainty funds for services and initiatives that support family preservation, prevent foster care placement, and reunify children with their families as soon as safely possible. CWSB prioritized the following proposed projects for Certainty funds expenditure in 2023-2024:

- Continued funding for the FFH evaluation contract to supplement Transition funds.
- IHBS expansion to Oahu and East Hawaii. Data was collected during the 2022 calendar year on the number of families with IHBS referrals that were not served due to IHBS provider capacity. The data showed a high number of families/referrals that were not served for Oahu and East Hawaii. FFH leadership plans to further examine this data and conduct meetings with the Oahu and East Hawaii IHBS providers to determine the need for additional IHBS therapists to increase service delivery to children and families. *Please see Section II.A.3 Family*

First Hawaii Overview for more details on HOMEBUILDERS Intensive Home-Based Services and IHBS expansion.

- Crisis Counseling expansion. Crisis Counseling services is an intervention that is often used by CWSB staff if IHBS is not available. Crisis Counseling is a short-term 24 hour, 7 days a week service to ensure safety, stabilize the home, provide emotional support, and provide concrete assistance to prevent foster care placement. FFH leadership will explore Crisis Counseling utilization to determine if there is a need for expanding these services.
- Parent Partner expansion through the Family Wrap contract. Currently, CWSB Wraparound services (which includes Parent Partner support) are available for families whose children have been in foster care for nine months. This proposal requests funding for three additional full-time Parent Partners to provide early onset support for parents who become involved with CWSB. The intent for early onset parent peer support is to provide additional support for parents at the very beginning of CWSB involvement to prevent foster care placement or at the beginning of foster care placement to promote reunification as quickly as possible. The projected costs for this proposed project is \$195,000.
- Two Makua expansion. Two Makua Meetings are meetings between birth parents and Resource Caregivers (RCG) that are held within days of the child being removed from their home. This model promotes collaboration and relationship-building between birthparents and RCGs, which increases the likelihood of reunification and other positive outcomes for children in care. This proposal requests funding for an additional 50 Two Makua Meetings a year to benefit more families. The projected costs for this proposed project is \$45,000.
- Concrete supports for families. CWSB recognizes the need for concrete supports for families at risk of child removal and how economic disparities and the lack of concrete supports can impact a family's ability to provide a safe home for their child(ren). CWSB leadership has requested a mechanism for providing concrete supports for families to prevent children from entering foster care by developing a contract or expanding an existing CWSB contract with an agency to distribute funds to families to meet concrete needs.

CWSB plans to expend the full amount of the Certainty funds by its lapse date of September 30, 2026.

F. CARES ACT

DHS has received the FVPSA FY 2021 FVPSA American Rescue Plan Act of 2021 (ARP) funds in the amount of \$1,880,042.00. This supplemental fund provides one-time funding through September 30, 2025 to prevent, prepare for, and respond to COVID-19 with an intentional focus on increasing access to COVID-19 testing, vaccines, and mobile health units to mitigate the spread of this virus, and increase supports for domestic violence survivors. Supplemental funding will be expended to prevent, prepare, and respond to (COVID-19) public health emergency.

Although the FVPSA ARP Act implementation allows DHS to use up to 5% of the funds for administrative costs, DHS has decided to distribute the full amount directly to Domestic Violence (DV) shelter services providers, Domestic Violence Services for Families (DVSF), and to Teen Dating violence prevention and intervention services.

The COVID-19 pandemic dramatically impacted survivors and their children, nationally and in our state. Over the course of the pandemic, across our domestic violence programs statewide, from supportive counseling to shelter services, data demonstrated a significant increase in the percentage and number of survivors seeking crisis resources, including safety planning and in-community resources that they could access from the safety of their home.

The Native Hawaiian and Pacific Islander (NHPI) population, Hawaii's underserved communities, has been particularly hard hit by the pandemic and how they seek help in general. Current domestic violence services data reported in the FVPSA annual grant, shows the NHPI population as the largest population that seeks domestic violence assistance from DV providers statewide. DHS encourages programs to pay particular attention to this population.

Now two years in, the demand for DV services continues to remain steady. As survivors process the trauma of the pandemic and its consequences, the hardship of these conditions, coupled with the increased vulnerability and compromised safety because of domestic violence, makes it increasingly difficult for families to gain access to COVID testing, vaccines, and mobile health units.

DHS is utilizing FVPSA ARP funds to continue to prevent, prepare for, and respond to COVID-19, with an intentional focus on meeting the needs of domestic violence survivors and their dependents who are impacted by COVID-19 and to provide access to testing, vaccines, and mobile health units to mitigate the spread of COVID-19. All testing and vaccines will be facilitated by DV providers.

DV providers will assess each participant's need/desire for obtaining COVID-19 resources in their local communities at intake and ongoing as needed. Support and resources will be provided to participants to increase their access to COVID testing, vaccination, and health care.

DHS also received the FVPSA FY 2021 FVPSA American Rescue Plan Act of 2021 (ARP) Sex Assault funds in the amount of \$1,140,011.00. This supplemental fund provides one-time funding through September 30, 2025 for the purpose of supporting the FVPSA program to prevent, prepare for, and respond to COVID-19 with an intentional focus supporting survivors of sexual assault in 1) 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 2) support the increased emergency needs of sexual assault survivors as a result of the COVID-19 public health emergency. Supplemental funding will be expended to prevent, prepare for, and respond to (COVID-19) public health emergency.

A portion of the funds under this FVPSA ARP grant will be used to serve sex assault victims through the Intrafamilial Sex Abuse Treatment Service (IFSATS) programs statewide. The funds will provide staffing to support the operation and administration of the IFSATS programs as well as to provide supportive services to ensure that survivors receive the care, support, and services they need while reducing the exposure to and risk of contracting the COVID-19 virus.

IFSATS programs will utilize funds to serve this victim population. The funds will provide for additional staff and cover a partial workload of the Program Administrator for supervision and case record reviews, to assist victims preventatively via virtual services or in-person services as safety allows, and to provide therapy services, supportive services, and supplies to reduce exposure and risk of COVID. The funds will also assist in managing any increase of cases by expediting service provision of sex assault services in the program. Additional activities include assessing the needs of sexual abuse/assault survivors during COVID, providing education and assistance regarding sexual abuse/assault, and preparing for and responding to survivor needs as they may fluctuate in response to COVID exposures and risk. The position will provide evidence-based counseling, assessment, and service planning in conjunction with screening for sex trafficking to provide early identification and linkage to effective services.

IFSATS programs are providing individualized and supportive family services, which improve a family's ability to problem-solve, manage stress, connect with positive peers, and reduce risks for children's safety. The program's services focus on helping the whole family make positive changes while preventing the risk of exposure to COVID-19 in the community. Services are provided to child victims, siblings at-risk, non-abusive spouses/partners, sexually reactive youth, and adult offenders. Treatment is provided through individual, dyad, and family therapy.

The additional funding is also used to assist families and support the position. Participant assistance will be used for victims' health and safety needs, such as housing costs, education costs, transportation costs, medical bills, and hygiene supplies and training for the hired staff. The funds will also be utilized to purchase a laptop, cellular phone, and pay a portion of

office space and office supplies to equip the staff with needed items to provide the sex assault services.

DHS has a current contract with the Susannah Wesley Community Center's Trafficking Victim Assistance program (SWCC) to provide services to minor victims of human trafficking. SWCC utilized the FVPSA ARP Sex Assault funds to broaden service access to victims of sex assault experiencing increased emergency needs resulting from the COVID-19 public health emergency. SWCC provides intensive case management and outpatient mental health whole-person development services to 15 individuals (of all ages and their families) per year who have been victimized by sex assault on Oahu. Services are provided from a whole family approach focusing equally and intentionally on services and opportunities for clients and their immediate family members living in their households.

In accordance with the purpose and intent of the FVPSA ARP Sex Assault funding, DHS has contracted with Sex Assault Centers statewide. These centers provide comprehensive services delivered across the victim's lifespan. The sex assault treatment centers provide 24/7 crisis services, including medical forensic examinations, crisis intervention counseling, long term counseling and, to the extent possible, case management. With FVPSA ARP Sex Assault funds, funding for core services, sexual assault victims, and their families continue to have access to critical services needed to recover and heal. As of the end of the second quarter of SFY 2023, this new contract provider served 34 survivors of sexual assault (21 women, 0 men, 11 girls, and 2 boys.)

G. MONTHLY CASEWORKER VISIT FORMULA GRANT

During FFY 2022, Hawaii did not expend funds from this formula grant. In FFY 2023, as of April 18, 2023, Hawaii had spent \$56,054.05 of the grant. This money paid for contracted caseworker visits to help ensure that children in foster care are receiving monthly visits, particularly in situations where CWSB caseworkers have unmanageable caseloads. Hawaii plans to use this formula grant to continue to fund contracted caseworker visits in FFY 2024.

H. STATE OF HAWAII CONTINUITY OF OPERATIONS PLAN

In September 2020, Hawaii updated its CWSB Continuity of Operations Plan (COOP) to better address the global pandemic. Hawaii submitted this updated plan with its APSR for FFY 2022. The State of Hawaii Emergency Management Agency partnered with DHS to successfully ensure the continuity of CWSB crucial services through the COVID-19 crisis. From September 2020 through the present (April 2023), the updated COOP has been in place and has been sufficient to cover all recent disaster-related situations.

I. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

General Updates

At the beginning of Hawaii's Diligent Recruitment Plan (FY 2020), targeted recruitment was based on the top five characteristics of children coming into care:

1. Large sibling groups (3+ children)
2. Teens
3. LGBTQ and Questioning Youth
4. Native Hawaiian children
5. Survivors of Sex Trafficking

These characteristics, however, have changed from the original five to the six target areas below. CWSB has requested that local contracted providers specifically recruit for families able to foster children with the following characteristics:

1. Large sibling groups (3+ children)
2. Teens
3. LGBTQ+ community members
4. Native Hawaiian Ancestry
5. Micronesian ancestry
6. Special needs (medical, emotional, physical)

While CWSB initially implemented the Two Makua project to support those with Native Hawaiian ancestry, it was discovered that this model works well to encourage a wider range of resource caregivers and birth families to develop a relationship that fosters mutual respect, continued parent connection and bonding, and support for the child's development and best interests. Two Makua is presently being expanded to include non-Hawaiian children. For more information on Two Makua project, *Section IV. PROGRAMS SUPPORTING PERMANENCY, A. PROGRAM AND SERVICE DESCRIPTION, 1. Reunification Efforts, f. Ohana Time, i. Liliuokalani Trust- Ka Pili Ohana, Two Makua Meetings, Na Kama a Haloa, 2) Two Makua Meetings (TMM).*

Currently, Hawaii is struggling to find placements for teens and children with special needs, especially those with high medical and/or mental health needs. CWSB has increased its efforts to collaborate with the Department of Health specifically related to teens with mental health needs and medically fragile children, and is meeting as often as possible to troubleshoot placement options for these children.

Update to method of disseminating general information about being a foster/adoptive parent and responding to inquiries

CWSB continues to make improvements to its on-line general licensing portal/website that was launched in July 2021. Through the licensing portal, interested individuals and families are able to obtain information on becoming a resource caregiver, initiate an application for resource caregiver license, and upload pertinent documentation. Additional resources are made available through the portal to interested individuals and families to facilitate their connection to community liaisons who can answer questions about becoming a resource caregiver specific to each island and share training opportunities.

On printed media advertisements, CWSB includes a QR code that will take an interested person directly to information on how to become a resource caregiver. This past year, in addition to ads in local newspapers, Hawaii also placed ads at movie theaters and theatrical events, e.g., in the playbill for “Hamilton” at the Blaisdell Theater.

J. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

There have been no changes to the Health Care Oversight and Coordination Plan during the last fiscal year. Hawaii continued to follow the Centers for Disease Control health protocols for COVID-19 along with the State of Hawaii’s protocols for the virus for all residents of Hawaii. Services for families and children through CWSB continued to be provided while adhering to the health and safety protocols during this pandemic.

Children and youth continued to receive their pre-placement physical upon entry into foster care and within 45 days of placement, they received their comprehensive physical and mental health assessment from their primary care physician. Depending on the physical or mental health needs of the child during the pandemic, some physicians would allow telehealth medicine; however, most children were seen in person by their physician with doctor’s offices and clinics taking the necessary precautions of social distancing, sanitizing the rooms, and requiring face masks.

For the use and monitoring of psychotropic medications among children and youth in foster care, see Section V.A.2.

ATTACHMENTS

A. DATA BOOKLET

B. CFS 101, PART I, II, AND III

C. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED

D. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER

E. STAFF DEVELOPMENT OFFICE TRAINING PLANS

- 1. Staff Development Office Training Work Plan**
- 2. Training Calendar for July 2023**
- 3. Hawaii Child Welfare Services Strengths Based Supervision and Coaching in CWS
Module Topics 2021/2022/2023**
- 4. New Hire Training Calendar for June 2023**