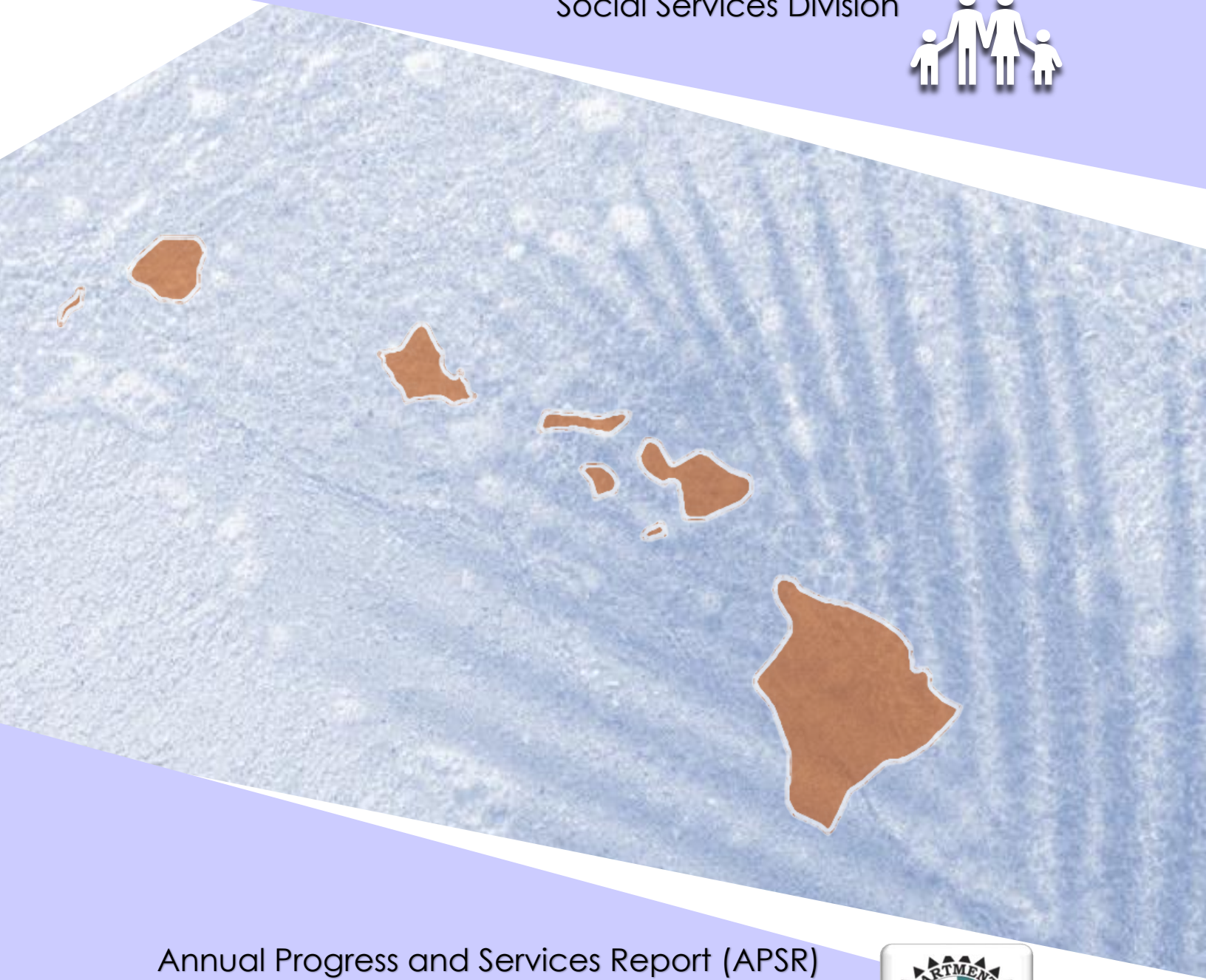


State of Hawaii
Department of Human Services
Social Services Division



Annual Progress and Services Report (APSR)
Federal Fiscal Year 2026

Submitted: June 26, 2025
Revised: August 8, 2025



Contact Information:

For any questions or comments about this report, please contact:

Elladine Olevao
Child Welfare Services Branch Administrator
Social Services Division
Department of Human Services
State of Hawaii
1010 Richards Street, Suite 216
Honolulu, Hawaii 96813
(808) 586-5708 (office)
(808) 586-4806 (fax)
EOlevao@dhs.Hawaii.gov

Website Information:

The approved final draft of this report that is not confidential information, will be available in the Child Welfare Services section of the State of Hawaii, Department of Human Services' website: <http://humanservices.Hawaii.gov/ssd/home/child-welfare-services/>

TABLE OF CONTENTS

ACRONYMS AND ABBREVIATIONS	5
SECTION I. STATE AGENCY UPDATES AND CHANGES.....	9
A. CHILD WELFARE SERVICES BRANCH (CWSB) PRIORITIES.....	10
B. CRITICAL ACTIVITIES	10
SECTION II. CWSB STRATEGIC PLANNING	12
A. OVERVIEW OF HAWAII’S CHILD AND FAMILY SERVICES PLAN (CFSP)	12
B. DATA	14
C. COLLABORATION ON CFSP/APSR	16
D. CWSB PROGRAM ASSESSMENT.....	21
E. INTERVENTIONS & STRATEGIES	24
SECTION III. PROGRAMS SUPPORTING SAFETY	36
A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES	36
B. CHILD MALTREATMENT REPORTS AND DISPOSITIONS STATEWIDE AND PERFORMANCE ASSESSMENT	37
SECTION IV. PROGRAMS SUPPORTING PERMANENCY	49
A. PROGRAM AND SERVICE DESCRIPTION.....	49
B. UPDATES, GOALS, MEASURES, PROGRESS, AND ACTION STEPS	65
SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING	77
A. PROGRAM AND SERVICE DESCRIPTIONS.....	77
B. UPDATES, GOALS, MEASURES, PROGRESS, AND ACTION STEPS	81
SECTION VI. SYSTEMIC FACTORS	99
SECTION VII. PROGRAM SUPPORT	100
A. TRAINING AND TECHNICAL ASSISTANCE FROM THE CBC.....	100
B. TRAINING AND TECHNICAL ASSISTANCE TO STAFF AND THE COMMUNITY	100
C. STRATEGIC PLANNING COMMITTEE	103
D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION	104
SECTION VIII. CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRESS REPORT ON STATE PLAN	107
A. CHILD FATALITIES	108
B. CHILD WELFARE SERVICES WORKFORCE.....	112
C. JUVENILE JUSTICE TRANSFERS	115

D. DOMESTIC VIOLENCE	115
E. SUBSTANCE EXPOSED INFANTS AND CHILDREN	120
F. HUMAN TRAFFICKING	123
G. MARYLEE ALLEN PSSF PROGRAM	126
SECTION IX. YOUNG ADULTS AND CHAFEE	128
A. IHI (INDEPENDENT LIVING, HIGHER EDUCATION, IMUA KĀKOU) CONTRACTS	129
B. INDEPENDENT LIVING COLLABORATOR	130
C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS	133
D. EXTENDED FOSTER CARE (AKA IMUA KĀKOU) AND EXTENDED ASSISTANCE PROGRAMS 134	
E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS	137
SECTION X. RECENT HAWAII LEGISLATION.....	149
SECTION XI. PAYMENT LIMITATIONS – TITLE IV-B.....	157
A. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART I	157
B. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART II	157
C. EDUCATION AND TRAINING VOUCHERS (ETV)	158
D. CFS-101	158
E. FFPSA TRANSITION AND CERTAINTY FUNDS	158
F. MONTHLY CASEWORKER VISIT FORMULA GRANT	160
G. COOP	161
H. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN	161
I. HEALTH CARE OVERSIGHT AND COORDINATION PLAN	161
ATTACHMENTS.....	164
A. DATA BOOKLET	164
B. CFS 101, PART I, II, AND III	164
C. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER	164
D. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS	164
E. SDO TRAINING WORK PLAN.....	164
F. HEALTH CARE AND OVERSIGHT PLAN.....	164
G. DILIGENT RECRUITMENT PLAN	164

Acronyms and Abbreviations

ACF	Administration for Children & Families
AFCARS	Adoption, Foster Care Analysis and Review System
APA	Assistant Program Administrators
APPLA	Another Planned Permanent Living Arrangement
APSR	Annual Progress and Services Report
ARP	American Rescue Plan
ARPs	Administrative Review Panels
BESSD	Benefit, Employment and Support Services Division
BFPP	Birth and Foster Parent Partnership
BIA	Bureau of Indian Affairs
BID	Best Interest Determination
CA/N	Child Abuse and Neglect
CAA	Consolidated Appropriations Act
CAMHD	Child and Adoptive Mental Health Division
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court Appointed Special Advocates
CB	Children's Bureau
CBC	Capacity Building Center
CCWIS	Comprehensive Child Welfare Information System
CDR	Child Death Review
CFP	Casey Family Program
CFSP	Child and Family Services Plan
CFSRs	Child and Family Services Reviews
CIP	Court Improvement Program
CJA	Children's Justice Act
CJC	Children's Justice Centers
COOP	Continuity of Operations Plan
CPA	Child Protective Act
CPSS	Child Protective Services System
CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CSEC	Commercial Sexual Exploitation of Children
CWS	Child Welfare Services
CWSB	Child Welfare Services Branch
DH	Detention Home
DHRD	Department of Human Resources Development
DHS	Department of Human Services
DHS IT	Department of Human Services Information Technology

DICE	Data, IT, CQI, and Evaluation
DOD	Department of Defense
DOH	Department of Health
DOH-CAMHD	Department of Health's Child and Adolescent Mental Health Division
DRS	Differential Response System
DVAC	Domestic Violence Action Center
DVR	Division of Vocational Rehabilitation
EA	Extended Assistance
ECAS	Early Childhood Action Strategy
EFFC	Extended Federal Foster Care
EPIC	EPIC 'Ohana
EPSDT	Early Periodic Screening, Diagnostic and Testing
ESF 6	Emergency Support Function #6
ETV	Education and Training Voucher
FASD	Fetal Alcohol Syndrome Disorder
FFH	Family First Hawaii
FFPSA	Family First Prevention Services Act
FFY	Federal Fiscal Years
FPH	Family Programs Hawaii
FPPEU	Federal Payment Programs Eligibility Unit
FSAC	Family Supported Arrangements Continuum
FUP	Family Unification Program
FVPSA	Family Violence Prevention and Services Act
FYAH	Foster Youth Ask Hawaii
GAL	Guardians Ad Litem
HAR	Hawaii Administrative Reviews
HCHTTF	Honolulu County Human Trafficking Task Force
HCRP	Nā Kupa Alo Ana O Hawaii Citizens Review Panel
HCTF	Hawaii Children's Trust Fund
HCWCQI	Hawaii Child Welfare Quality Improvement Project
HE	Higher Education Stipend Program
HFA	Healthy Families America
HFS	Health Families America
HHS	US Department of and Human Services
HI H.O.P.E.S.	Hawaii Helping Our People Envision Success
HIDOE	Hawaii Department of Education
HMIHC	Hawaii Maternal and Infant Health Collaborative
HPD	Honolulu Police Department
HRS	Hawaii Revised Statutes
HSCADV	Hawaii State Coalition Against Domestic Violence

HUD	Housing Urban Development
HVS	Home Visiting Services
HYSN	Hawaii Youth Services Network
HZTT	Hawaii Zero to Three
ICWA	Indian Child Welfare Act
IHBS	Intensive Home-Based Services
IHI	Collectively: IL, HE, ETV, and IK
IK	Imua Kākou
IKC	Imua Kākou Circle
IL	Independent Living
ILC	Independent Living Collaborator
ILP	Independent Living Programs
JC	Jim Casey
KPO	Ka Pili ‘Ohana
LEAG	Live Experience Advisory Group
LEEF	Lived Experience Engagement Framework
LMS	Learning Management System
LT	Lili‘ukalani Trust
MAP	Makua Allies Program
MCCH	Missing Child Center of Hawaii
MDT	Multi-Disciplinary Team
MMNHWG	Missing and Murdered Native Hawaiian Women and Girls
MOU	Memorandum of Understanding
MOWG	Mālama ‘Ohana Working Group
MQD	Med-QUEST Division
NCANDS	National Child Abuse and Neglect Data System
NCHCW	National Center for Housing and Child Welfare
NIRWC	National Indigenous Women’s Resource Center
NP	Neighborhood Places
NP	National Performance
NYTD	National Youth in Transition Database
OC	‘Ohana Conference
OC	‘Ohana Conferencing
OHSEPR	Office of Human Services Emergency Preparedness and Response
OWR	Office of Wellness and Resilience
PACT	Parents and Children Together
PAT	Parents as Teachers
PD	Program Development
PHN	Public Health Nurse
PIGs	Permitted Interaction Groups

PIP	Program Improvement Plan
PONW	Pouhana 'O Na Wahine
PSA	Public Service Announcement
PSS	Permanency Support Services/Permanency Strengthening Services
PSUD	Peer Support Program for Perinatal Substance Use Disorder
PUR	Period Under Review
QA	Quality Assurance
QIC-EY	Quality Improving Center on Engaging Youth in Finding Permanency
RCG	Resource Caregivers
RCSAPS	Rape Crisis & Sexual Assault Program Services
RSP	Risk Standardized Performance
RST	Rapid Screening Tool
SA	Section Administrators
SDO	Staff Development Office
SFY	State Fiscal Year
SHAKA	State of Hawaii Automated Keiki Assistance
SPAW	Safety, Permanency, and Wellbeing
SPC	Strategic Planning Committee
SSD	Social Services Division
SWCC	Susannah Wesley Community Center
SWSA	Statewide Self-Assessment
TAP808	Teen Alert Program
TDV	Teen Dating Violence
TVAP	Trafficking Victims Assistance Program
UH	University of Hawaii
VCA	Voluntary Care Agreement
VCM	Voluntary Case Management
YC	Youth Circle
YHDP	Youth Homelessness Development Project
YOI	Youth Opportunities Initiative

SECTION I. STATE AGENCY UPDATES AND CHANGES

The Department of Human Services (DHS) provides programs and services that align to the following guiding principles, vision statement, mission statement, and core values, which are:

1. Guiding Principles

- Article IX, Section Three of the Hawaii State Constitution regarding public assistance,
- Section 5-7.5, Hawaii Revised Statutes (HRS), the "Aloha Spirit" statute, and
- Section 26-14, HRS, codifying 'Ohana Nui, DHS' multigenerational approach to delivering human services to reduce the incidences of poverty and to end poverty.

2. Vision Statement

The people of Hawaii are thriving.

3. Mission Statement

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

4. Core Values

The Department's vision for the future is that all Hawaii residents can and will thrive. DHS strives to achieve this vision by fulfilling its mission to promote self-sufficiency and support the well-being of individuals, families, and communities throughout the state. DHS is guided by the core values:

(T) Team-oriented: DHS acknowledges that internal and external partnerships are critical to the success of DHS.

(H) Human-centered: DHS develops strategies and makes improvements as necessary from the client's perspective

(R) Respectful: DHS recognizes the inherent value of each person and the diverse cultures of Hawaii.

(I) Intentional: DHS is mindful of its decisions and actions in DHS' collective work.

(V) Visionary: DHS strives to support its clients by co-creating generative, forward-looking strategies.

(E) Evidence-based: DHS makes decisions based on data and takes actions that it knows

will have sustainable outcomes.

A. CHILD WELFARE SERVICES BRANCH (CWSB) PRIORITIES

Keep children safely at home whenever possible.

1. Exit children from foster care as soon as safely possible.
2. Focus on the over-representation of Native Hawaiian families in CWSB.
3. Build and collaborate with community partners and providers.

B. CRITICAL ACTIVITIES

Maui Wildfires

On August 8, 2023, the fifth-deadliest wildland fire in U.S. history and the worst natural disaster in Hawaii's history destroyed over 2,200 structures, and more than 100 lives were lost. The Lahaina District was the area most significantly impacted from the Maui Wildfires. DHS is the primary facilitator of State Emergency Support Function #6 (ESF 6), which focuses on Mass Care and Feeding, and was immediately activated to respond to the needs of Maui residents and visitors, as well as those impacted by wildfires that occurred on the island of Hawaii. ESF6 is part of the State of Hawaii's emergency management response and is a key component of the state's response, working with federal, state, county, and national nongovernmental agencies to provide shelter and facilitate basic services to those affected by disasters when local capabilities are overwhelmed. These services include shelter, food, and other forms of assistance. The Social Services Division (SSD) participated in multiple ESF6 and other wildfire-related meetings, which gradually decreased in frequency by June 2024.

Within the week of August 28, 2023, SSD and DHS agency-wide leadership participated in meetings with Director Natalie Grant and her staff from the Office of Human Services Emergency Preparedness and Response (OHSEPR), Administration for Children & Families (ACF), US Department of Health and Human Services (HHS), who provided an overview of the essential framework of human services delivery necessary to respond to a disaster of the magnitude and devastation.

Additionally, CWSB ensured that all resource caregivers and children in its care were accounted for and safe. Support and financial assistance were provided to families impacted by the Maui Wildfires, and CWSB and other DHS staff volunteered to help survivors at emergency shelters on Maui.

SSD and CWSB Program Development also met with the OHSEPR Deputy Director, Byron Mason, regarding the response to domestic violence, human trafficking, and sex abuse victims.

Mālama ‘Ohana Work Group

On June 14, 2023, Governor Green signed Act 86 establishing the Mālama ‘Ohana working group (MOWG) within the Office of Wellness & Resilience. MOWG was the Legislature's commitment to seek, design, and recommend transformative changes to the State's existing child welfare system. MOWG was composed of 17 members, including three DHS representatives. The first meeting was held on September 18, 2023, with monthly meetings continuing through May 2024, except during April, when there was no meeting. MOWG issued its final report and recommendations dated December 9, 2024. The recommendations from this report have been incorporated as feedback into CWSB's continuous quality improvement process, resulting in changes where appropriate.

Public Service Announcements

Starting on January 17, 2024, SSD and CWSB went on live local shows on three separate occasions to share about the Family First Hawaii program and made public service announcements about efforts to strengthen families and reduce child abuse and neglect, so that children, especially those of Native Hawaiian ancestry, could remain in their families' home instead of being placed in foster care.

Leadership Changes

Starting in January 2024, two Branch Administrators began rotating to serve as the Division Assistant Administrator on a temporary basis.

On March 8, 2024, Governor Green announced the appointment of Ryan I. Yamane to serve as Director of DHS. Director Yamane began his tenure as Director on May 9, 2024, and the State Senate confirmed his appointment on April 2, 2025.

Reconvening the Judiciary's Standing Committee on Children in Family Court

Hosted by Hawaii Supreme Court Justice Sabrina McKenna, quarterly meetings of the Committee on Children in Family Court resumed in June 2024. SSD attends these meetings, where issues related to children, including those in foster care, in Family Court are discussed and ideas on how to best serve them at court are shared.

SECTION II. CWSB STRATEGIC PLANNING

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

1. Hawaii's CFSP and Child and Family Services Review (CFSR)

Hawaii's CFSP is a strategic plan that describes Hawaii's vision for its child welfare system and the goals that must be accomplished to actualize that vision. A primary goal of the CFSP is to facilitate the integration of programs that serve children and families into a continuum of services spanning prevention, protection, and permanency.

Child Welfare Services Branch (CWSB) will utilize information from the CFSR case review and Statewide Self Assessment (SWSA) to inform procedure or practice clarifications and revisions to develop a Program Improvement Plan (PIP) and update future APSRs. CWSB continually works to align strategies and efforts that provide support and improvement across multiple areas to enhance performance in safety, permanency, and well-being, as well as address systemic factors. CWSB will also continue to partner with stakeholders to identify opportunities for collaboration that improve practices and achieve shared goals and outcomes. CWSB has adapted and strengthened practice and partnerships over time and through many challenges, including the COVID-19 pandemic and the 2023 Maui wildfires, to respond and meet the needs of families and communities.

2. Hawaii's APSR

Hawaii's APSR is an annual report on progress made toward accomplishing the goals and objectives of the CFSP. Due to the time it takes for State data to be made available for analysis, this APSR and CFSP will discuss data on activities and services provided through State Fiscal Year (SFY) 2024. The focus of this APSR is specifically on programs, services, and activities provided in Federal Fiscal Year (FFY) 2024 and planned programs, services, and activities for FFY 2025.

Fiscal year references in this report mean the following:

SFY (N) = July 1, (N-1) – June 30, (N) e.g., SFY 2019 = July 1, 2018 – June 30, 2019

FFY (X) = October 1, (X-1) – September 30, (X) e.g., FFY 2020 = October 1, 2019 – September 30, 2020

Generally, the APSR and CFSP provide data from SFYs 2020 - 2024. Where available, more recent data is included, including from case reviews and federal reports.

3. Child and Family Services Plan 2025 – 2029

a. Vision and Goals

- i. Vision for the CFSP 2025 – 2029
- ii. Overarching Goals and Objectives for CFSP 2025 – 2029

Goal 1: Workforce

A team to review, support, and enhance the workforce was convened with CWS administrators, supervisors, staff development representatives, and program development representatives.

The group reviewed the Five-Year Plan strategies and began to collect and review data to understand the current workforce landscape, strengths, and challenges.

A communication plan will be developed and shared, when created, with feedback loops integrated in the development and implementation process.

CWSB looks forward to resuming technical assistance through the Administration for Children and Families (ACF) and integrating information learned through the SWSA and CFSR.

Near August 2024, CWSB implemented a shortage differential for workers in units that had limited staffing and geographic areas that had been experiencing staffing challenges over time. CWSB will look into other options to provide differential pay to support the workforce.

CWSB has also expanded support to workers that work with families that have experienced serious loss and trauma. Presentations are also being provided regarding self-care and strategies to support workers in this challenging work.

CWSB continues to provide supervisory training for all new supervisors and provides training and coaching support for ongoing supervisors. CWSB also continues to explore other resources to strengthen and support supervisors and the workforce.

In March 2025, Casey Family Program provided leadership training for CWSB Section Administrators with a focus on strengthening CWSB as a team, individual values and purpose in the work, and identifying what creates

healthy teams and ways to strengthen CWSB.

Goal 2: Safety

CWSB continues to review and enhance its work on safety in collaboration with families and partners. The CWSB workforce and parent partners with lived experience in CWSB that work to support other parents involved with CWSB are key partners in reviewing and revising procedures and practice. CWSB plans to continue to receive technical assistance through the Administration for Children and Families to improve practice in this area. As part of these efforts, CWSB will work on family engagement throughout the process, activities that support in and out-of-home arrangements, and ongoing clarification on the safety framework.

CWSB recently provided training to Section Administrators and Supervisors on upcoming revisions to add the six-month frequency for completing the Child Safety Assessment and enhancing parent/caregiver engagement in the safety assessment and planning process. Parent partners with lived experience with CWSB helped to develop the curriculum and co-lead the training with CWSB. Sections will be trained following the same format and opportunities for collaboration with parent partners will be included in the local trainings.

This work will continue to be aligned with Family First Hawaii. CWSB will review information from the CFSR and SWSA and target additional strategies as needed to improve on this item.

B. DATA

1. Data Sources

Data is collected from a variety of sources and used in numerous ways in Hawaii CWSB. Listed below are the primary systems used and referenced throughout this report.

a. On-site Quality Case Reviews

Hawaii is proud of its long-standing, well-functioning quality case review system, modeled after the federal CFSRs. All units and sections that carry cases are reviewed once a year, using a randomly selected sample of their cases, and applying the CFSR instrument. Hawaii is continuing to use its existing system for its state-led case reviews for the formal, federal CFSR Round 4. The statewide average strength rating for each CFSR performance item is reported and discussed in Sections III, IV, and V of this report, and can also be found in the accompanying Data Booklet in Figures C1 – C18.

b. Federal Data Sources

Three federal data sources that aggregate and substantiate Hawaii's local data are listed below.

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

c. Statewide Information Systems

See Hawaii's January 31, 2025, CFSR Statewide Assessment, Section VI. Assessment of Systemic Factors, A. Statewide Information System for a more complete description of Hawaii's information systems.

Hawaii is currently building its new CCWIS to be called HI THRIVE. Until the new system is implemented, Hawaii CWSB continues to use two primary data sources, described below.

- 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 Kākou. SHAKA is maintained through a contract with the University of Hawaii, Maui College.

2. APSR FFY 2026 Data Booklet

Included with this APSR as Attachment A is the Data Booklet for FFY 2026. The Data Booklet contains all the graphs, charts, and tables that are referenced in the APSR narrative.

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/APSR

Overview

Child Welfare Services Branch (CWSB) values and includes the voices and perspectives of families, children, youth, young adults, courts, service providers, foster care providers, and other public and private system partners in assessing agency strengths, concerns, and areas needing improvement; reviewing and modifying goals, objectives, and interventions; and monitoring Child and Family Services Plan (CFSP), Annual Progress and Services Report (APSR), and Program Improvement Plan (PIP) progress, when applicable. Ongoing collaboration and information gathering are used to guide the development of goals, initiatives, and target strategies as a part of strategic planning efforts. This includes ongoing consultation and information gathering from those with lived experience, including parents and youth. Specific examples of how CWSB prepares, engages, and utilizes consultation and information in planning and strategic planning efforts are included throughout this section below and throughout this document.

As part of the CFSP development and annual review, and revisions to the CFSP, goals, data, and information on outcomes are shared with stakeholders to align efforts and identify opportunities for collaboration to improve outcomes. Data and shared outcomes are reviewed in a variety of venues to actively engage stakeholders in discussing current practices and developing shared strategies for improvement. The integration of the voices of families, children, youth, and young adults, as well as the Judiciary and other system partners, occurs in various ways and is highlighted throughout the CFSP and APSR. Some examples are included in this section and in the Statewide Self-Assessment.

This year, in preparation for the Statewide Self-Assessment, CWSB developed a PowerPoint presentation to share information on DHS and CWSB's mission and priorities, Continuous Quality Improvement efforts, CFSP, APSR, Child and Family Services Review (CFSR), including the Statewide Self-Assessment, and Program Improvement Plans (PIPs). The PowerPoint discussed how CWSB functions within its mission and goals in collaboration with the full array of stakeholders and agency and community members; how CWSB partners and receives guidance from the ACF to assess and improve outcomes for families served by the child welfare system; and described opportunities for participation in the CFSR and in CWSB's ongoing work to meet shared outcomes.

CWSB values collaboration and recognizes that ensuring the safety of the keiki of Hawaii is everyone's responsibility. Our work is deeply rooted in the values of Hawaii embodied by

the Aloha Spirit law, with its traits of Akahai (kindness), Lōkahi (unity), ‘Olu‘olu (agreeableness), Ha‘aha‘a (humility), and Ahonui (patience). Coupled with the fundamental Hawaiian value of Laulima (many hands working together), these principles form the cornerstone of meaningful collaboration with all communities in Hawaii to achieve collective success. Many stakeholders participated in the stakeholder interviews, and CWSB looks forward to utilizing their input to improve practice and the system. CWSB also plans to continue engaging stakeholders, including those with lived experience, in the CFSR and in any resulting Program Improvement Plans and strategies to enhance practice and the system.

CWSB strives to uphold the Aloha Spirit law as a standard for engaging stakeholders, including the CWSB workforce, service providers, persons with lived experience, community-based organizations, and representatives from various State departments to work together in safeguarding the children and families of Hawaii. CWSB works in many ways to engage in ongoing consultation and information gathering.

Engaging people with lived experience

Over the years, CWSB Hawaii has made efforts to engage partners, including adults and young people with lived experience, in the Judiciary, resource caregivers, contracted and community providers, in meetings, workgroups, and program improvement plan (PIP) activities to develop and implement the Family First Prevention Services Act (FFPSA).

As part of its outreach efforts, CWSB shares information on the topics being addressed, the desired outcomes, such as revisions to forms, procedures, and practices, and requests that individuals with lived experience be included in workgroups and discussions. Meetings are scheduled at times that work for members with lived experience and adjusted as needed to support their participation. Initial smaller group meetings are offered and held to discuss the projects in more detail, providing information and support to those who may participate. In early meetings, information is reviewed to describe how the project aligns with the overall work of the child welfare system, including its contribution to meeting CFSR outcomes.

With the support of the Capacity Building Center for States (CBC), an in-person Lived Experience Engagement Framework (LEEF) meeting was convened in August 2024, bringing together individuals with lived experience in CWS, CWSB staff, and others to create a structured and sustainable framework for fully engaging and empowering individuals with lived experience in child welfare work. This framework will serve as a CWSB roadmap to continuously incorporate the lived experience voice to improve practice and outcomes.

Enhancing Lived Experience Engagement. Family First Hawaii (FFH), Hawaii's Family First Prevention Services Act program, leadership has proactively sought technical assistance to

authentically and effectively amplify the voices and participation of persons with lived experience throughout our workgroups and broader FFH implementation efforts. Lived experience Advisory group (LEAG) and FFH leadership initially collaborated with a CBC Family Consultant to create a comprehensive framework, ensuring that CWSB's approach to engaging lived experience is not only impactful but also sustainable over time. This includes developing onboarding documents with input and guidance from LEAG to facilitate a smooth transition into FFH workgroups, ensuring that persons with lived experience are equipped with the knowledge and tools needed for informed and meaningful engagement. FFH leadership is currently awaiting technical assistance to move forward with building LEEF.

FFH is committed to finalizing and implementing a structured and sustainable framework for lived experience engagement, empowering individuals to contribute meaningfully to FFH initiatives. This framework will serve as a roadmap, guiding our interactions with individuals who have lived experience and amplifying their voices throughout every aspect of our work. By actively involving community members with lived experience, we enrich our discussions and also inform our policies, procedures, and practices with valuable perspectives, ultimately fostering more engagement and effective outcomes for all involved.

CWSB has worked to increase the voices of people with lived experience by actively involving them in reviewing procedures and providing valuable consultation to improve practices that support positive outcomes for families. CWSB looks forward to continuing and strengthening our partnerships with individuals who have lived experience to further enhance how we work together to serve families.

Child Welfare Advisory Committee

Over the years, CWSB Hawaii has made efforts to engage partners, including adults and young people with lived experience, in the Judiciary, resource caregivers, contracted and community providers, in meetings, workgroups, and program improvement plan (PIP) activities to develop and implement the Family First Prevention Services Act (FFPSA).

As part of its outreach efforts, CWSB shares information on the topics being addressed, the desired outcomes, such as revisions to forms, procedures, and practices, and requests that individuals with lived experience be included in workgroups and discussions. Meetings are scheduled at times that work for members with lived experience and adjusted as needed to support their participation. Initial smaller group meetings are offered and held to discuss the projects in more detail, providing information and support to those who may participate. In early meetings, information is reviewed to describe how the project aligns with the overall work of the child welfare system, including its contribution to meeting CFSR outcomes.

With the support of the Capacity Building Center for States (CBC), an in-person Lived Experience Engagement Framework (LEEF) meeting was convened in August 2024, bringing together individuals with lived experience in CWS, CWSB staff, and others to create a structured and sustainable framework for fully engaging and empowering individuals with lived experience in child welfare work. This framework will serve as a CWSB roadmap to continuously incorporate the lived experience voice to improve practice and outcomes.

Enhancing Lived Experience Engagement. Family First Hawaii (FFH), Hawaii's Family First Prevention Services Act program, leadership has proactively sought technical assistance to authentically and effectively amplify the voices and participation of persons with lived experience throughout our workgroups and broader FFH implementation efforts. Lived experience Advisory group (LEAG) and FFH leadership initially collaborated with a CBC Family Consultant to create a comprehensive framework, ensuring that CWSB's approach to engaging lived experience is not only impactful but also sustainable over time. This includes developing onboarding documents with input and guidance from LEAG to facilitate a smooth transition into FFH workgroups, ensuring that persons with lived experience are equipped with the knowledge and tools needed for informed and meaningful engagement. FFH leadership is currently awaiting technical assistance to move forward with building LEEF.

FFH is committed to finalizing and implementing a structured and sustainable framework for lived experience engagement, empowering individuals to contribute meaningfully to FFH initiatives. This framework will serve as a roadmap, guiding our interactions with individuals who have lived experience and amplifying their voices throughout every aspect of our work. By actively involving community members with lived experience, we enrich our discussions and also inform our policies, procedures, and practices with valuable perspectives, ultimately fostering more inclusive and effective outcomes for all involved.

CWSB has worked to increase the voices of people with lived experience by actively involving them in reviewing procedures and providing valuable consultation to improve practices that support positive outcomes for families. CWSB looks forward to continuing and strengthening our partnerships with individuals who have lived experience to further enhance how we work together to serve families.

Nā Kupa Alo Ana O Hawaii Citizen Review Panel (HCRP)

Nā Kupa Alo Ana O Hawaii Citizen Review Panel (HCRP) continues to work collaboratively with CWSB on establishing goals and discussing projects and issues related to CWSB. The group comprises participants from across the state, including representatives from CWSB and the community. Please see Attachment C: Citizen Review Panel for additional details. The group meets monthly.

CWSB's partnership and collaboration with HCRP involve ongoing discussions about promoting safety, permanency, and well-being. HCRP will continue to evaluate and analyze strategies to support CWSB programs and explore ways to identify, implement, and collaborate with CWSB's FFH program, such as creating flyers and banners to promote Family First Hawaii.

All State Team

The All-State Team meets every other month with participants from various state agencies and community organizations to share information about resources and programs, identify needs and topics to learn more about, and discuss supporting families from prevention to permanency for children aged 0–5. These meetings are held on a regular basis.

Discussions and information sharing provided members with news about available trainings, strategies, connections, and new collaborations to support the families they work with. These meetings were particularly helpful during the pandemic to support families and the workforce.

Quarterly Collaboration with CWSB and Court Stakeholders

The collaboration with Court stakeholders, developed as part of PIP 3, has been a positive strategy for identifying shared goals and working together to improve outcomes. These meetings continue to occur quarterly in each circuit, providing a platform for connections and relationships to be formed and sustained, as well as opportunities to work together with court partners to achieve shared outcomes.

Meetings include reviews of data on CFSR items 5 and 6, observations of workflow and information sharing, reviewing trends from the data, discussing practice shifts regarding FFH and other areas, efforts to prevent placement, and obtaining feedback from stakeholders and the court on areas needing improvement or additional support. The focus on shared outcomes helps stakeholders come together to find solutions for specific geographic locations.

Other collaboration examples

CWSB continues to collaborate successfully with the Children's Justice Act (CJA) task force and its partners. The Statewide Task Force is comprised of representatives from each of the four counties who are individuals with experience or expertise in child abuse and neglect. They are responsible for approving the State's CJA budget(s) and monitoring expenditures, including priorities for the system's response to cases of child abuse and neglect. The Statewide Task Force meetings are convened at least quarterly.

The Statewide Task Force partners with the Judiciary's Children's Justice Centers (CJCs) to improve interagency coordination, investigation, handling and prosecution of child sexual abuse, sex trafficking, serious child physical abuse cases, child fatalities and children who are witnesses to crime, by prioritizing and directing the use of Children's Justice Act (CJA) funds to its intended purpose.

The Department of Health - Child Death Review (CDR) in Hawaii is a multidisciplinary and multiagency review of child deaths. The purpose of these reviews is to understand risk factors to prevent future child and maternal deaths by helping communities understand why children die and to equip families and stakeholders with effective prevention resources and supports to reduce future fatalities. DHS CWSB is a member of the CDR and collaborates in each local CDR review to identify strategies and resources to prevent child fatalities in the areas, including but not limited to safe sleep, suicide, and drowning.

CWSB Workforce

In addition to collaborating with persons with lived experience and community and agency partners, CWSB regularly consults with the CWS workforce on practice enhancements, policy changes, service implementation, needs, and resources that relate to CFSR practice items and systemic factors, including discussion on and tracking of practice items such as timely response and placement with relatives.

The child welfare system and community support extend beyond CWSB. The work of CWSB is strengthened by the committed, caring, and innovative efforts of families, stakeholders, and agencies that provide consultation and information which is then integrated into goals, plans, and practice enhancement. Over the decades, CWSB has valued, enhanced, and will continue to improve its partnership with families, stakeholders, and community and government agencies as key partners in the work to support families on a continuum based on their needs and level of interventions so that they can thrive in their communities. CWSB is fortunate to be part of the community in Hawaii that strives to work together to care for and support families and children and to achieve positive outcomes related to safety, permanency, and wellbeing.

D. CWSB PROGRAM ASSESSMENT

Hawaii employs multiple strategies to assess its programs and aid in planning. Numerous strategies are discussed below.

1. Statewide Case Reviews

Using the Federal Child and Family Services Review (CFSR) tool, formal case reviews of a random selection of cases from every region of the State are conducted by the Department's contracted provider – the University of Hawaii (UH) Maui College, Hawaii

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

Child Welfare Continuous Quality Improvement Project (HCWCQI). Analyzing the case review results with each geographic section provides an opportunity to highlight strengths in practice and areas needing improvement; these reviews form the basis of action plans for each section. The case review data is also shared in different forms 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

Through a process distinct from the CFSR case reviews, HCWCQI designs and conducts reviews of CWSB cases to target possible areas for improvement when CWSB leadership notices a pattern in the CWSB data that they need to understand more fully. Topics have been identified based on ongoing areas of focus, emerging needs, and as part of implementing practice change. Additionally, case-specific reviews are also completed as needs arise to understand current situations and improve practice on performance items.

3. Expert Consultants

The knowledge and perspective of child welfare experts continues to guide CWSB work in ensuring 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 ANSA. 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.

4. CWSB Advisory Committee

The purpose of Hawaii's Child Welfare Advisory Committee is to inform system change to meet the goal of improving outcomes for children and families. The Committee meets approximately quarterly to share updates from CWSB and partners in each community that affect children and families. In addition, CWSB data, including case review findings, is shared and discussed. The Committee's broad, statewide membership includes CWSB, contracted HCWCQI staff, community social service providers, court staff, Department of Health representatives, former foster youth, resource caregivers, and parents with lived experience in child welfare. CWSB continues to share data, goals, progress, outcomes, strategies, and challenges, and to receive feedback from members. Committee members bring geographic perspectives on how to improve CWSB functioning in their regions. The group is continually exploring topics for opportunities for collaboration and feedback based on shared goals.

5. Citizens Review Panel (CRP)

See Attachment C: Citizen Review Panel Report and Response Letter for information about Hawaii's CRP. In SFY 2024, members of the CRP have been part of CWS workgroups to understand CWSB's practice and internal processes and as another avenue for their perspectives to impact the system.

6. Lived Experience and Stakeholder Voices

Hawaii continues to seek out and incorporate the perspectives and opinions of people with lived experience in child welfare in its workgroups, planning meetings, teams, councils, action strategizing, and similar groups and activities. Only through collaboration with stakeholders and community partners does CWSB make decisions and implement programs. Stakeholders and partners are engaged in assessing the State's performance towards meeting the goals of Hawaii's CFSP. Voices of stakeholders have played an important part in implementing Family First Hawaii. For example, a CRP representative is an active member of the FFH CQI Hui.

Through the Department's contract for Wraparound services with EPIC 'Ohana, Parent Partners provide an important, supportive service to parents involved in Child Welfare Services. Parent Partners have valuable 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.

Makua Allies is a service where EPIC's Parent Partners reach out to parents with substance use needs to support their access to and engagement in appropriate services. This outreach with lived experience expertise is helping to engage parents early in their case and prevent involvement with CWSB and entry into foster care.

7. Intentional and Continual Communication among front-line staff, Branch, and Program Development.

Intentional and continual CWSB internal communication is a key to how CWSB evaluates and improves its programs and services. Examples are provided below.

- a. Feedback System (from Line Staff to Program Development Staff) for Policy and Procedure Changes
- b. Workgroups with Broad Representation
- c. Microlearning Sessions for Line Staff on New Initiatives
- d. Weekly Huddles with Branch and Section Administrators
- e. Weekly Workflow Meetings with Branch and Program Development Administrators

- f. Branch Administrator Attendance at Weekly Program development Meetings
- g. Quarterly Management Leadership Team Meetings

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

E. INTERVENTIONS & STRATEGIES

1. Interventions

All CWSB interventions and services aim to promote successful outcomes for families. CWSB centers all of its practice on ensuring children's safety, authentically engaging families, identifying and fortifying long-term permanent homes for children, and promoting family wellbeing. 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. Respectful of family dynamics, routines, practices, and choices;
- e. 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
- f. Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

2. Strategies

CWSB uses the following strategies to achieve its goals:

- a. Collaboration that respectfully engages families to design their own solutions;
- b. Multidisciplinary approaches that include input from families, communities, and professionals from a 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. Family First Prevention Services Act (FFPSA): Family First Hawaii (FFH) Overview

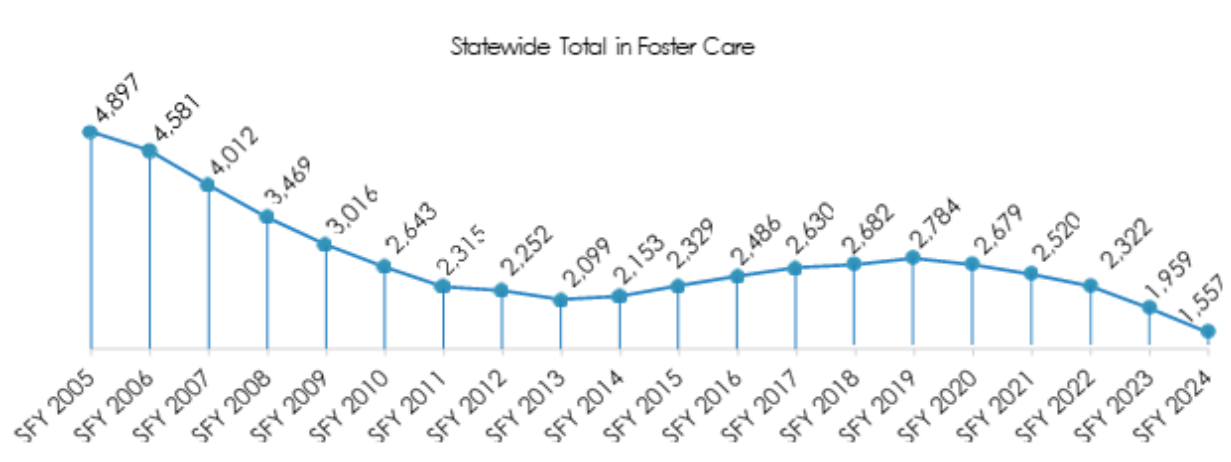
As Family First Hawaii (FFH) passes the midpoint of its fourth year of implementation,

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

CWSB continues to make significant progress in safely reducing the number of children in foster care, thereby upholding FFH’s mission to keep families together. Data Booklet, Figure 22: Statewide Total in Foster Care shows a 20-year statewide trend of substantial and sustained decrease in the foster care population, with SFY 2024 marking the lowest number of children in care in two decades.

The chart below illustrates the remarkable decline in the number of children in foster care, with an approximate 68% decrease over a 20-year period. Three major CWSB initiatives have impacted this reduction of children in care and are essential to keeping the numbers from rising to previous heights: Hawaii’s Differential Response System (DRS), implemented in 2005; the Title IV-E Waiver Demonstration Project, beginning in 2015 and ending in 2019; and Family First Hawaii, initiated in October 2021. These impressive outcomes reflect not only the effectiveness of CWSB’s systemic shift toward family-centered, prevention-focused practices but also the continuous commitment of CWSB staff to ensure the safety of children while keeping families together.

Figure 22: Statewide Total In Foster Care



The three evidence-based service models utilized by FFH, Intensive Home-Based Services (IHBS) using the HOMEBUILDERS model, Home Visiting Services (HVS) using the Healthy Families America model, and the Parents as Teachers model, were strategically selected to address the underlying needs and risk factors that contribute to foster care placement. FFH service selection was based on robust data analyses, which revealed a significant need for in-home parenting support services.

4. **Intensive Home-Based Services (IHBS): HOMEBUILDERS Model**

The IHBS program uses the HOMEBUILDERS model, a nationally recognized, evidence-based approach to intensive family preservation. This model is designed to support

families with children ages 0–17, who are at imminent risk of out-of-home placement. With a "well-supported" rating, the highest rating under evidence-based standards in the FFPSA Clearinghouse, the HOMEBUILDERS model has proven its effectiveness through rigorous empirical research.

IHBS is a "last resort" intervention to prevent the removal of children from their homes and subsequent placement into foster care. When effective, IHBS allows families to remain intact by addressing acute crises and behavioral challenges within the home environment. These services are short-term (typically four to six weeks) but highly intensive, including in-home crisis intervention, counseling, and life skills training designed to promote behavioral change. Therapists are accessible to families 24 hours a day, seven days a week, offering around-the-clock support during crisis periods. IHBS is also utilized to support family reunification efforts by helping to ensure a stable and successful transition as children return home.

IHBS was initially implemented on Oahu, East Hawaii, and West Hawaii through Hawaii's Title IV-E Waiver demonstration project. Due to its successful outcomes, Hawaii chose to continue to offer IHBS after the Title IV-E Waiver program ended. With the use of FFH funds, CWSB expanded the services to the islands of Maui and Kauai. The expansion of this service to Kauai and Maui islands is still in process as providers work to develop their workforce. Kauai recently hired and completed training for its staff in February to provide IHBS services and has begun implementing IHBS for child welfare-involved families on Kauai. The Maui provider continues to face staffing challenges and has not yet implemented IHBS services.

a. Data Challenges and Service Reach

CWSB continues to work on improving data quality to review its progress from an aggregate perspective. While practices are implemented to prevent entry into foster care and service provision, they may not be documented in the fields identified as FFH. The data challenges range from inaccurate data entry to problems in data extraction. The addition of data fields and documentation for FFH purposes is an increased responsibility and shift for the workforce. FFH implementation strategies continue to align FFH documentation requirements with current practice when possible. Currently available preliminary IHBS data includes:

- Hawaii Data Booklet, Figure 86:
 - Statewide (Oct 2021 – Feb 2024):
 - **126 children** from **53 families** served
- CPSS Database:
 - Statewide (Oct 2021 – Mar 2025):

- **159 children from 68 families served**

There may be additional families who received IHBS and were FFH eligible, but their eligibility was not documented.

b. Program Impact

Despite data limitations and geographic service gaps, IHBS remains a critical and impactful service within the FFH framework. Families receiving IHBS have shown substantial success in preventing foster care placement, reinforcing the HOMEBUILDERS model's role as an essential tool in preserving family unity.

5. Home Visiting Services (HVS): Parents as Teachers and Healthy Families America

Home Visiting Services was selected as an FFH service based on data analyses that were conducted during the planning and development phase of the approved FFH Title IV-E Prevention Plan.

A review of SFY 2019 demographic data on children in foster care examined key precipitating factors that led to placement. Findings revealed that 46% of children in foster care were between the ages of 0 and 5, making this the largest age group represented in CWS, with the most common precipitating factor for foster care placement being the lack of parenting skills (67% of these cases). As a result, CWSB expanded HVS eligibility under FFH from serving children aged 0 – 3 to children aged 0 – 5 to meet the needs of this part of the 0-5 age group cohort.

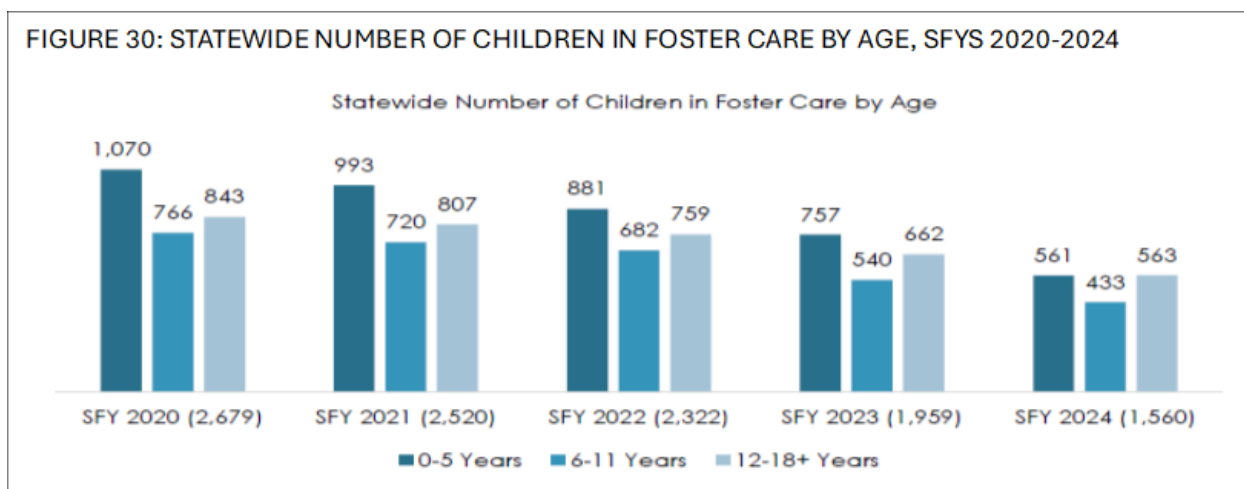
The Healthy Families America (HFA) and Parents As Teachers (PAT) models were selected as FFH home visiting services based on their “well-supported” ratings by the FFPSA Clearinghouse. These evidence-based models are designed to prevent child abuse and neglect through structured, in-home visits conducted by certified parent educators or family support professionals. Core services include parenting education, promotion of healthy parent-child interactions, early childhood development support and screenings and assessments to identify children at-risk for sub-optimal health, developmental delays, and for child abuse, neglect, or threatened harm, and strengthening overall family functioning. Both models have been associated with improved birth and early childhood developmental outcomes, enhanced parenting skills and knowledge, and reduced involvement with the child welfare system.

a. Program Impact

The 0 – 5 age group continues to make up a significant proportion of children in foster care. According to the Data Booklet, Figures 29 and 30: Statewide Children in Foster Care by Age, SFYS 2020-2024, a five-year trend shows that:

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

- From SFY 2020 to 2023, the 0 – 5 age group consistently had a higher percentage of children in foster care compared to older age groups (6 – 11 and 12 – 18+).
- In SFY 2024, the 0 – 5 and 12 – 18+ age groups were tied, each accounting for 36% of the foster care population. This may be an indication of rising placements among older youth.
- Figure 30 is included to provide a visual representation of this trend.



The 0 – 5 age group remains a critical focus due to the highly developmental vulnerability of children in this age range and the long-term impact of early trauma. Investing in early, evidence-based preventive services not only supports child safety and well-being but also aligns with FFPSA priorities to reduce the need for foster care placement and promote family preservation. By equipping at-risk and child welfare-involved families with necessary parenting knowledge and skills, CWSB can promote family resilience and support positive child and family outcomes.

b. Data Challenges and Service Reach

CWSB continues to work on improving data quality to review progress from an aggregate perspective. As discussed earlier, the addition of data fields and documentation for FFH purposes is an increased responsibility and shift for the workforce. FFH implementation strategies aim to align FFH documentation requirements with current practices whenever possible.

Preliminary service data since FFH HVS implementation on March 1, 2022, are as follows:

- Data Booklet, Figure 85: Family First Hawaii Services

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

- Statewide (MAR 1, 2022 to FEB 27, 2024):
 - 240 children from 162 families served
- CPSS Database System:
 - Statewide (October 2021 – February 2025):
 - **151 children** out of **61 families** served
 - FFH eligible children and families
 - **25 children** out of **12 families** served
 - Children and families served by IHBS are generally considered FFH eligible
- HVS Provider Data:
 - Statewide (MAR 2022 to MAR/APR 2025):
 - 1,155 children from 840 families served
 - FFH eligible children and families:
 - 636 children from 482 families served

CWSB plans to enhance FFH data and documentation to better understand practice and outcomes, and to support financial claiming. Additional details on data challenges and recommended system improvements are provided in the final section of this report (UH FFPSA Evaluation Team Report).

6. FFH Parent Partner Support Services Pilot Project

The FFH Parent Partner Support Services pilot project was initiated on the islands of Oahu and Hawaii utilizing FFPSA Certainty Funds. This pilot program was designed to enhance early intervention and family preservation efforts by providing peer support to parents at the onset of child welfare involvement or to facilitate earlier reunification and engagement. The pilot consists of three full-time parent partners, individuals with lived experience in the child welfare system, who offer short-term (45 days, with extensions as needed), targeted peer support. These services are designed to increase family engagement, build trusting relationships, and support parents through emotional guidance and system navigation during the child welfare investigation or assessment phase or at the outset of reunification.

Parent Partners play a unique and vital role by leveraging their experiences to support other parents. FFH Parent Partner Support services include meeting parents in their homes or communities, regular check-ins, information sharing, referrals to resources, modeling self-advocacy, and encouraging participation in services, as well as ‘Ohana Conferencing and Two Mākua Meetings. The pilot also launched the statewide Birth Parent Information Line, which parents can call to connect with a parent partner who offers immediate emotional support and peer-informed guidance. Early anecdotal outcomes of the pilot demonstrated success in helping families access mental health and substance use treatment, supporting access to healthcare and public benefit

programs (e.g., WIC), facilitating family engagement with CWSB, and providing comfort to distressed parents.

Provider data reports categorize FFH Parent Partner support into three areas: (1) support for family engagement with CWSB and related processes, (2) support with implementation of the Safety Plan, and (3) support provided in both areas. According to available data:

- 40% of families received support focused on family engagement only,
- 10% received support for Safety Plan implementation only, and
- 50% received support in both areas

These findings indicate that family engagement is the most frequent and consistent area of Parent Partner support. Safety Plan implementation support is seldom used as a stand-alone service, suggesting it is more effective when integrated with broader engagement efforts. The majority of families receiving support in both areas highlight the need for comprehensive, integrated services to effectively address the complex and multifaceted needs of families.

a. Concrete Support and Flex Funds

This pilot project also includes concrete supports and flex funds to address practical needs that support family preservation or reunification. Flex funds are available statewide for all CWSB geographical sections. A part-time Community Navigator facilitates flex fund requests from CWSB caseworkers or Parent Partners and connects families to state and community-based resources. There are two pathways to access these funds:

- Track A: Directly through FFH Parent Partner Support Services.
- Track B: Through CWSB Branch Administrators, based on CWSB worker requests.

An assessment of usage patterns revealed that Track A requests addressed immediate, day-to-day household needs (e.g., beds, car seats, furniture), while Track B requests involved higher-cost items, such as outstanding electricity bills, back rent, or emergency travel for parent-child reunification. In both cases, concrete supports have been essential in supporting family stability and preservation.

b. Pilot Project Service Reach

From September/October 2024 to March 2025:

- 21 families served, with 41 FFH-eligible children.
- Eight families connected to community services via Parent Partner or Community Navigator.
- Nine 'Ohana Conferences held due to FFH Parent Partner Support referrals.
- 22 in-person visits with families by FFH Parent Partner
- 107 calls/texts with families by FFH Parent Partner
- Six children whose families completed FFH Parent Partner services were able to remain with their families (did not enter foster care)
- Three children whose families completed FFH Parent Partner services were reunified with their families
- Eight families received Track A Flex Funds (17 total transactions).
- Nine families received Track B Flex Funds (9 total transactions).

c. Pilot Timeline and Implementation

Service implementation began in September/October of 2024 and will be in place until at least December 27, 2025, with the possibility of continued service provision beyond 2025.

The FFH Parent Partner Support Services pilot is showing promising early outcomes in strengthening family engagement and addressing the emotional and practical needs of vulnerable families. As we move into a full year of implementation and outcome tracking, the data and stories from this initiative will inform the potential for sustaining early onset Parent Partner Support Services as a vital component of FFH's efforts to promote family stability and prevent unnecessary foster care placements. This work directly supports FFH's mission of keeping families together and aligns with FFPSA goals of prevention, timely reunification, and family preservation.

7. Family Supported Arrangements Continuum (FSAC) Workgroup

The Family Supported Arrangements Continuum (FSAC) Workgroup was initially established to guide staff in safely coordinating informal family arrangements and helping to prevent unnecessary foster care placements. The project's scope has since evolved to encompass the spectrum from placement prevention to foster custody. The workgroup's goal is to provide a comprehensive framework to guide staff in assessing safety and planning for child welfare-involved families, supporting placement prevention, and improving the quality and consistency of practice by equipping staff with clear tools and guidance to develop individualized safety/protective plans in collaboration with families.

To support this goal, the workgroup created three subcommittees: *Definitions*, *Protective Plan*, and *Decision Tree*.

- The *Definitions Subcommittee* developed clear, standardized terminology for placement options, assessment tools, and legal statuses, which provides a foundation for the work of the other subcommittees.
- The *Decision Tree Subcommittee* designed a user-friendly, visual decision-making tool to assist staff in navigating placement decisions during the investigation or assessment phase. With support from Casey Family funding, the Decision Tree will be depicted on posters for each Child Welfare Services (CWS) unit. A pocket-sized laminated version is also under consideration for field use. The Decision Tree graphic is awaiting final review by the Department of the Attorney General before being distributed to staff.
- The *Protective Plan Subcommittee* is revising the Child Safety Assessment (CSA), by amending and rebranding the Safety Plan as the “Protective Plan” to align with strengths-based, family-centered language. These revisions include restructuring related forms and instructional guidance to support comprehensive in-home, out-of-home, and hybrid safety/protective planning with families. Given the scope of these revisions, this is a long-term project designed to enhance the overall CWSB safety framework.

Each subcommittee includes individuals with lived experience, bringing valuable insights that promote family-centered practices. Their contributions are essential to shaping tools and protocols that better reflect the needs and real-life circumstances of the families served.

8. Short-Stayer Review and Follow-Up

During the FFH planning and development phases, data revealed that approximately 15% of children in foster care between SFY 2014–2018 were “short-stayers”, i.e., children placed in care for 30 days or less. This finding elevated short-stayers as a priority population for defining FFH candidacy and prompted a critical review of child removal practices, especially in cases where placements lasted five days or less, raising questions about whether these removals were necessary and preventable.

Ongoing short-stayer monitoring remains a core strategy for FFH leadership. Analysis of short-stayer trends from the Data Booklet, Figure 27: Statewide Children in Foster Care for One Month or Less, shows only minor fluctuations over the five-year period from SFY 2020 to 2024:

- 11% in SFY 2020,
- 11% in SFY 2021,
- 11% in SFY 2022,
- 12% in SFY 2023, and
- 10% in SFY 2024.

While these rates show limited variation, there has been an overall decrease in short-stayers since the Title IV-E Waiver Demonstration Project. Hawaii continues to pursue activities to prevent unnecessary entry into foster care and minimize the trauma associated with removal. FFH leadership prioritizes short-stayer monitoring to identify and address systemic and practice barriers as part of broader efforts to promote family stability and prevent unnecessary foster care placements, e.g., during quarterly FFH Implementation Management Team meetings, CWSB Section Administrators (SA) report on individual short-stayer cases and identify solutions, strategies, and resources that support family preservation.

SAs work with their staff to examine the circumstances of short-stayer placements and implement strategies to avoid unnecessary removals. Ongoing monitoring of short-stayer trends provides critical insights into the barriers that hinder placement prevention and informs continuous improvement efforts at the programmatic, practice, service, and system levels.

9. Improving Outcomes

CWSB continues to work on FFH data collection and documentation. However, staffing shortages, which burden an already understaffed workforce, impact CWSB sections, particularly those with high vacancy rates. Although vacancy levels among Program Development's Assistant Program Administrators (APAs), who represent the majority of FFH leadership, are not as severe as in other CWSB sections, the existing APA vacancies continue to require current APAs to manage additional responsibilities that often compete with FFH priorities. This has slowed the overall pace of FFH implementation; however, recent efforts by Program Development have resulted in filling most vacant APA positions, which is expected to alleviate some of the burden and enhance support for FFH implementation.

As CWSB works to improve FFH data collection and documentation, the FFH Data Quality Team remains committed to ongoing improvement and actively identifying and correcting data errors through a continuous quality improvement approach.

To support accurate data entry, four FFH workgroups — Data, IT, CQI, and Evaluation (DICE), Case Pathways, Training, and Communications — collaborated to develop two FFH Data Tip Sheets. These sheets provide guidance for staff when creating the Family

Service Plan in the State of Hawaii Automated Keiki Assistance System (SHAKA) and when terminating FFH services in the Child Protective Services System (CPSS). Additionally, a mandatory FFH Data Refresher Training video series was created by the Staff Development Office (SDO) to guide staff through these key FFH data entry points, from documenting FFH eligibility and services to terminating services. The FFH Data Tip Sheets were released to staff in March 2025, and the on-demand video training series is accessible to staff via the SSD Learning Management System (LMS).

Further detail on the scope and nature of FFH data challenges is provided in the following report from the University of Hawaii (UH) FFPSA Evaluation Team.

10. UH FFPSA Evaluation Team Report

a. Annual Update

While there have been many successes from FFH, full implementation of FFH has been slowed by challenges with data systems and data collection.

The external evaluation of FFH is conducted by a team at the University of Hawaii, Center on the Family. As outlined in the Hawaii State Plan, this team extracts case data on all FFH cases every six months. The plan was for the evaluation team to produce a Process Evaluation Report in mid-2023, and an Outcome Evaluation Report in mid-2025.

The Process Evaluation was intended to detail the number of families and children that have been served by FFH, in what counties, and by what providers. Case data would indicate the types of maltreatment and precipitating factors experienced by those children referred for FFH services, as well as their demographic characteristics. Additional data from service providers would outline what delivery of services looks like, including the percentage of families declining or dropping out of services, the typical length of services, the specific types of services provided, and family assessments by providers.

FFH services began in October 2021 for IHBS cases and in March 2022 for Home Visiting cases. So far, the evaluation team has extracted case data seven times: February 2022, August 2022, February 2023, August 2023, February 2024, August 2024, and February 2025. The 2025 data extract was delayed to May to provide time to correct data errors. This data comes from two State data systems and FFH case data from providers. The expectation has always been that the evaluation team will merge case data from across systems to provide a complete picture of FFH clients and services.

Currently, the evaluation team has been unable to report on any of the above process characteristics due to data entry challenges and the merging process. CWSB will continue to review data that includes the number of families receiving these services and the outcomes achieved.

b. Children and Families Served

After the August 2024 data extraction, the UH evaluation team produced a report on the children and families served by Intensive Home-Based Services. Hawaii utilizes the HOMEBUILDERS model of IHBS, and the HOMEBUILDERS National Office conducts extensive data validation efforts throughout the year. This data is considered by the UH team to be the most reliable.

As of August 2024, the UH team had analyzed data on 66 children who received IHBS services. The Hawaii Child Welfare Branch data system indicated that 126 children were served; however, IHBS provider data confirmed only 80 children. Of these, 14 were not served by IHBS, or the case closed prematurely (including eight children who were placed into care prior to completing IHBS).

As of April 2025, the UH team has been unable to reliably report on the number of children and families served by Home Visiting Services due to challenges with data entry and documentation.

c. Strategies to Improve Data Quality

The evaluation team has provided several reports on data quality, including detailed information on which data points require the most corrections. The team has also identified areas where caseworker training might be developed or enhanced to reduce data entry errors or omissions.

Members of the DICE workgroup have formed ad hoc data quality strike teams to review data files on a case-by-case basis. In situations where data clarity and documentation are required, individual reviewers refer to the original case file to verify accurate data. This has been a valuable, though time-intensive, process over the last year, and case reviews for data clarity and documentation are ongoing. Along the way, these strike teams have identified additional data categories for clarification and suggested strategies to improve data entry and documentation. For example, FFH Data Tip Sheets have been developed for caseworkers to help with training on when and where to enter critical case information.

The May 2025 data extraction that is currently underway will shed light on the success of these data improvement efforts.

SECTION III. PROGRAMS SUPPORTING SAFETY

A. PROGRAMS AND SERVICES SUPPORTING SAFETY OUTCOMES

CWSB strives to provide services to families at the most appropriate and 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 families, either directly by CWSB staff or by other social service agencies that are contracted by DHS to provide services to CWSB 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, (including the incorporation of plans of safe care)
2. Differential Response System (DRS),
3. Statewide CWSB Intake Hotline,
4. Child Welfare Services Branch (CWSB),
5. Voluntary Case Management (VCM) Services,
6. Family Strengthening Services (FSS),
7. Intensive Home-Based Services (IHBS), and
8. Crisis Response.

CWSB continues to implement the programs and services noted above to meet the needs of families. CWSB is implementing expanded access to Parent Partners with lived CWSB experience to support other parents in addition to those parents that may receive this service through the Wraparound planning service. CWSB has also expanded access to flexible funding to meet the needs of children and families to prevent entry into foster care, and support reunification, or placement stability and other permanency goals. CWSB continues to monitor short stayers in foster care to identify CWSB and systemic strategies to strengthen and support families to prevent entry into foster care, support reunification, and meet their needs.

CWSB also continues to work on IHBS expansion to Maui and Kauai and looks forward to continuing to receive technical assistance through ACF on safety related strategies.

B. CHILD MALTREATMENT REPORTS AND DISPOSITIONS STATEWIDE AND PERFORMANCE ASSESSMENT

This section relates to calls that are received by CWSB Statewide Intake Hotline. Data Booklet, Figure 1: Statewide Intake Hotline Calls SFYs 2020-2024 summarizes the types of calls received by the Statewide Intake Hotline for SFY 2020 through SFY 2024. “No Intervention Required” calls include requests for information and those that do not meet criteria for CWSB intervention. Adjustments are being made to information collection in this area. This data on total calls for SFY 2023 and 2024 uses a different source than prior years. Data for SFY 2023 and 2024 is derived from the Intake call system.

“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 2020-2024 for details. The total number of calls received has been somewhat steady, and the number and percentage of calls assigned for intervention has increased slightly in recent years as follows: SFY 2020 - 21,530 calls received (4,907 or 23% assigned for intervention); SFY 2021 – 20,348 calls received (5,001 or 25% assigned for intervention); and SFY 2022 – 20,603 calls received (5,975 or 29% assigned for intervention); and SFY 2023, 14,057 calls received (5,167 or 38%) assigned for intervention. As noted above, the data source for total number of calls received in SFY 2023 and 2024 changed. Further review may be helpful to review if this impacts the percentage of calls assigned.

The number of calls assigned for intervention has decreased slightly from SFY 2023 (5,167) to SFY 2024 (4,835). Refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS SFYs 2020 – 2024 to review the number of cases assigned to CWSB and DRS for action from SFY 2020 through SFY 2024. Intakes assigned to CWSB have also slightly decreased from 2,988 in SFY 2023 to 2,505 in SFY 2024. Referrals to VCM have remained steady from 1,541 in SFY 2023 to 1,530 in SFY 2024. Referrals to FSS have increased slightly from 638 in SFY 2023 to 800 in SFY 2024. The data source for SFY 2023 and SFY 2024 has changed from CWSB Intake Stats at a Glance to data collected from the SHAKA system, which identifies the disposition type entered by CWSB Intake staff.

The distribution of assignments to CWSB and DRS has slightly changed over time. See Data Booklet, Figure 3: Percentage of Intakes Assigned to CWSB, DRS/VCM and DRS/FSS, SFY 2020 - 2024 [Chart] for a breakdown of calls assessed as appropriate for some level of intervention by CWSB investigation, VCM, or FSS.

Over the past five years, the percentage of cases assigned to CWSB has varied. The percentage of assignments to CWSB decreased from SFY 2023 2,988 (58%) to SFY 2024 (52%). The percentage of assignments to VCM has also changed slightly from SFY 2023

1,541 (30%) to SFY 2024 (32%). Assignments to FSS have also varied SFY 2023 638 (12%) to FY 2024 800 (17%).

CWSB continues to strive for accuracy and consistency in handling intakes and meets regularly to review assignments from intake and discuss emerging topics or trends.

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 2024 and Figure 5: Intake Disposition by County SFY 2024 for county-specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child for whom abuse(s) has been confirmed or substantiated. Refer to Data Booklet, Figure 6: Victim Disposition by County SFY 2024 for county-specific data.

In SFY 2024, 1,820 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. In SFY 2024, 417 of the 2,482 reports were confirmed (23%). Of the 3,565 children in these reports, 717 (20%) 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 data from the Intake hotline system and the SHAKA system. Figure 5 is based on data from the 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.

Confirmed: There was reasonable cause to believe that harm or threatened harm occurred.

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

The percentages of the types of maltreatment have remained relatively consistent over the past several years. The base question for determining physical abuse and or neglect

is: Did physical abuse or 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 2020 – 2024 and Figure 16: Maltreatment Type SFYs 2020 – 2024 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, a lower percentage in one type of harm means there should be a rise in at least one other type of harm, for a total of 100%.

There was a slight variation from SFYs 2020 through 2024 in the confirmation percentage of types of maltreatment. Medical neglect and psychological neglect represent lower numbers of confirmation types and have remained fairly steady. Medical neglect: SFY 2020 (0.4%); SFY 2021 (0%), SFY 2022 (0.9%), SFY 2023 (0.3%), and SFY 2024 (1.0%). Psychological abuse: SFY 2020 (1.1%), SFY 2021 (0%), SFY 2022 (0.5%), SFY 2023 (1.1%), and SFY 2024 (0.3%). Physical neglect has varied somewhat over time: SFY 2020 (18.3%), SFY 2021 (21%), SFY 2022 (13.8%), SFY 2023 (13.8%), and SFY 2024 (17.2%). Physical abuse: SFY 2020 (8.6%), SFY 2021 (7%), SFY 2022 (6.8%), SFY 2023 (8.2%), and SFY 2024 (9.5%). Sexual abuse: SFY 2020 (6.7%), SFY 2021 (5.0%), SFY 2022 (6.3%), SFY 2023 (4.4%), and SFY 2024 (5.7%). Reporting on sex trafficking in this section of the APSR started in SFY 2019 and has varied slightly: SFY 2020 (1.4%), SFY 2021 (2%), SFY 2022 (0.7%), SFY 2023 (0.6%), and SFY 2024 (1.0%). Threatened harm has also varied somewhat: SFY 2020 (63.4%), SFY 2021 (64%), SFY 2022 (71.0%), SFY 2023 (71.5%), and SFY 2024 (65.4%).

CWSB has continued to promote and support the assessment process including integrating strategies such as information gathering, assessing safety and risk, understanding the needs of parents and children, applying the safety threshold, and determining disposition into practice enhancements.

CWSB will also utilize information related to abuse and neglect in work with partner agencies and organizations, and resource identification and development to support families within their communities and work to address and prevent abuse and neglect.

2. Number of Children in Foster Care

a. Hawaii Differential Response

See Data Booklet, Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2024, and Figure 23: Monthly Average Number of Children in Foster Care in Hawaii SFYs 2004-2024. From SFY 2004 to SFY 2011, there was a dramatic and steady decline in the number of children in foster care, due to Hawaii’s implementation of Differential Response Services (DRS) in 2005. Moderate and

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

low risk cases were no longer being investigated by CWSB and therefore there were fewer children to potentially enter foster care. It took approximately six years (SFY 2005 – SFY 2011) for DRS to be fully implemented and embraced by staff in Hawaii. After that point, the number of children in foster care remained low in SFYs 2011 through 2014.

i. Federal Social Security Act, Title IV-E Waiver

In 2015, Hawaii implemented its Title IV-E Waiver Demonstration Project whose activities focused on reducing the number of children in care. Unfortunately, despite the introduction of these new services, following national trends, the numbers of children in foster care began to rise in SFY 2015 and continued to slowly climb in SFYs 2016 and 2017. Based on data from the Title IV-E Waiver 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), 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 the past five years. Hawaii’s Waiver Demonstration Project ended in 2019, but three of the four services/programs that began during the Waiver continued, i.e., IHBS, CRT, and Family Wrap Hawaii. The one Waiver Demonstration project service that did not continue – Safety, Permanency, and Wellbeing (SPAW) Roundtables – was modified and downsized into a different form and became “case staffings.” CWSB wanted to be sure to maintain the progress made during the Title IV-E Waiver Demonstration Project period of improving its service array to keep children safely out of foster care and achieve timely permanency.

ii. From the Waiver through the Pandemic

When viewing Data Booklet, Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2024, one can see the incremental rise starting in SFY 2014 and ending in SFY 2019, with the numbers of children in foster care finally starting to drop again in SFY 2020 through the present. CWSB is pleased that this upsurge leveled off and has continued to decline. Considering the intense negative effects of the pandemic that caused additional stress on families, Hawaii is surprised that this has not translated to an increase of children in foster care. Intensified family

stress tends to correlate with increased child maltreatment. CWSB conjectures that Hawaii successfully protected against this potential increase in the number of children in foster care because the State and the federal government provided support and resources for families affected by the pandemic, such as the moratorium on evictions and additional TANF funds during the pandemic. The federal evictions ban was lifted in August 2021; however, Hawaii extended the moratorium and only lifted it in February 2025, thereby helping to mitigate some of the pandemic-related financial stress on families.

iii. Recent Data Trends and Family First Hawaii

See Data Booklet, Figure 24: Percentage Change of Children in Foster Care. There was an impressive 20.5% decrease in total annual number of children in foster care from SFY 2023 (1,959 children in foster care) to SFY 2024 (1557 children in foster care), and a 21.3% decrease in the monthly average number of children in foster care from SFY 2023 (1,225 children in foster care) to SFY 2024 (964 children in foster care). SFY 2024 is the fifth year in a row where both the total number of children in foster care and the monthly average have decreased compared to the prior year; prior to SFY 2020, this hadn't happened since SFY 2012. Not only have the total number of children in foster care and the monthly average number of children in foster care continued to decrease for the past five years, the percentage of the decrease has also increased each year. Data from the beginning of SFY 2025 indicates that the monthly average number of children in foster care is continuing to decline.

The decrease in the number of children in foster care over the past five years is likely due to Family First Hawaii (FFH), Hawaii's enactment of the federal Families First Prevention and Services Act (FFPSA), with its two primary interventions: Intensive Home-Based Services (IHBS) and Home Visiting Services (HVS). Although Hawaii is confident that FFH services are assisting to keep the number of children in foster care low, CWS staff efforts and attitudes regarding keeping children at home with their parents whenever safely possible have probably been a more significant driver of the continued decline in the number of children in foster care.

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

iv. Foster Care Entry and Exit Data

A graph of the past five years annual number of children in foster care and the numbers of children that entered and exited care for those years can be found in Data Booklet, Figure 21: Statewide Children in Foster Care, Entries, and Exits – SFYs 2020-2024.

v. Foster Care Numbers by Geographic Area

Data Booklet Figure 26: Number & Percentage Change in Foster Care by Geographic Area SFYs 2020 to 2024 shows children in foster care across regions over the same five-year period, SFYs 2020 – 2024. The number of children in foster care for each year statewide and in each geographic region is provided, along with the number and percentage decrease over these five years. The percentages in this figure compare each region to itself, e.g., when comparing Kauai's numbers in SFY 2020 to Kauai's numbers in SFY 2024, there is a decrease of 47.2%. The greatest percentage change statewide for children in foster care can be seen on Kauai, with the largest numeric decrease on Oahu. During this five-year period, there was a statewide 41.9% decrease of the total number of children in foster care.

vi. Summary of Statewide Data

See Data Booklet, Figure 22: Total Number of Children in Foster Care in Hawaii SFYs 2004-2024. Hawaii's total number of children in foster care dropped by 60% in the decade from SFY 2004 (5,207 total children in foster care) – SFY 2013 (2,099 total children in foster care), due to DRS implementation. Despite the 33% increase from SFY 2013 (again, 2,099 total children in foster care) – SFY 2019 (2,784 total children in foster care), Hawaii did not approach the elevated levels of the 2000s. During the six-year period of SFY 2019 (again, 2,784 total children in foster care) to SFY 2024 (1,557 total children in foster care), there was a statewide 44% decrease in the total number of children in foster care. This most recent decrease has brought the total number of children in foster care in one year in Hawaii to the lowest it has been in over two decades.

3. General Safety

CFSR Safety Outcome 1

Children are first and foremost protected from abuse and neglect.

Refer to Data Booklet, CFSR Items, Figure C1, Timeliness of Initiating Investigations of Reports of Child Maltreatment, for a chart of the SFY 2020-2024 five-year strength rating for this item.

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

35 Cases Reviewed

22 STRENGTHS, 13 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 the reports during the period under review (PUR).

SUMMARY

In 22 of 35 applicable cases (63%), response timeframes were met, or sufficient efforts were made for contact.

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

In 13 of 35 applicable cases (37%) were rated as needing improvement. The investigation or assessment was not initiated in a timely manner, and/or contact with the children was not made in accordance with State timeframes.

- In eight cases, the investigation or assessments were not initiated in accordance with the State's timeframes.
- In 13 cases, face-to-face contact with the children who are subject to the report was not made in accordance with the State's timeframes.

DISCUSSION

Caseworkers and sections use the SHAKA tracker data as a tool to monitor timely response. Timely responses to reports continue to be discussed at monthly branch meetings with section administrators to identify strategies that support timely contact, as well as opportunities for improvement.

Discussions on timely response will also occur at each section and the Voluntary Case Management provider annual case review debrief meeting. The annual review debrief meeting provides an opportunity to review practice, clarify procedures, and brainstorm

solutions to achieve contact.

CWSB is implementing strategies to support recruitment and retention, promoting a healthy and robust workforce to carry out this important work, particularly for those who respond to reports of maltreatment.

CWSB will utilize information from the CFSR case review and Statewide Self-Assessment (SWSA) to inform procedure or practice clarifications and revisions.

4. Safety in the Child's Home

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

Refer to Data Booklet, Figure C2: Item 2 for a chart of the SFY 2020 - 2024 five-year strength rating for this item.

32 Cases were reviewed.

12 STRENGTHS, 20 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 12 of 32 applicable cases (38%), concerted efforts were made to provide services to maintain children safely in the home and to prevent children's entry or re-entry into foster care or a child in the family was removed without services because it was necessary to ensure their safety.

- In six cases, services were provided, and the child(ren) were not removed.
- In six cases, services were provided, and the child(ren) were removed because of unmitigated safety concerns.
- In six cases, the child(ren) were removed because this action was necessary to ensure safety.

20 of 32 applicable cases (63%) were rated as needing improvement. In these cases, irregular caseworker visits with families, delays in providing or arranging services, and a lack of thorough assessments were factors in ensuring that appropriate safety-related services were identified.

- In 15 cases, concerted efforts were not made to provide appropriate safety-related services, and the children remained in the home.
- In 5 cases, children were removed from the home without providing or arranging for appropriate services.

DISCUSSION

CWSB continues to review and enhance its work on safety in collaboration with families and partners. The CWSB workforce and Parent Partners with lived experience in CWS and who work to support other parents involved with CWS, are key partners in reviewing and revising procedures and practices. CWSB plans to continue receiving technical assistance through the ACF to improve its practice in this area. As part of these efforts, CWSB will focus on family engagement throughout the process, including activities that support both in-home and out-of-home arrangements, as well as ongoing clarification of the safety framework. CWSB recently provided training to Section Administrators and Supervisors on upcoming revisions to the frequency for completing the Child Safety Assessment, as well as enhancements to parent/caregiver engagement in the safety assessment and planning process. Parent Partners with lived experience with CWS helped to develop the curriculum and co-led the training with CWSB. Sections will be trained using the same format, and opportunities for collaboration with Parent Partners will be incorporated into the local trainings.

This work will continue to be aligned with Family First Hawaii. CWSB will review information from the CFSR and SWSA and target additional strategies as needed to improve on this item.

Item 3: Services to prevent removal and maintain children safely in their family home

Refer to Data Booklet, Figure C2: Item 2 for a chart of the SFY 2020 - 2024 five-year strength rating for this item.

Item 3: Safety & risk assessment and management

83 Cases Reviewed

35 STRENGTHS, 48 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 35 of 83 applicable cases (42%), 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.

- In 15 of 23 cases (65%) opened during the PUR, the agency conducted an initial assessment that accurately assessed all risk and safety concerns.
- In 36 of 81 cases (44%) that required ongoing risk and safety assessment, the agency accurately assessed all risk and safety concerns.
- In seven of 15 cases (47%) that required a safety plan, those safety plans were developed and monitored.
- In 30 of 30 cases (100%), there were no concerns related to the safety of the child during visitation with parent(s)/caregiver that were not adequately addressed.
- In 50 of 53 cases (94%), there were no concerns for the safety of the child in the foster home or placement facility that were not adequately addressed.

In 48 of 83 applicable cases (58%) 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. Assessments were not conducted at critical junctures, such as reunification, removal, and case closure. In addition, caseworkers did not conduct visits in the home and did not make efforts to see children alone.

- In eight of 23 cases, the agency did not conduct an initial assessment that accurately assessed all risk and safety concerns.
- In 45 of 81 cases, ongoing assessments were not conducted to accurately assess all risk and safety concerns.
- In eight of 15 cases, safety plans were not adequate and were not monitored.
- In two cases, there were maltreatment allegations that were not substantiated despite evidence.
- In three cases, when there were known concerns about safety and risk in the foster care home, sufficient action was not taken to address those concerns.

DISCUSSION

CWSB has maintained progress in this item and continues to review practice to identify opportunities to clarify and provide refreshers on safety assessments and strategies to ensure ongoing contact with children and families.

To provide support to caregivers and an extra set of eyes on children in their care, CWSB

initiated the Kako'o program. This program is designed to provide comprehensive support to children in foster care and their caregivers, ensuring that every child has a pathway to a safe, stable, and loving "forever" home. Enhanced safety and monitoring are provided through additional visits to children in foster care and their caregivers during unannounced times, including weekends and holidays outside of standard business hours, to gain an authentic understanding of the child's living conditions and interactions and to ensure that children receive consistent and appropriate care. CWSB will utilize information from the CFSR case review and SWSA to inform procedure or practice clarifications and revisions.

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?

Annual Update

At the rate of 99.4% in SFY 2024, CWSB is just below 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 2020 – SFY 2024 rates.

DISCUSSION

CWSB continues to assess for safety of a foster home prior to the placement of a child. CWSB works to inform and identify any possible concerns of the resource caregivers. CWSB will address any possible needs with providing a safe home. CWSB supports the child and resource caregiver by assessing for possible supports in the home, discussing options if safety issues should arise, and providing resources for a successful experience for both the child and the resource home.

CWSB continues to do monthly visits with children in foster care and their caregivers. CWSB continues to complete ongoing safety assessments to determine if appropriate services are required for the child and the resource caregivers. These services are designed to provide support in the resource home, addressing any identified needs.

During the duration of the child's placement in a foster home, CWSB encourages the resource caregiver to attend the child's Family Court hearings to provide the judge updates on the child's progress. The resource caregiver is urged to participate in an 'Ohana Conference to support the process of permanency. These services help as a gauge to assess the safety of the child in foster care.

CWSB will utilize information from the CFSR case review and SWSA to inform procedure or practice clarifications and revisions.

Section IV. PROGRAMS SUPPORTING PERMANENCY

A. PROGRAM AND SERVICE DESCRIPTION

Hawaii strives to work towards reunification as the primary goal for children in care. To ensure permanency goals are reached, CWS begins concurrent planning at the start of a case by identifying two permanency goals with a plan to achieve both goals. CWSB and parents will work toward reunifying the child(ren) with the family home and closing the case. At the same time, CWS will also plan for the possibility that the child may not be able to safely return home within a reasonable time. In such cases, alternative permanent care options such as adoption, legal guardianship, or placement with a permanent caregiver until the child turns 18 years old will be considered. If reunification is not possible, these permanency options will be pursued.

Hawaii is committed to providing a comprehensive array of strategies and services that align with CWSB's goal of ensuring timely permanency for children. From the beginning of each case, clear permanency goals such as reunification, adoption, legal guardianship, or another Planned Permanent Living Arrangement (APPLA) are set, and various methods are used to accurately identify and reach these goals within the required timeframe.

The State of Hawaii maintains robust collaborations with stakeholders, community partners, CWSB personnel, and individuals with lived experience to further the planning, development, training, and implementation of strategies and services designed to facilitate the timely achievement of permanency for children.

Hawaii has consistently engaged its partners in the application of various permanency strategies to support the permanency initiatives of CWS. CWSB continues to monitor and evaluate its permanency outcomes to ensure favorable results in this domain. CWSB routinely reviews outcomes and practices, implementing strategic refinements to ensure success in the areas of safety, permanency, and well-being. Examples of strategies employed are described below.

1. Reunification Efforts

a. Safety and Risk Assessment Tools

CWSB continues to review and enhance its work on safety in collaboration with families and partners. The CWSB workforce and parent partners with lived experience in CWS work to support other parents involved with CWS are key partners in reviewing and revising procedures and practices. CWSB

plans to continue receiving technical assistance through the ACF to improve its practice in this area. As part of these efforts, CWSB will focus on family engagement throughout the process, including activities that support both in-home and out-of-home arrangements, as well as ongoing clarification of the safety framework.

CWSB recently provided training to section administrators and supervisors on upcoming revisions, including a six-month frequency for completing the Child Safety Assessment and enhancements to parent/caregiver engagement in the safety assessment and planning process. Parent Partners with lived experience with CWS helped develop the curriculum and co-led the training with CWSB. Sections will be trained using the same format, and opportunities for collaboration with parent partners will be incorporated into the local trainings.

This work will continue to be aligned with FFH. CWSB will review information from the CFSR and SWSA and target additional strategies as needed to improve on this item.

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 provide a rapid response to situations where placement may be imminent and to employ creative strategies to prevent foster care placement whenever safely possible.

CRT members share their experiences in various settings to promote learning about positive practices and opportunities to enhance collaboration and services that may prevent removal whenever safely possible.

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 and West Hawaii island. The expansion of this service to Kauai and Maui island is still in process as providers work to develop their workforce. In February 2025, the Kauai IHBS provider successfully hired a therapist and supervisor and completed HOMEBUILDERS training. The team is in the process of implementing IHBS for child welfare-involved families on Kauai.

The Maui provider continues to face staffing challenges and has not yet established active IHBS services.

Additionally, IHBS is available to provide intensive support, when needed, to reunify children with their families or to stabilize a foster care placement.

d. WRAP

Wraparound – Family Wrap Hawaii, a Title IV-E Waiver service, continues to be available on Oahu and Hawaii Island. Family Wrap Hawaii collaborates with families who face the most complex needs and encounter multiple barriers. A defining feature of the wraparound process is the unconditional support provided by the team.

Parent Partners are a key component of Hawaii’s wraparound services, providing an important supportive service to parents. Parent Partners have valuable lived experience with CWS 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 have joined new CWSB workgroups, including the Family Supported Arrangements and Safety workgroups, to help lead and inform practice and system changes. Based on the positive outcomes that the Parent Partner supports provide, the FFH Parent Partner Support Services pilot project utilized FFPSA Certainty Funds. This pilot program was designed to enhance early intervention and family preservation efforts by providing peer support to parents at the onset of child welfare involvement or to facilitate earlier reunification and engagement.

Flex funds are also a component of Hawaii’s wraparound process and have been helpful in meeting the immediate needs of families and providing opportunities to develop sustainability plans with them. The pilot project noted above also includes concrete supports or flex funds to address practical needs to support family preservation or reunification. A part-time community navigator facilitates flex fund requests from CWS caseworkers or parent partners and connects families to state and community-based resources. The concrete supports range from addressing immediate, day-to-day household needs, such as beds, car seats, and furniture, to covering outstanding electric bills, back rent, or emergency travel for parent-child reunification. When provided, these concrete supports have been essential in supporting family stability and preservation.

e. 'Ohana Conferences

Background

'Ohana Conferencing (OC) continues to be provided for all children in foster care. When a child is placed in foster care, an automatic referral is made to the contracted agency to arrange an OC for identified family members to discuss required services and to expedite family finding efforts, especially if the child has been placed with non-relatives. Automatic referrals have helped move cases faster and ensure early identification of relatives who may serve as placement resources or as additional support to the family. The implementation of quarterly OCs has helped engage families in decision-making and hear their voices on an ongoing basis.

Surveys from the families who have had OCs continue to note positive feedback. Families feel that their voice is being heard, and that holding quarterly OCs strengthened their engagement and participation in their case plans.

Summary – SFY 2024 to Present

In SFY 2024, the number of OCs decreased slightly, with 947 facilitated conferences compared to 1000 in SFY 2023. Of the 947 OCs, 337 were initial conferences and 610 were re-conferences. This decrease may be a result of the ongoing decline in the number of children entering foster care. Refer to Data Booklet, Figure 69: 'Ohana Conference/First Meetings and Youth/Imua Kākou Circles.

OCs are still provided both in-person and virtually.

Planning for the Next Year

CWSB Administration and EPIC 'Ohana will continue to collaborate and strengthen their partnership, reinforcing the importance of OCs and facilitating open discussions that support creative growth and the resolution of challenges and barriers.

The CFSR and SWSA may provide an opportunity to identify strategies to utilize 'Ohana Conferencing to strengthen other areas of case practice.

f. 'Ohana Time

Background

'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. 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.

The pandemic initially changed OT from being all in-person to virtual. As the public health crisis waned, in-person visits resumed with safety precautions in place, and virtual visits supplemented in-person visits. These hybrid contacts have increased connections between children and parents.

Summary – SFY 2024

CWSB continued to work with staff, service providers, and RCGs to maintain essential contacts between children and parents. Also, with community partnerships, efforts continue to maintain connections with other relatives and siblings.

Planning for Next Year

CWSB will continue to maintain 'Ohana Time and other family connections. These efforts will best support possible reunification and other permanency goals.

g. Relative Placement, Kinship, Navigator, Resource Caregivers and Birth Parents

When removal is necessary, CWSB recognizes the importance of placement with relatives for maintaining and enhancing connections with extended family and the child's culture. Placement with relatives often provides a more comfortable, less traumatic option than placement with non-relatives, who may be seen as caring strangers. CWSB, however, continues efforts to

identify and support relatives as RCGs, as well as with non-relative RCGs.

In Hawaii, relative placement is explored before non-relative placement is made, and Family Finding efforts may continue throughout the life of a case. To identify relatives that may be a support to the child and a possible placement option, CWSB is diligently working on efforts to identify fathers early on since identifying fathers and their family members increases the pool of potential relatives available as placement options.

CWSB continues diligent, upfront efforts to make the child's first placement the only placement through early Family Finding searches and initial and ongoing 'Ohana Conferencing for every child entering foster care. See Section IV.A.1.e above for additional details on 'Ohana Conferences. Family Finding efforts continue to identify relatives and engage relatives as natural supports and placement resources. 'Ohana Conferencing provides a venue to include relatives in discussing placement options, including placement with relatives.

The relative RCG brochure has been translated into targeted languages to promote engagement, help relatives understand the importance of relatives as caregivers, and explain the process for becoming an RCG. Contracted support services also include targeted training and support groups for RCGs, adoptive parents, and legal guardians who are Marshallese or Chuukese. CWSB is also working to identify fathers early in a case to promote engagement and identify paternal relatives who may be a support to the child and a possible placement option. This may help identify more relatives initially and increase options for placement.

Hawaii utilizes Kinship Navigator funds to support the 'Ohana Navigator Program. The 'Ohana Navigator Program provides additional education, support, and resources to resource caregivers (RCGs) as they work with CWS. The funding helps identify and minimize the gaps and barriers in services, empower resource caregivers, and promote the CWS' vision of shared parenting/caregiving.

CWS licensing applicants are assigned to Home Study Specialist (HSS) and Training and Support Specialist (TSS) to complete Home Study and Pre-Service Training through our contracted provider, Catholic Charities Hawaii. The Training and Support Specialist contacts the kin caregiver to give a brief overview of what to expect while going through the licensing process, as well as beginning discussion about possible needs of the kin caregiver. The Home Study Specialist assess and complete the home study report and work

collaboratively with the TSS to identify on-going needs/support that a family may have. If a RCG or Catholic Charities Hawaii (CCH) team member identify that an RCG needs more support, the `Ohana Navigator will reach out to the RCG directly to explore the areas of need and try to link the RCGs to more resources, or when possible, resolve any barriers to complete the licensing process.

The `Ohana Navigator 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 `Ohana Navigator also operates the *Resource Caregiver Warmline*, a toll-free support line for all resource caregivers that provides information, referrals, and non-emergency emotional support and training registration. Warm line operates daily from 8:30am-10:00pm (365 days a year).

The chart below shows the types of supports and number of people supported by the Ohana Navigator from July 2024 through May 2025.
FY 2024 (July 2024-May 2025)

Location	Emotional Support	Resources	Basic Need item	Licensing Assistance	Tech Support	Access to Training	Outreach (Event, F/U)	Contact DHS	Total
Oahu	14	26	19	5	3	41	29	5	142
East Hawaii	4	5	6	0	1	17	29	0	62
West Hawaii	4	2	1	0	0	12	6	0	25
Maui	1	0	2	0	0	2	3	0	8
Molokai	0	0	0	0	0	0	0	0	0
Lanai	0	0	0	0	0	0	0	0	0
Kauai	1	0	3	2	2	3	2	0	13
Total	24	33	31	7	6	75	69	5	250

There are two components of the `Ohana Navigator Program. The first is to provide and establish a one-to-one supportive peer mentoring relationship between seasoned RCGs (peer navigators), and new relative RCGs. The second component of the `Ohana Navigator Program is to coordinate and provide social events in various locations statewide.

Two Makua (“two families”) meetings, were initially designed to address the

needs of Native Hawaiian families, but Hawaii currently offers this support to all families working towards reunification. Two Makua works well to encourage RCGs and birth families to develop an engaged relationship that fosters mutual respect, continue parent connection/bonding, and support the child's development and best interests.

Ongoing training opportunities and social events promote greater connection for kin caregivers resource family networks, resources, recruitment, and peer navigator connections. These friendly events, held in locations that are easily accessible and at times that are convenient for RCGs.

h. Ka Pili 'Ohana & Two Mauka Meetings

Ka Pili 'Ohana

Background

Ka Pili 'Ohana (KPO) was a collaboration between CWSB, Lili'uokalani Trust (LT), EPIC 'Ohana, Child and Family Services, Catholic Charities Hawaii, and PARENTS Inc., for Native Hawaiian families with children in foster care on Oahu and Hawaii island. KPO started with its first family in February 2019. The collaboration focused on developing positive working relationships among birth parents and resource caregivers (RCGs) to support regular 'Ohana Time and promote timely reunification or other permanency goals. Additionally, it sought to enhance the working relationships between the various organizations and agencies involved in KPO. LT has provided guidance to the collaboration and its participants through 'Ohana (family) strengthening activities and individual support from Kipuka (LT units). This support aimed to address grief and loss associated with separation from parents.

Summary: SFY 2024 to Present

In 2023 and 2024, there were 10 and six families referred to KPO, respectively. KPO will be sunseting by June 2025 due to low number of referrals suggesting that KPO was not adequately meeting the community's needs and that it is necessary to reassess strategies.

Two Mākua Meetings (TMM)

Background

The KPO program continues to partner with EPIC 'Ohana on the Two Mākua

Meetings program (TMM). Through KPO, one of the lessons learned was that both parent and resource caregivers hold the role of mākuā (parent). When there is a relationship between the two mākuā, 'Ohana Time happens more regularly, and reunification or permanency occurs timely; thus, the project's name - Two Mākuā Meeting (TMM). TMMs are informal meetings between the birth parent and the RCG designed to encourage the developing of 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 contract with EPIC 'Ohana beginning in July 2022, with a goal of holding 50 meetings each state fiscal year.

Annual Update (SFY 2024 to Present)

Between July 2023 to June 2024, 28 TMMs were completed. There were 55 referrals; however, 26 were canceled.

TMM is still relatively new, so development, implementation, and engagement of staff, birth parents, and RCGs are ongoing. It involves building trusting relationships with all parties, including partnerships between the private and public sectors. Questions, discomfort, capacity, case management issues, and time needed present challenges that need to be addressed. Setting up TMMs during an investigation is challenging, as tensions surrounding the investigation already exist. It also involves trying to explain the "shared parenting" concept that may seem foreign or threatening to both the RCGs and birth parents. Some meetings have not occurred because one or more of the parties were unwilling to engage or canceled, a parent(s) was missing, or a child moved sections or had reunified with parents.

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. Currently, EPIC 'Ohana is taking the lead with TMM. During the pilot of this project, Native Hawaiian families were given information regarding KPO and, on a few opportunities, a LT worker was present to share about KPO during the TMM. On surveys collected from every meeting, families have shared that they find the TMM process helpful in creating partnerships with their case workers and RCGs, as well as in establishing consistent visits.

Planning for the Next Year

TMM is a valuable “shared parenting” tool that helps build relationships and supports the child's permanency. As such, the collaboration continues to explore ways to strengthen the referral process to support utilization. EPIC ‘Ohana also seeks support from national organizations such as Casey Family Programs-Better Together Program, Parent Peer Supports; and Birth and Foster Parent Partnership (BFPP) to enhance utilization.

A Memorandum of Understanding (MOU) between Lili‘uokalani Trust and CWSB is being developed. The purpose of this MOU will be to enhance and extend the provision of services for Native Hawaiian families involved with CWSB, including TMM. The MOU will support and strengthen the use of TMMs by creating a path to share data more easily and to aid in developing systems to support the implementation of programs.

2. Populations at Increased Risk of Maltreatment

Hawaii continually reviews its child welfare data to stay on top of trends. Through regular analysis, review, and discussion, CWSB can allocate more resources to services and programs that are proving effective. Hawaii is also able to adjust its course when observing unintended, negative consequences of its practices, policies, and programs, as well as poor outcomes. The populations that were identified in Hawaii’s CFSP as being most vulnerable to maltreatment are no longer at the greatest risk.

a. **Services for Hawaiian families**

CWSB remains committed to caring for *all* children and families while tending to its populations at greatest risk of maltreatment. In alignment with this commitment, CWSB is working to advance a strategic realignment of its practices to integrate the values and strengths of local communities, particularly Native Hawaiian families, where:

- Ohana (family) is the heart of child welfare, emphasizing that the strengths and values of families are always at the center of our practice;
- Families are trusted as experts of their own lives, acknowledging that one’s worldview is developed and cultivated within their *ohana*, with *ike* (knowledge) passed down through generations;
- It is our *kuleana* (responsibility) to work in *lokahi* (unity) with families, empowering them to determine the best supports for themselves while we *malama* (care for) them as they work toward true healing; and
- The *pilina* (relationship, connection) that families have with their *aina* (land)

and sense of place is honored, reaffirming that families are best served within their own communities.

This realignment is only possible through sustained partnership with local stakeholders and people with lived experience within the child welfare system. It reinforces the message from the Family First Hawaii 2024 Public Service Announcement (PSA): “In Hawaiian, the word *makua* is used for both parents and adults in our community. The *kuleana* of caring for *keiki* (children) is a shared responsibility of all adults. As *ohana*, neighbors, and friends, we all have a responsibility to help families thrive and live *aloha*.”

Nā Kama a Hāloa

CWSB continues to partner with Nā Kama a Hāloa, a community-based collaborative established to address representation gaps involving Native Hawaiian children and families in the child welfare system. The initiative supports systems alignment and innovation to enhance opportunities and outcomes, with the goal of closing existing disparities by 2030. Over the past year, the network has concentrated its efforts on three core areas: system transformation, workforce development, and stakeholder engagement.

- i. Systems Transformation. Members of Nā Kama a Hāloa participated in the Mālama ‘Ohana Working Group (MOWG), a legislatively mandated group tasked with evaluating and recommending structural reforms to the child welfare system. Six Permitted Interaction Groups (PIGs) within MOWG were convened to gather stakeholder input across key themes:

1. Keiki and Opio (Children and Youth)
2. Mākua and Ohana (Parents and Families)
3. Lawe Hanai (Caregivers)
4. Hui Kaiaulu (Community Supports)
5. Hui Hoopulama (Systems Supports)
6. Kanaka and Poe Pasifika (Native Hawaiian and Pacific Islanders)

Stakeholder insights shaped the MOWG’s formal recommendations to the legislature, which addressed five priority areas:

1. Acknowledging historical context and its relevance to current system performance,
2. Building family resilience,
3. Expanding specialized support services,
4. Promoting trauma-informed practice, and

5. Ensuring excellence and accountability throughout the child welfare system.
- ii. Workforce Development. Nā Kama a Hāloa continues to partner with CWSB to provide the Native Hawaiian Perspectives training module for CWSB staff and contracted providers. Originally piloted as a two-hour training, the curriculum evolved into an eight-hour, in-depth session to:
 - Enhance awareness of how historical and social contexts affect engagement with Native Hawaiian families,
 - Equip staff with tools for engaging Native Hawaiian families, and
 - Promote reflective practice throughout family engagement and service delivery.

Modified versions of this training were presented to community, state, federal, and national partners throughout this reporting period.

- iii. Stakeholder Engagement. Nā Kama a Hāloa holds semi-annual convenings to serve as key spaces for reflection, strategy development, and shared learning. During these convenings, members focused on:
 - Revisiting the network's origin and foundational purpose,
 - Identifying progress made in current priority areas, and
 - Identifying emerging needs and developing collaborative strategies to address these needs.

CWSB's collaboration with Nā Kama a Hāloa represents an intentional and community-informed approach to addressing representation gaps within the child welfare system. By supporting initiatives grounded in local values and stakeholder perspectives, CWSB is fostering a more responsive and restorative family-centered system.

b. Indian Child Welfare Act (ICWA)

Although there are no federally recognized tribes in Hawaii, CWSB is committed to complying with ICWA by actively engaging and partnering with tribes when children are identified as potentially eligible under ICWA. Caseworkers are trained to address ICWA at key points in the case, including intake, court proceedings, collaboration with the Attorney General, and during the ICPC process, if applicable. CWSB follows specific procedures to ensure ICWA compliance, including:

- Consulting with tribes,

- Notifying Native American parents, tribes, and the Bureau of Indian Affairs (BIA),
- Making active efforts to prevent family breakup,
- Following placement preferences for Native American children, and
- Prioritizing tribal input throughout the case.

CWSB maintains ongoing communication with legal and court partners via quarterly PIP Court Stakeholder meetings and designated times at Branch meetings with the Department of the Attorney General to address ICWA-related issues, as appropriate.

As part of CWSB's ongoing efforts to strengthen compliance with the ICWA, the State has prioritized improving early identification of Native American/Alaska Native children through systemic enhancements and collaborative practices.

CWSB recognizes the importance of collaboration and values its relationships with both the community and federal partners. CWSB, therefore, continues to review ways to enhance its consultation, collaboration, and coordination with tribes to comply with ICWA. CWSB consults with tribes when children are identified as ICWA-eligible to support their permanency and utilizes the information gained to inform systemic changes, as appropriate.

4. Relative Placement Efforts

As of June 13, 2024, there were approximately 530 relative resource caregiver licenses statewide, including individuals and married couples, caring for approximately 865 related children in foster care. Refer to Section IV.A.1.g above for additional information on relative placement efforts.

5. Adoption and Guardianship Promotion and Support Services

a. Overview

Hawaii receives three funding sources to promote and support adoption and guardianship services. These sources include Title IV-B2 funds, adoption incentive awards, and adoption savings. Hawaii utilizes all three funding sources to facilitate the goals of adoption and legal guardianship.

Title IV-B2 funds support contracts that serve families who are pursuing or have achieved adoption of a child. The adoption and legal guardianship incentive awards that Hawaii receives support Hawaii's Permanency Support Services (PSS) contract, which includes Permanency Strengthening Services (PSS), also known as adoption and guardianship strengthening/support services, that are available to families who are working towards permanency and for those who have achieved permanency.

In the past, Hawaii has used adoption savings funds to provide post-adoption and post-guardianship services for children living with adoptive parents, legal guardians, or who have reunified with their families. These services aim to stabilize reunifications and placements, prevent disruptions, and reduce the likelihood of re-entry into foster care.

Looking ahead, over the next five years, Hawaii plans to use adoption savings funds to expand support for community-based prevention programs, including differential response systems. These systems offer Voluntary Case Management (VCM) for children assessed as being at moderate risk of harm and Family Strengthening Services (FSS) for children assessed as being at low risk.

b. Permanency Support Services

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 by caring for children with special needs and/or who have experienced trauma. Hawaii's Permanency Support Services (PSS) contract includes Permanency Strengthening Services (PSS), also known as adoption and guardianship strengthening and support services, which are available to permanency families through a contracted provider. PSS are available to families who are in the pre-permanency planning phase and moving towards permanency, as well as those who have achieved permanency. The purpose of PSS is to enhance the stability of adoptions and legal guardianships for children and families in Hawaii.

In 2025, led by the Director of Department of Human Services, CWSB initiated the Kāko'o program that is designed to provide comprehensive support to children in foster care and their caregivers, ensuring that every child has a pathway to a safe, stable, and loving "forever" home by providing young children in foster care with the necessary support to achieve stable, safe, and nurturing care and placement. In Hawaiian, the term "kāko'o" means to support, uphold, and assist, reflecting our mission to create a strong foundation for these keiki as they transition toward permanent homes. Enhanced safety and monitoring are provided through additional visits to children in foster care and their caregivers during unannounced times, including weekends and holidays outside of standard business hours, to gain an authentic understanding of the child's living conditions and interactions and to ensure that children receive consistent and appropriate care. The Kāko'o program has provided additional opportunities to assess and connect children and their caregivers to services and resources to meet their needs, including referrals to PSS.

In addition to PSS, various services are available to families within their communities that they may be connected to while working towards permanency, as well as after case closure or as needs arise. In addition to these services, families can be connected to the WARM Line, Hawaii's Kinship Navigator Program, and the Department of Health, Child and Adolescent Mental Health Division (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 caregivers and children, and to enhance caregivers' skills in meeting 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 the Department of Health's Child and Adolescent Mental Health Division (CAMHD), to ensure that an array of quality services is available to support families with children with complex needs. Services include intensive case management services, additional resources through CAMHD contracts with private providers, and a range of mental health treatment services tailored to the youth's specific needs.

c. Family First Hawaii (FFH)

Hawaii recognizes there is a need to support the complex needs of youth who are in care and stabilize them in order for them to successfully exit foster care and reach and maintain permanency. CWSB is committed to supporting its children and families to achieve successful outcomes and recognizes that children involved with CWSB have experienced trauma that may manifest later in life. With this knowledge, CWSB wants to ensure that families have adequate training, skills, tools, and resources to be successful permanent families at the time permanency is achieved or later, as needed.

Creating the pathway for PSS through Family First Hawaii helps to review the needs of children and families that achieve permanency and support them with evidence-based services that are claimable through the FFPSA.

d. Intercountry adoptions

The State of Hawaii works closely with the U.S. Department of State and follows Hague Convention rules for international adoptions. Hawaii uses the code "DIA" (Disrupted/Dissolved International Adoption) to track cases where international adoptions lead to a child entering state custody.

If there is a report of possible abuse or neglect involving an international adoption, CWSB follows regular procedures to investigate. According to Hawaii law (HRS §350-

1), abuse or neglect can involve anyone responsible for the child's care. Another law (HRS §587A-11) requires the department to look into all such reports. These reports can involve birth families, foster parents, adoptive parents, or legal guardians. Hawaii works with families to offer support and to address any issues. Support services are also available to families after they complete an international adoption.

In the past year, no children adopted from other countries have entered Hawaii's state custody due to a failed placement or adoption breakdown.

e. Adoption Savings

Hawaii has three funding sources to promote and support adoption and guardianship services. These sources include Title IV-B2 funds, adoption incentive awards, and adoption savings. Hawaii utilizes all three funding sources to facilitate the goals of adoption and legal guardianship.

Title IV-B2 funds support contracts that serve families who are pursuing or have achieved adoption of a child. The adoption and legal guardianship incentive awards received by Hawaii 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 families who are working towards permanency and for those who have achieved permanency.

Historically, Hawaii has used adoption savings funds to provide post-adoption and post-guardianship services that support children living with their adoptive parents or their legal guardians, and children who reunified with their families. Other services have focused on stabilizing reunification and placements, preventing disruption, and preventing re-entry to foster care. Hawaii plans to use adoption savings funds to support its community-based prevention programs, including its differential response systems, e.g., its Voluntary Case Management (VCM) for children assessed with moderate risk of harm and its Family Strengthening Services (FSS) for children assessed with low risk of harm.

Hawaii continues to leverage its Adoption Savings funds to support services the vision of "The people of Hawaii are thriving" as implemented through services focused on stabilizing reunification and placements, preventing disruption, and preventing re-entry to foster care. These services and supports include community-based prevention programs like differential response systems, e.g., voluntary case management (VCM) for children assessed with moderate risk and family strengthening services (FSS) for children assessed with low risks. As Hawaii expands our Kako'o program (Please refer to Section V.B.3. Item 17 Discussion for information on the Kako'o program) Adoption Savings may be used to support post-

adoption and post-guardianship services, supporting children living with their adoptive parents, legal guardians, or family.

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

1. Permanency Outcome 1: Permanency and Stability

CFSR Item 5: Appropriate and Timely Permanency Goal

Refer to the 2025 Hawaii APSR Data Booklet, Figure C5: Item 5 for a chart of the SFY 2020 - 2024 five-year rating for this item.

Item 5: Permanency goal for the child

53 Cases Reviewed

36 STRENGTHS, 17 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 36 of 53 applicable cases (or 68%), the child's permanency goal was identified timely and was appropriate to the needs of the child.

- In 42 of 53 cases (or 79%), the goals were established timely.
- In 44 of 53 cases (or 83%), the goals were appropriate to the child's needs for permanency and to the circumstances of the case.
- In 22 of 29 applicable cases (or 76%), the agency either filed or joined a termination of parental rights petition in a timely manner, or an exception applied was documented in the SFHR.

17 of 53 cases (or 32%) were rated as needing improvement. Factors that contributed to this rating were a lack of contact with parents and/or efforts to locate and engage parents in services. Additionally, ongoing discussions with children and parents on permanency did not occur.

- In 11 cases, the identification of concurrent goals for the child was not identified until more than six months after the child's removal. In some cases, it was over one year.

- In nine cases, the goal in effect was not appropriate to the child's need for permanency and to the circumstances of the case.
 - Reunification was still identified as the goal despite these factors: a lack of effort by the caseworker to locate parents, infrequent caseworker contacts with parents, and parents not engaging in services.
- In seven cases, a TPR motion was not filed timely, an exception did not apply, or a compelling reason was not documented.

DISCUSSION

As Hawaii continually reviews and assesses its practice to identify areas for improvement, an area that CWSB continues to prioritize is ongoing face-to-face contact. CWSB recognizes the important role that regular and meaningful contact plays in successful outcomes and casework practice. When parents are not involved, discussions about permanency and the pursuit of permanency cannot take place to ensure the most appropriate current goal. To ensure discussions about permanency are occurring and that permanency is being pursued, strategies that target locating and engaging parents remain key. Encouraging and increasing the participation of fathers in support services is also being explored.

Early contact in the case, continued collaboration with the court, promotes a shared responsibility for permanency and their role in supporting the assessment and identification of the appropriate permanency goal. The use of concurrent planning (working towards reunification while simultaneously planning for exit from foster care through permanency) and collaborative court involvement has the potential to support the establishment of appropriate and timely permanency for the child.

CFSR Item 6: Reunification, Guardianship and Adoption

Refer to the 2025 Hawaii APSR Data Booklet, Figure C6: Item 6 for a chart of the SFY 2020 - 2024 five-year rating for this item.

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

53 Cases Reviewed

21 STRENGTHS, 32 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 21 of 53 applicable cases (or 40%), reunification, guardianship, adoption, or APPLA was achieved or likely to be achieved in a timely manner. In these cases, when reunification was the goal, there were frequent and quality monthly caseworker visits with parents, caregivers, and children. Relative placement and early concurrent planning were also evident in these cases.

In 32 of 53 cases (or 60%) 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.

- Of the applicable cases, at the time of the review or recent case closure, children were in foster care:
 - Less than 12 months: 16 children
 - 13 – 24 months: 23 children
 - 25 – 36 months: 10 children
 - 37+ months: 4 children

In these cases, where permanency was delayed, inadequate caseworker contact was the main factor, which served as a barrier to engagement and case planning. Delays were also noted in the timely filing of TPR, court proceedings, and obtaining documents to achieve permanency.

DISCUSSION

According to the Hawaii CFSR4 Data profile, Hawaii ranks above the National Performance (NP) in achieving permanency between the 12-month to 23-month periods in foster care (53% Risk Standardized Performance (RSP) compared to the NP of 43.8%). In addition, Hawaii is performing at the same rate nationally for achieving permanency in 12 months (35.3% RSP vs 35.2% NP) or beyond 24 months (37.3% NP vs 40% RSP). Refer to the Hawaii CFSR4 Data Profile - AFCARS and NCANDS submissions as of 12-21-22.

Although Hawaii's performance is similar to that of the national performance, CWSB is continually working towards continuous quality improvement for permanency options. Hawaii regularly employs the use of Administrative Review Panels (ARPs) to assist with decision-making in difficult or unusual situations during a case. The ARP is comprised of decision makers, including representatives from CWSB leadership, Program Development, and the Hawaii Child Welfare Continuous Quality Improvement Project (HCWCQI). An ARP is called when there is a need to discuss, review, and provide

support, or make a decision when an unusual or challenging situation arises in an active case. An ARP may be called to discuss permanency options with non-relatives, placement or licensing issues, space waiver requests, or other situations that do not fall neatly into CWSB's current rules or policies.

Hawaii is reviewing the various tools and job aides, and if identified, the concurrent planning parent and youth brochures will be updated to better foster permanency discussions.

Reunification Efforts

CWSB caseworkers develop a child safety plan and risk assessment tools to assess safety in the home during the reunification process. The assessments are ongoing to provide the family with guidance to succeed in a safe and timely manner. They are also used to determine if the family may require support.

Parent Partners have enhanced CWSB practice in several areas. Improved engagement includes utilizing strategies for working collaboratively with families in the safety assessment process and ensuring families understand all phases and actions in a case.

CWSB caseworkers provide families with in-home services at time of reunification to support parents in demonstrating their newly learned parenting skills in the family home. Children may exhibit behaviors that the in-home service can address with hands-on assistance and guidance.

CWSB will continue to tailor the safety plan and risk assessment to the family's needs in keeping children safe in the home, and to collaborate with Parent Partners to improve strategies that support families' identified goals and reunification needs.

2. Permanency Outcome 2: Continuity of Family Relationships

Item 7: Placement of Siblings

Please refer to Data Booklet, Figure C7: Item 7 – Placement of Siblings for a graph of the SFY 2020-2024 five-year strength rating for this item.

19 Cases Reviewed

19 STRENGTHS

PURPOSE

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

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

necessary to meet the needs of one of the siblings.

SUMMARY OF DATA

a. Strengths

- In 19 of 19 applicable cases (100%), siblings in foster care were either placed together or siblings were placed apart due to special circumstances.
 - In 13 cases, siblings were placed together.
- When children were not placed together, circumstances for the separation included:
 - their specialized behavioral needs,
 - treatment needs,
 - specialized medical care,
 - children's preferences,
 - different fathers, and
 - connections with relatives who were caring for them prior to entering care.

DISCUSSION

In Data Booklet, Figure C7: Item 7 – Placement of Siblings, Hawaii consistently performed well on this item over the last five years. The lowest strength rating on this item in the past five years was 88% in SFY 2021, with the highest rating of 100% in the most recent (SFY 2024) state fiscal year. This superior performance is especially impressive when considering that families in Hawaii tend to have large numbers of children.

All CWSB staff are trained on the importance of placing siblings together and of sibling connections more broadly. When recruiting resource families, Hawaii searches for families that are open to accepting large sets of siblings.

In the past couple of years, Hawaii has dedicated additional efforts to sibling connections, because children in foster care and youth and young adults formerly in foster care consistently name sibling connections as their most critical issue. CWSB Administrators have been meeting monthly with leaders from two key community social service agencies that focus on sibling connections -- EPIC 'Ohana (EPIC) and Family Programs Hawaii (FPH). This working group has been developing a Guide to Sibling Connections for Hawaii CWS.

From July 2022 to June 2023, Hawaii was part of a national data initiative, sponsored by the Center for the Study of Social Policy, Casey Family Programs, Mathematica, and ACF. The purpose of the program was to increase the capacity of jurisdictions to use data to

improve their CWS systems. As part of this initiative, Hawaii decided to focus on sibling connections, based on its priority for youth in care.

The Hawaii Team that was part of the national data initiative continued to meet and worked on the issue through December 2023. The Hawaii Team was successful in:

- Creating and distributing a resource list and tips for line staff regarding sibling connections
- Designing a data report to show siblings placed apart
- Adding checking on sibling visits/contact to Monthly Worker Visit Form and Supervisor Guidelines Form
- Mapping out steps for the creation and implementation of a sibling visits, contact, and connections policy.

To continue the efforts and complete the policy, the mapping mentioned in the last bullet above is being passed on to the group that continues to meet monthly, which is creating the Guide to Sibling Connections.

Based on point-in-time statewide data from December 2022, there were 277 sibling sets in foster care, representing 758 children. In approximately 52% of the sibling sets all siblings were placed together. In contrast, in April 2025, there were 163 sibling sets in foster care, representing 425 children and 66% of the sibling sets were all placed together. The improvement in siblings being placed together is likely due to a combination of factors, including:

- Staff being trained on the importance of sibling connections,
- Young people formerly in foster care speaking out about the importance of sibling connections,
- With fewer children in foster care, there are more available resource homes willing to house siblings,
- With fewer children in foster care, staff are able to focus more time and effort on keeping siblings placed together,
- Use of the sibling connections resource list, and
- Use of forms that prompt supervisors and caseworkers to check on sibling connections.

CWSB Administrators, EPIC, and FPH continue to meet and are working to complete and distribute the Guide to Sibling Connections. As CCWIS rolls out, tracking sibling placements will be easier. Hawaii plans to implement policies regarding sibling connections, which will include requirements for weekly face-to-face visits for siblings placed apart. Resources are needed to successfully implement such a policy.

Item 8: Visiting with parents and siblings in foster care

Refer to Data Booklet, CFSR Items, Figure C8: Item 8 Visiting with parents and siblings in foster care for a chart of the SFY 2020-2024 five-year strength rating for this item.

36 Cases Reviewed

16 STRENGTHS, 20 AREAS NEEDING IMPROVEMENT

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 their 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 16 of 36 applicable cases (44%), the child in foster care was provided with opportunities for quality visits with parents and siblings, ensuring 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 aware of the quality of visits due to documentation from the visitation supervisor or discussions with the parent, child, or resource caregiver.

Twenty (20) of 36 cases (56%) were rated as needing improvement. Efforts were often required to locate parents, arrange visitation, and monitor the frequency and quality of visits. Barriers to visits were often not consistently addressed.

- In 17 of 29 cases, concerted efforts were needed to ensure sufficient frequency of visitation for mothers and their children.
- In eight of these cases, the child did not have any visits with the mother.
- In 12 of 20 cases, concerted efforts were needed to ensure sufficient visitation for fathers and their children.
- In five of these cases, the child did not have any visits with the child's father.
- In two cases, concerted efforts were needed to ensure sufficient visitation with siblings. Visits were left up to resource caregivers to arrange and did not occur.

DISCUSSION

CWSB has made significant efforts to improve its performance on this item, despite the competing demands of this work. Between SFY 2023 and SFY 2024, Hawaii increased

from 40% to 44% in its strength rating. CWSB understands and values the importance of visitation, 'Ohana Time (OT), in maintaining connections and building relationships for the well-being of children and families, and to promote safe reunification. For further information, refer to Section IV.A.1.f. Reunification Efforts - 'Ohana Time.

CWSB has noted some positive strategies, utilized in some CWSB sections, to promote frequent and quality visits, which are critical to supporting family reunification. CWSB meetings and Management Leadership Training meetings are venues that may be used to facilitate discussions on these effective strategies, e.g., CWSB may share strategies that are being used to achieve frequent and quality visits, which are critical components to engagement, moving a case forward, and supporting reunification efforts; the meetings may also be venues to discuss barriers and identify strategies to overcome challenges to improved ratings.

Item 9: Preserving Connections

Refer to Data Booklet, CFSR Items, Figure C9: Item 9 Preserving Communities for a chart of the SFY 2020-2024 five-year strength rating for this item.

52 Cases Reviewed

42 STRENGTHS, 10 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 42 of 52 applicable cases (81%), children were maintained in the same community and connected to school, family (including siblings not in care, adult siblings, grandparents, aunts, uncles, and cousins), sports, and friendships, etc.

Ten of 52 cases (19%) reviewed were rated as needing improvement. Efforts were needed to maintain the child's important connections. Often, connections were not identified or recognized by the caseworker.

- In eight of these cases, the child had prior relationships with extended relatives, and these connections were not maintained.
- In three of these cases, due to change in placement, the child did not maintain connections to community, school, and friends that were important to them.

- In two of these cases, the connections were not identified or assessed by the agency.

DISCUSSION

The ongoing high percentage rating of Item 9 - Preserving Connections demonstrates that CWSB has maintained a continued focus on strengthening and maintaining the critical bonds and connections in a child's life while the child is in foster care. This commitment continues through today and is evident in CWSB's partnerships with schools, the Judiciary, UH Law School, contracted and community partners, including but not limited to EPIC 'Ohana and Lili'uokalani Trust, and many other community entities in the collaborative Nā Kama a Hāloa. Hawaii appreciates the voices of its lived-experience partners, including birth parents, relatives, and young people, which have impacted the hearts and minds of the CWSB community and reinforced the importance of connections and family.

Many of the programs discussed throughout various sections of this report highlight the values of collaboration, ohana, and relationships, all of which are integral to preserving connections. 'Ohana Conferencing and Family Finding strengthens family voice and focuses on the connections important to the child with family. Two Mākua is an ongoing collaboration to strengthen the parent and Resource Caregiver (RCG) relationship and enhance healing. Nā Kama a Hāloa's Hui Pilina has a focus on the importance of sibling connections.

CWSB continues to look for ways to preserve the child's connections to their neighborhood, community, faith, extended family, tribe, school, and friends. For example, ensuring youth in care can remain in their school of origin is an important component of preserving connections. CWSB is collaborating with the Department of Education (DOE) to provide a joint training to school and complex level foster care Points of Contact, school principals, and CWSB staff on educational stability, including the Best Interest Determination (BID) meeting process. Including Court Appointed Special Advocates (CASA) and Guardian Ad Litem (GAL) in the training is also being considered.

Item 10: Relative Placement

53 Cases Reviewed

43 STRENGTHS, 10 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine whether, during the PUR, concerted efforts were made to

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

place the child with relatives when appropriate.

SUMMARY

In 43 of 53 applicable cases (81%), children were placed with relatives or concerted efforts were made. In 29 cases, children were placed with relatives. In 14 cases, concerted efforts included identifying relatives at the time of removal for immediate placement, relative searches through EPIC to identify and locate appropriate relative placement, and letters sent to relatives by EPIC informing them that the child(ren) were in foster care.

Ten of 53 cases (19%) were rated as needing improvement. In six cases, concerted efforts were needed to pursue maternal relatives for placement during the PUR.

- In six cases, relatives were not identified, located and evaluated.
- In eight cases, concerted efforts were needed to pursue paternal relatives for placement during the PUR.
 - In six of these cases, relatives were not identified, located and informed.
- 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 eight cases, relatives were not evaluated for placement.

DISCUSSION

CWSB recognizes that placement with relatives provides a child taken into care with familiarity and continuity that positively impacts the child's wellbeing. CWSB makes upfront efforts to identify potential relative placements through early Family Findings searches and attempts. Services like the 'Ohana Navigator Program are available for relative resource caregivers to support their availability and capacity to care for their relative in foster care. The 'Ohana Navigator Program focuses on helping to stabilize and maintain placement for these families. Hawaii continues to encourage participation in Two Makua (Two Families) meetings. Two Makua works well to encourage resource caregivers and birth families to develop an engaged relationship that fosters mutual respect, continued parent connection/bonding, and support for the child's development and best interests. CWSB averages 373 relative resource caregivers statewide, including individuals and married couples, caring for foster children.

CWSB will refer to CFSR4 case reviews and SWSA information procedures to improve practice on this item.

Item 11: Relationship of child in care with parents

Refer to Data Booklet, CFSR Items, Figure C11: Item 11 Relationship of child in care with parents for a chart of the SFY 2020-2024 five-year strength rating for this item.

33 Cases Reviewed

15 STRENGTHS, 18 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is to determine whether, during the period under review, concerted efforts were made to promote, support, and/or maintain positive relationships between the child in foster care and their 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 15 of 33 applicable cases (45%), efforts were made to promote, support, and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. 'Ohana Conferences were helpful in coordinating activities to maintain relationships with parents and children. This was achieved by the caseworker informing and encouraging parents to participate in attending medical and dental appointments, school activities, sports activities, and after-school or community activities. Additionally, therapeutic interventions were offered to help parents and children strengthen their relationship.

Eighteen (18) of 33 cases (55%) were rated as needing improvement. Parents were often not encouraged or informed of opportunities.

- In 15 cases, efforts were needed to support the children's relationships with their mothers.
- In 11 cases, efforts were needed to support the children's relationships with their fathers

DISCUSSION

The continued efforts of CWSB caseworkers, along with collaborative efforts with community partners, to promote meaningful contact between children and parents are reflected in the improved ratings. Some of these efforts include:

- Ensuring regular and quality monthly contacts with children, parents, and RCGs;
- Offering and encouraging parent participation in activities beyond ohana time including but not limited to appointments, school activities and conferences, community, sports activities, and hobbies; and
- Consulting with Parent Partner agencies for assistance in connections and other creative possibilities for ongoing contacts.

The continued use of creative strategies learned from the COVID-19 pandemic, combined with the use of technology, has allowed parents to connect with their children virtually and continue activities such as reading books together. Hawaii recognizes that virtual contact does not replace in-person contact, although it has created additional opportunities that continue to be utilized to enhance contact and connections.

CWSB will continue to review practice strategies and community partnerships to uplift and strengthen this item.

SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

A. PROGRAM AND SERVICE DESCRIPTIONS

1. Monthly Caseworker Visits

Hawaii prioritizes monthly caseworker face-to-face visits with children. CWSB staff understand that frequent, quality contact between the worker and the child is key to good casework and successful case outcomes.

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 of Hawaii's data. Prior to FFY 2020, due to limitations of Hawaii's data system, only a sample of children were reported in the survey; this sample was roughly 20% of the applicable children statewide. In each of the past five years (FFYs 2020 – 2024), Hawaii has been reporting 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), which is part of Hawaii's Differential Response System (DRS).

The column titled "% of Visits" of Data Booklet, Figure 65: Worker Visit Survey Reporting Population, Months in Care, Caseworker Visits [Table] and Figure 66: Worker Visit Survey: Monthly Visits to Children in Care [Chart] show 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 in the most recent FFY (FFY 2024) Hawaii achieved its highest ever percentage of completed visits at 90%. Some of the strategies outlined below and in the discussion in 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 impressive that Hawaii has improved in this key performance area, when considering the high vacancy rate for caseworker positions, along with the rise in caseload. See Section VIII.C. CWS Workforce for discussion regarding Vacancy rate and caseloads are discussed in.

Hawaii has been more successful in consistently exceeding the national standard of 50% of caseworker visits with the child being in the home where the child is living. This data is shown in the column titled "% of In-Home Visits" in Figure 65: Worker Visit Survey Reporting Population, Months in Care, Caseworker Visits [Table] and in Figure 67: Worker Visit Survey: Monthly Visits to Child's Home [Chart]. Each year, Hawaii has exceeded the 50% standard, with 59.2% of visits in the child's home in FFY 2024.

The most useful of the Worker Visit Survey data figures is Figure 68: Worker Visit Survey: Reasons for Lack of Visit [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 for reasons why timely visits did not occur. The data in Figure 68: Worker Visit Survey: Reasons for Lack of Visit [Chart] is from caseworker self-reports. A more complete description of each coded reason is provided below, in order from most common to least common reason for the lack of monthly visit to the child in foster care.

Through its last CFSR Program Improvement Plan (PIP3), Hawaii implemented two key strategies to help address missed worker visits with children: 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. During structured monthly supervision meetings between caseworkers and their supervisors, the Tracker content is reviewed, and challenges are addressed. Although the Tracker only monitors the occurrence of these visits, during the structured monthly supervision, supervisors mentor caseworkers in improving the quality of their visits as well.

a. Scheduling Problems

Reason for 321 (35%) missed visits out of a total of 922 missed visits in FFY 2024

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 is on sick leave, vacations, confusion about the time of the appointment, child is sick, child is truant, and worker and caregiver could not find a time that worked for both of them.

This problem is seen more frequently in sections and units that are short-staffed, as it is more challenging to reschedule a visit when one's caseload is very high and it can be impossible to find another caseworker to cover a sick worker's visits, as no one has spare time to assist.

Use of morning unit meetings where scheduling challenges can be addressed, the Worker Visit Tracker, and structured monthly supervision, as well as recruitment efforts are helping to address this problem.

b. No Documentation/Unknown

Reason for 238 (26%) missed visits out of a total of 922 missed visits in FFY 2024

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

In FFY 2024, 26% of missed visits fell into this category. The number and percentage of missed visits that fell into this category in FFY 2024 is an improvement over last year (FFY 2023) at 39%.

The Monthly Worker Visit Tracker in SHAKA pulls the data directly from the documented logs of contact in the CPSS database, thereby indirectly encouraging documentation of all visits.

In the structured monthly supervision meetings between caseworkers and their supervisors, the two are able to add missing logs of contact while they are meeting.

c. Workload

Reason for 198 (21%) missed visits out of a total of 922 missed visits in FFY 2024.

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.

Structured monthly supervision, mentioned above, helps caseworkers prioritize their conflicting demands, which directly addresses the workload problem.

Caseworker vacancies and high caseloads contributed to this problem. See Section VIII.C. CWS Workforce for a discussion of both position vacancies and caseloads.

d. Youth on the run

Reason for 98 (11%) missed visits out of a total of 922 missed visits in FFY 2024

When a child in foster care runs away from placement, Hawaii follows a Missing Children protocol to find the child. Even if the caseworker is successful in having

some contact with the child in a given month, if that contact was not face-to-face, this still counts as a missed visit. Hawaii surmises that this problem may be more pronounced in the State because the consistent warm weather allows people to live outside more easily.

With support from administration and trainers, caseworkers learn and use a variety of social media platforms to track down and communicate with youth on the run in efforts 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 believes helps to create rapport between caseworkers and youth, thereby increasing communication and face-to-face visits even when youth are living on the street.

The number of missed visits due to youth on the run this past year (FFY 2024) was similar to the prior year (FFY 2023). However, because the total number of missed visits was significantly lower this year (55% lower – from 2,039 missed visits in FFY 2023 to 922 missed visits in FFY 2024.) the percentage of missed visits that was due to youth being on the run (out of all missed visits) was significantly higher (from 5% in FFY 2023 to 11% in FFY 2024). This probably means that, despite efforts to improve in this area, caseworkers have less control over this reason than the other reasons for missed visits. For example, caseworkers can make efforts to input logs and thereby improve documentation, or they can try to make all their visits to children in the first half of the month, so there's time for visits to be rebooked when there are scheduling problems in the second half; however, even with concerted efforts to make the best placements possible and to develop trust with the youth, there will likely still be youth who run away from foster care placements and cannot be located for a face-to-face visit every month.

e. Transfer or Courtesy Case

Reason for 33 (4%) missed visits out of a total of 922 missed visits in FFY 2024

This category includes situations where a case is moving from an assessment worker to a permanency worker, or from one caseworker to another, or when the worker on one island is doing visits for a worker on another island. Problems of missed visits tend to arise here because of a lack of clarity regarding whose responsibility it is, along with a lack of ownership for the activities on a new case. With increased structured supervision, Hawaii has seen improvement every year for the past five years. In FFY 2020, there were 231 missed visits due to it being a transfer or courtesy case, which decreased to 140 missed visits for this reason in FFY 2021, then decreased to 107 missed visits in FFY 2022, next decreased to 84 missed visits in FFY 2023, and further decreased to 33 missed visits in FFY 2024

because the case was a transfer or courtesy case. This improvement may be because administrators and supervisors have worked 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.

f. Worker Oversight

Reason for 33 (4%) missed visits out of a total of 922 missed visits in FFY 2024

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 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. CWSB is hopeful that CCWIS will be able to reinforce tracker use with the implementation of dashboards.

g. ICPC Issues

Reason for one (0%) missed visit out of a total of 922 missed visits in FFY 2024

When a child is placed in another state via ICPC, CWSB works to set up monitoring visits for that child in the new location with a local social worker. Unfortunately, the child is often placed in the new state without those arrangements 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, these are counted as missed visits.

Hawaii has been successfully addressing this problem by workers more clearly expressing to judges their concerns about the judges prematurely ordering a child's placement in another state prior to visits being arranged in the receiving state to ensure ongoing safety.

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

1. CFSR Well-Being Outcome 1: Providing for children's general needs

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

Refer to Data Booklet, CFSR Items, Figure C12: Item 12 Services to children/youth,

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

parents, and resource caregivers for a chart of the SFY 2020-2024 five-year strength rating for this item.

83 Cases Reviewed

27 STRENGTHS, 56 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 27 of 83 applicable cases (or 33%), 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 relevant issues. Caseworkers discussed needs and services during monthly visits, enabling ongoing assessment and monitoring of progress.

Of the 83 cases, 56 (67%) were rated as needing improvement. Inadequate monthly caseworker visits and alternative forms of communication, such as 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, individuals were referred to various services; however, ongoing assessments were necessary to ensure that these services met the individual's needs and that progress was being made through the services toward the case goals.

b. Sub-Item 12A: Needs assessment and services for children

Refer to Data Booklet, CFSR Items, Figure C12A: Item 12A Needs assessment and services to children for a chart of the SFY 2020-2024 five-year strength rating for this item.

61% Strength

39% Area Needing Improvement

83 Cases Reviewed

51 STRENGTHS

32 AREAS NEEDING IMPROVEMENT

- In 52 of 83 applicable cases (63%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed children's needs (72% Foster Care, 50% In-home, 42% VCM).
- In 23 of 49 applicable cases (47%), appropriate services were provided to children to meet their needs. In cases where youth were 16 or older, three of the six applicable youth were offered or provided with independent living services.
- In 26 of 49 applicable cases (53%), appropriate services were not provided or monitoring of services to ensure the children's needs were being met did not occur.

DISCUSSION

CWSB has sustained improvements in this area since 2020 and continues to identify practices and strategies to support ongoing assessments of needs and provision of services to children. CWSB recognizes that improvements in case worker visits — both in frequency and quality — will help ensure that needs are assessed and met.

CWSB initiated the following efforts to improve assessments of needs and services for children and youth:

- i. Project Kako'o (Uphold or support in Hawaiian): In 2025, CWSB, and the Director of Department of Human Services, initiated the Kāko'o program that is designed to provide comprehensive support to children in foster care and their caregivers, ensuring that every child has a pathway to a safe, stable, and loving forever home. Enhanced safety and monitoring are provided through additional visits to children in foster care and their caregivers during unannounced times, including weekends and holidays outside of standard business hours, to gain an authentic understanding of the child's living conditions and interactions and to ensure that children receive consistent and appropriate care. The program provides an opportunity to consider the holistic needs of the youth in addition to CWSB's overarching goals of safety, permanency, and well-being including education, dental, medical, and mental health.

- ii. QIC-EY: The Quality Improvement Center on Engaging Youth in Permanency (QIC-EY) project (October 2021 to September 2026), is funded by the United States Department of Health & Human Services, Administration for Children & Families, Children's Bureau. EPIC 'Ohana continues to support CWSB in leading the collaborative to pilot and further implement Case Planning Circles. These circles are named "Pilina Circles." Pilina refers to relationships, connections, and interdependence in the Hawaiian culture. These Pilina Circles focus on case planning for young people, ages 14-18, through an assessment of their current needs, authentic engagement, and permanency planning (reunification, adoption, guardianship). Refer to Section IX.E.6. E Makua Ana (Becoming an Adult) Youth Circles for additional information on the QIC-EY pilot project.
- iii. Youth Circles: In SFY 2025, the Youth Circle program initiated automatic referrals for youth aged 16 to 18 who are in foster or permanent custody, by contacting CWSB social workers to confirm the appropriateness of a Youth Circle referral. Prior to this, Youth Circles created referrals only for youth aged 17.5-18 to ensure that youth who are most likely to age out of care receive a transition plan prior to turning 18, as required by federal law. By starting automatic referrals for youth at age 16, these youth will begin to have guided discussions earlier, allowing them to start thinking about their goals and plans for independence. Refer to Section IX.E.6. E Makua Ana (Becoming an Adult) Youth Circles for additional information.

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

Refer to Data Booklet, Figure C12B: Item 12B for a chart of the SFY 2020 - 2024 five-year strength rating for this item.

70 Cases Reviewed

18 STRENGTHS, 52 AREAS NEEDING IMPROVEMENT

For mothers:

- In 24 of 65 applicable cases (37%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed mothers' needs (42% Foster Care, 29% In-home, 33% VCM).
- In 23 of 61 applicable cases (38%), appropriate services were provided to mothers to meet their needs.
- In 41 of 65 applicable cases (63%), initial and/or ongoing comprehensive

assessments were needed to accurately assess mothers' needs.

- In 38 of 61 applicable cases (62%), appropriate services were not provided to mothers to meet their needs, or there was a lack of monitoring and follow-up on services to ensure mothers' needs were being met.

For fathers:

- In 15 of 61 applicable cases (25%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed fathers' needs (25% Foster Care, 29% In-home, 18% VCM).
- In 12 of 51 applicable cases (24%), appropriate services were provided to fathers to meet their needs.
- In 46 of 61 applicable cases (75%), initial and/or ongoing comprehensive assessments were needed to accurately assess fathers' needs.
- In 39 of 51 applicable cases (76%), appropriate services were not provided to fathers to meet their needs, or there was a lack of monitoring and follow-up on services to ensure fathers' needs were being met.

Engaging families as true partners in case planning and system improvement has been a focus of CWSB. In general, when case workers meet regularly with parents, case workers can identify and meet parents' needs. Initial engagement by case workers can build relationships and establish connections and partnerships with parents. CWSB has involved parents with lived experience in workgroups, which include topics such as safety assessment and practice. This provides insight and expertise on how the workforce and system can enhance support and engagement of families. This information can then be integrated into practice and training, potentially improving practice in this area, as well as in caseworker visits and other related areas of practice.

CWSB is working to increase access for parents to peer parent supports with lived experience in the child welfare system. This may enhance parents' understanding of the child welfare system and, in turn, improve frequency of contacts, engagement, assessment of needs, and service provision for parents.

CWSB is also exploring ways to identify and meet families' immediate and concrete needs to prevent entry into foster care, support reunification, or achieve other permanency goals for children in care.

The CFSR and SWSA may provide an opportunity to review this item and identify additional strategies for improvement.

d. Sub-Item 12C: Services to Resource Caregivers

Refer to the 2026 Hawaii APSR Data Booklet, Figure C12C: Item 12C for a chart of the SFY 2020 - 2024 five-year strength rating for this item.

63% Strength

37% Area Needing Improvement

52 Cases Reviewed

33 STRENGTHS, 19 AREAS NEEDING IMPROVEMENT

- In 36 of 52 applicable cases (or 69%), initial and/or ongoing comprehensive assessments were conducted that accurately assessed resource caregivers' needs.
- In 31 of 47 applicable cases (or 66%), appropriate services were provided to resource caregivers.
- In 16 of 52 applicable cases (or 31%), initial and/or ongoing comprehensive assessments were needed to accurately assess resource caregivers' needs.
- In 16 of 47 applicable cases (or 34%), appropriate services were needed to adequately care for the child and were not provided.

Discussion

There has been a decrease from 85% in 2023 to this year's strength rating of 65%. This decrease may have been caused by a number of factors, including staff shortages, lack of interest and discontinuation of "Talk Story Tuesday," a virtual session with resource caregivers (RCGs) facilitated by Catholic Charities Hawaii, the contractor for RCG support services, which provided an informal setting for relationship building and information sharing. This identified need to have more direct contact with children and RCGs to provide assessment and support has led to the conception and implementation of the Kako'o program. This identified need to have more direct contact with children and RCGs to provide assessment and support has led to the conception and implementation of the Kako'o program as a means to connect during non- traditional hours, including evenings and weekends (please refer to Section III.B.4. Safety in the Child's Home, Item 3, Discussion and Section V.B.3. Item 17 Discussion for additional information on the Kako'o program).

CWSB continues to work on sustaining face-to-face contact and additional communication methods such as texts, phone calls, and email support to assess and address the needs of resource caregivers. Relative resource caregivers who are familiar with their family members are often able to provide support for children to

help address their needs and to access services. Increasing contacts and sharing information on resources enhance the ability of resource caregivers to meet the needs of the children in their care.

Permanency Strengthening Services

Permanency Strengthening Services (PSS) are services designed to support long-term successful permanency outcomes for children and families who are in the pre-permanency phase or post-permanency phase. Since the goal of the service is to help achieve and maintain permanent placements, the service is available to RCGs who have been identified as the child's permanent family. Services may include but are not limited to information and referrals, case management, counseling, and individual and group skill building. These services are provided to support the transition out of the child welfare system and into stabilization after legal permanency has been achieved. For more information on PSS, refer to Section IV.A.4.a Post Permanency – Adoption and Legal Guardianship.

CWSB continues to identify opportunities to enhance practice and achieve outcomes with children, families, and RCGs by enhancing supports for RCGs; utilize and expand resources such as contracted caseworker visits to increase contacts with parents, children, and RCGs; and develop and identify strategies to engage and refer families to PSS prior to permanency.

Home Visiting Services (HVS) – Parents As Teachers and Healthy Families America

Home Visiting Services (HVS), delivered through the evidence-based models Parents as Teachers and Healthy Families America, are a key component of the Family First Hawaii (FFH) prevention strategy. These models aim to prevent child abuse and neglect by enhancing parenting skills, improving early childhood outcomes, and supporting overall family functioning through structured, in-home visits for families with children aged 0–5, the age group most represented in Hawaii's foster care system. For further information on Home Visiting, refer to Section II.E. Interventions and Strategies.

Availability for Resource Caregivers (RCGs)

While HVS primarily serves birth families to strengthen parenting capacity and prevent future foster care placements, services may be made available to RCGs to support each child's individual development. HVS engages with the RCG and children just as they do with parents and children, to promote consistency of care for the child and potentially strengthen the relationship of the RCG and parent if the service is provided to them together. This helps support reunification with the parents and

allows for the transition home to be as smooth and seamless as possible.

e. Item 13: Engagement of child and parent in case planning

Refer to Data Booklet, Figure C13: Item 13 for a chart of the SFY 2020 - 2024 five-year strength rating for this item.

74 Cases Reviewed

29 STRENGTHS, 45 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 29 of 74 applicable cases (or 39%), 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. Regular caseworker visits and efforts to locate parents contributed to strength ratings.

- In 27 of 46 applicable cases (59%), concerted efforts were made to actively involve the child in case planning.
- In 23 of 59 applicable cases (39%), concerted efforts were made to actively involve the mother in case planning.
- In 17 of 54 applicable cases (31%), concerted efforts were made to actively involve the father in case planning.

DISCUSSION

CWSB has sustained improvements in this area and continues to identify practices and strategies to support parent and child engagement in case planning. Regular worker visits and efforts to locate parents contribute to engagement and case planning. Partnerships and collaborations with community stakeholders provide additional opportunities to enhance participation in case planning.

CWSB offers a range of tools to support engagement. Enhancements made to existing contracts, along with strengthening collaborations with community

partners, will help to further improve outcomes.

Initial and ongoing 'Ohana Conferencing (OC) and Youth Circles continue to be effective engagement tools, ensuring family and youth voices in decision-making and case planning. Initial auto-referrals and quarterly OCs have enhanced the case planning process. Family Finding, including defining a process to find relatives of alleged fathers, has increased father identification and support from relatives for parents in case planning.

Case Planning Circles, piloted under the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) project, seem promising. Refer to Section IX.E.6. E Makua Ana (Becoming an Adult) Youth Circles for additional information on the QIC-EY pilot project.

CWSB contracts and collaborative projects have increased family engagement in planning for the lives of their families and children. Contracts such as WRAP utilize lived-experience partners, who are former CWSB birth parents, to promote reunification by providing support and helping birth parents navigate the child welfare system and resources.

Other collaborations with EPIC 'Ohana and Lili'uokalani Trust (LT) provide support and promote engagement and healing in case planning. For example, Two Mākua Meetings connect birth parents with resource caregivers (RCGs). This “shared parenting” is critical in the evolution of the case. It strengthens the relationship between the birth parent, children, RCG, CWSB, and other critical parties.

f. Item 14: Face-to-face contact with children

Refer to Data Booklet, Figure C14: Item 14 – Caseworker Visits with Child for a graph of the SFY 2020-2024 five-year strength rating for this item.

83 Cases Reviewed

37 STRENGTHS, 46 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

In 37 of 83 applicable cases (45%), the frequency and quality of visits among caseworkers and children were sufficient to ensure their safety, permanency, and wellbeing, and to promote the achievement of case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and wellbeing in a way appropriate for that specific child. In many of these cases, caseworkers built good rapport with the children and saw them in a variety of settings including 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. In 42 cases, the frequency of visits was sufficient; and in 62 cases, the quality of the visits was sufficient.

46 of 83 cases (or 55%) were rated as needing improvement.

- In 41 cases, the frequency of contact with the children was less than monthly. Staff turnover/transfers and high caseloads appeared to account for the lack of contact for several cases.
- In 20 cases, the quality of visits with the children was insufficient. In these cases, discussions with children did not sufficiently address safety, permanency, and wellbeing. In some of these cases, information from documentation and interviews did not describe sufficient quality, and the caseworker was unavailable for an interview.

DISCUSSION

CWSB recognizes that frequent quality contact with children translates directly to improved outcomes.

i. Past Performance

In Figure C14: Item 14. Caseworker Visits with Child, one can see that, Hawaii continues to struggle with completing quality monthly visits with all children. Although there has been a drop in performance from SFY 2022 (67% strengths) to SFY 2023 (55% strengths) to SFY 2024 (45% strengths), performance for the most recent four years (SFYs 2021 - 2024) has been better than the prior two (SFYs 2019 and 2020).

ii. Past Efforts

A key activity of Hawaii's CFSR PIP3 had been to track and monitor frequency of face-to face visits between caseworkers and children. The tracker for face-to-

face visits between workers and children was implemented as part of the PIP. Staff have been slow to use the tracker regularly, but this is improving with the implementation of structured monthly supervision. Statewide supervisors have been encouraged to review caseworker visits via the tracker with their staff at least monthly, and to 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 and sharing strategies across sections to improve in this area.

iii. Future Plans

Hawaii expects to see improvement in this item, due to the planned actions and efforts listed below.

- Filling vacant positions,
- Keeping children out of foster care via FFH, which will eventually lower caseloads, freeing workers to complete frequent and quality visits,
- Sustaining improved supervision,
- Improved tracking of visits with CCWIS implementation via a caseworker dashboard, and
- Partnering with the community to support children and families, thereby lowering caseloads and freeing workers to complete frequent and quality visits.

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

g. 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 2020 - 2024 five-year strength rating for this item.

64 Cases Reviewed

17 STRENGTHS, 47 AREAS NEEDING IMPROVEMENT

PURPOSE

This item is assessed to determine whether the frequency and quality of visits

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

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

i. Strengths

In 17 of 64 applicable cases (27%), the frequency and quality of visits among 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.

- a) For mothers, in 22 of 59 cases, the frequency of visits was sufficient, and in 34 cases, the quality was sufficient.
- b) For fathers, in 18 of 54 cases, the frequency of visits was sufficient, and in 27 cases, the quality was sufficient.

ii. Areas Needing Improvement

47 of 64 cases (73%) were rated as needing improvement. Lack of efforts to locate parents contributed to the rating. In five cases, parents were incarcerated, and efforts were needed to make contact.

- a) For mothers:
 - In 37 of 59 applicable cases, the typical pattern of visits with the mother was not monthly. In six of these cases, there were no visits with mothers.
 - In 19 of 53 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.
- b) For fathers:
 - In 36 of 54 applicable cases, the typical pattern of visits with the father was not monthly. In ten of these cases, there were no visits with fathers.
 - In 16 of 44 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

i. Past Performance

In Figure C15: Item 15 – Caseworker Visits With Parents, Hawaii continues to struggle with completing quality monthly visits with all parents. Although there was a drop in performance from SFY 2022 (49% strengths) to SFY 2023 (35% strengths) and to SFY 2024 (27% strengths) performance for the most recent four years (SFYs 2021 - 2024) has been better than the prior two (SFYs 2019 and 2020).

ii. Past Efforts

Please see the discussion section for Item 14 above, as many of the issues are similar. As part of the CFSR PIP3, Hawaii implemented a Worker Visits with Parents tracker, to assist 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's engagement with parents. Hawaii recognizes that children achieve permanency faster (through reunification, adoption, or legal guardianship) and more safely when parents are actively involved with the case. Building rapport with parents is vital to their involvement.

Hawaii has been concerned about its deficient performance on this item. Branch Administrators have made concerted efforts to impress upon Section Administrators the importance of promoting consistent, quality visits with parents. CWSB leadership and line staff have collaborated to identify strategies to address barriers to regular contact with parents. Identified strategies included:

- a) sending letters to all known addresses,
- b) talking to relatives and neighbors to track down parents,
- c) employing formal locator systems,
- d) meeting parents in the evenings and weekends,
- e) creating regular monthly appointments with parents, and
- f) workers sharing their email addresses and work cell phone numbers with parents to encourage communication.

iii. Future Plans

In the next few years, CWSB has plans to focus more on the engagement of fathers. CWSB also has started collaborating more intensely with parents who formerly had CWSB cases to make changes throughout the system, which should assist in improving performance on this item. These efforts include:

- a) Parent Partners training staff on authentic parent engagement,
- b) Implementing Family-Supported Arrangements Continuum procedures and guidelines,
- c) Involve Parent Partners as members and leaders of CWSB workgroups, and
- d) Developing plans to expand the use of Parent Partners to more families statewide.

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

Item 16: Educational Needs of a Child

42 Cases Reviewed

35 STRENGTHS, SEVEN 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), and whether identified needs were appropriately addressed in case planning and case management activities.

Caseworkers had sufficient contact with children and their caregivers about educational needs.

SUMMARY

In 35 of 42 applicable cases (83%), 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.

Seven of 42 cases (17%) 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 seven cases, initial and/or ongoing assessments of the children's educational needs were not completed.
- In six cases, efforts were needed to address identified educational needs and provide appropriate services. School enrollment assistance and attendance existed but were not addressed.

DISCUSSION

CWSB has sustained improvements in this item over time, from 54% in SFY 2020 to 83% in SFY 2024, with the last three state fiscal years at or above 80%. CWSB has maintained strong efforts to assess and address children's educational needs. When case workers' visits occur regularly and case workers talk with children and their caregivers, they are able to assess, understand and help to address educational needs. Challenges may arise when visits are not regular in frequency or in depth on the topics reviewed.

CWSB works to partner with key agency partners, including Guardians Ad Litem (GAL) and Court Appointed Special Advocates (CASA) to strengthen efforts to support the educational needs of children. CWSB caseworkers often work closely with the state Department of Education representatives, including school counselors and teachers, to address the individual and unique educational needs of youth as well as to support their well-being in the educational setting and through educational and social resources. CWSB and DOE have developed a process for Best Interest Determination (BID) meetings to ensure children are in their appropriate school when coming into care and not automatically moved based on location of the child's caregiver. CWSB and DOE are scheduling joint staff trainings to ensure mutual understanding on the importance of BID meetings. Collaborative workgroups that target the educational and developmental needs of children, including those with special needs, have led to the development of joint trainings and professional development opportunities for CWSB and DOE on educational stability for children in foster care. CWSB routinely collaborates with the Hawaii Department of Education (HIDOE) to strengthen and clarify procedures and processes for educational stability when determining the best interest of the child in school placement change decisions.

3. Children's Physical and Mental Health Needs

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

Refer to Data Booklet, Figure C17: Item 17 for a chart of the SFY 2020 - 2024 five-year

strength rating for this item.

64 Cases Reviewed

46 STRENGTHS, 18 AREAS NEEDING IMPROVEMENT

PURPOSE

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

SUMMARY

In 46 of 64 applicable cases (72%), children were assessed and provided with services to address their physical and dental health needs. Placement physical exams were common. Caseworkers had sufficient contact with children and their caregivers about physical health needs. In some cases, resource caregivers, unit aides, and unit assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs. In eight of nine foster care cases, the agency provided appropriate oversight of children's prescription medications.

18 of 64 cases (28%) were rated as needing improvement. Consecutive missed months and a lack of in-depth conversations with the child and caregivers were factors. Oversight of the children's medical issues and dental health was needed.

- In 11 cases, assessments were not completed to determine the children's physical health needs.
- In 11 cases, services were needed to address the children's physical health needs, but were not provided.
- In 10 cases, assessments were not completed to determine the children's dental health needs.
- In 13 cases, appropriate services were needed to address the children's dental health needs, but services were not provided.
- In seven cases, routine dental exams were not provided to children.
- In one foster care case, appropriate agency oversight of the child's prescription medication(s) was needed.

DISCUSSION

Since 2020, CWSB has sustained improvements in this area and continues to work on practice enhancements. Regular monthly worker visits with the child, resource caregiver, and parent/caregiver are essential in ensuring the well-being of children. When visits occur regularly and are of sufficient quality, positive outcomes are achieved.

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

'Ohana Conferencing throughout the life of the case also provides some oversight to promote the safety, permanency, and well-being of the children. It also supports collaborative efforts between the family members and CWSB.

CWSB has initiated the Kako'o program, designed to provide comprehensive support to children in foster care and their caregivers, ensuring every child has a pathway to a safe, stable, and loving "forever" home. Enhanced safety and monitoring are provided through additional visits to children in foster care and their caregivers during unannounced times, including weekends and holidays, and outside of standard business hours to gain an authentic understanding of the child's living conditions and interactions and to ensure that children receive consistent and appropriate care.

CWSB continues its partnership with DHS Med-QUEST Division (MQD) to improve health outcomes for children in foster care. The focus of this collaboration has been on ensuring that comprehensive health exams are completed within 45 days of children entering foster care. CWSB has faced challenges in determining outcomes in this area, as Hawaii's current database doesn't track comprehensive health exams within the required timeframe. The upcoming CCWIS implementation will allow Hawaii to collect data in this area.

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

49 Cases Reviewed

29 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 29 of 49 applicable cases (59%), children were assessed and provided with services to address their mental/behavioral health needs. Caseworkers had sufficient contact with children and their caregivers regarding mental and behavioral health needs. Resource caregivers contributed to setting up appointments and transporting children. Appropriate oversight of prescription medication for mental and behavioral health was provided in three of five cases.

Twenty (20) of 49 cases (41%) were rated as needing improvement. Consecutive missed months of face-to-face visits and a lack of in-depth conversations with the child and caregivers were factors.

- In 16 cases, assessments were not completed initially or ongoing to accurately assess the child's mental/behavioral health needs.
 - In six cases, assessments were needed due to trauma, domestic violence, challenging behaviors, and the need for medication.
- In 11 cases, appropriate services were not provided to address identified mental/behavioral health needs.
 - In three cases, ongoing therapy was not provided.
 - In three cases, there was a lack of monitoring of the children's progress in services.
 - In two cases, identified services were delayed.
 - In two cases, oversight of prescription medication was needed.

DISCUSSION

CWSB continues to assess and identify the mental and behavioral health needs of children. CWSB refers children to services and coordinates with their caregivers to ensure they can access the necessary services and that their needs are met. CWSB is also working on engaging with and meeting the needs of parents, children, and caregivers to plan and provide services. CWSB seeks opportunities to partner with agencies and community organizations to identify needs and resources that meet the mental and behavioral health needs of children. As mentioned earlier in this report, CWSB initiated the Kako'o program to increase contacts with children in foster care and their caregivers to ensure that children receive consistent and appropriate care, including addressing their mental and behavioral health needs.

CWSB will utilize information from the CFSR case review and SWSA to inform procedure or practice clarifications and revisions.

SECTION VI. SYSTEMIC FACTORS

Please refer to Child and Family Services Reviews Statewide Assessment submitted on February 1, 2025 for information on the systemic factors.

SECTION VII. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE FROM THE CBC

Hawaii worked with Capacity Building Center (CBC) for States, finalizing for 2024/25. The plan identified the following as our priority goals for this year:

1. Enhancing Hawaii's Safety Framework,
2. Family First Hawaii Implementation and Expansion, and
3. Workforce Recruitment and Retention.

Hawaii also took a look at future needs and anticipated possibly requesting CBC support in the following areas:

- CCWIS HI THRIVE implementation
- Social media and Artificial Intelligence: creating necessary policies and understanding their effects on the CWS system and its work
- Mandated Reporters: shifting the role of mandated reporters to a role of Mandated Supporters
- Partnering with the community to evaluate and help address the needs of growing populations in care.
 - Addressing the needs of populations with highest numbers in care
 - Creating the needed procedures and training to support staff to ensure the fair treatment of all CWSB families
- Poverty: addressing the interactions between CWSB intervention and poverty to eliminate unnecessary CWSB involvement

Shortly after our workplan was finalized, it was announced that CBC was not selected as the technical assistance vendor for the Children's Bureau (CB). Hawaii has been in close communication with CB and have requested to be one of the first states to work with the new vendor. We are usure if the workplan created with CBC will be able to be used as a springboard, or if Hawaii will need to develop a new plan with the vendor in place.

B. TRAINING AND TECHNICAL ASSISTANCE TO STAFF AND THE COMMUNITY

The Department of Human Resources Development (DHRD) training unit provides general trainings for all Social Service Division (SSD) staff. Staff and Supervisors are notified by (DHRD) via email to inform them of required trainings within the year.

The current cycles of New Hire Training continue to be virtual. Since the last review period evaluations were developed and implemented by SDO. SDO continues to place a strong emphasis on engagement, ensuring staff participation, modules like Epic Ohana's Kanaka

Oiwi (upon request the Kanaka Oiwi training module has been extended from a half day training to a full day training), and overall understanding of the module's objectives. Involving the Live Experience Advisory Group (LEAG) to provide our CWS staff and community partners with the client/parent perspective. The CWS and APCSB Child Protective Services System (CPSS) training have added Basic and Payment training to our New Hire Training. CQI continues to conduct new hire group evaluations/meetings at the end of all New Hire Trainings. The CQI meetings are done virtually. SDO will continue to make appropriate changes to the New Hire curriculum as recommended by the CQI evaluations, Program Development recommendations and consultation with Capacity Building Center for States (CBC). See SDO Training Work Plan 2024.

1. New & Ongoing Training for Supervisor & Section Administrators

See Hawaii Child Welfare Services Strengths Based Supervision and Coaching in CWS Module Topics 2023/2024. Below is the training schedule. SFY 2024 New Supervisor Training:

Module 1 – Friday October 27, 2023

Module 2 – Friday November 9, 2023

Module 3 – Friday December 15, 2023

Module 4 – Friday January 5, 2024

Module 5 – Friday February 2, 2024

Module 6 – Friday March 8, 2024

Module 7 – Friday April 12, 2024

Module 8 – Friday May 3, 2024

Module 9 – Friday June 7, 2024

2. New supervisor training

SDO has developed a New Supervisor training for all CWS staff. The new supervisor training modules for SFY 2025 are below (see Hawaii Child Welfare Services Strengths Based Supervision and Coaching in CWS Module Topics 2023/2024):

Below is the New supervisor training schedule for SFY 2025.

Module 1- Strengths-Based Supervision & Coaching – **October 11, 2024**

Module 2-The Challenge of Change "Social worker to Supervisor" – **November 8, 2024**

Module 3-Best Practices in Child Welfare – **December 20, 2024**

Module 4- Courageous Conversations – **January 24, 2025**

Module 5- Coaching and Supervising to Practice – **February 14, 2025**

Module 6 – Individual Supervision and Coaching – **March 7, 2025**

Module 7- Using the PAS for Improvement – **April 11, 2025**

Module 8 - Ethics in CWS – **May 16, 2025**

Module 9 – Transfer of Learning, Conclusion and Wrap-up – **June 6, 2025**

SDO is exploring options to create training specifically for CWS Section Administrators.

3. Staff & Provider Training

SDO also includes the Voluntary Case managers to all New Hire trainings quarterly. SDO developed a Safety Training module for VCM since their assessment requirements are different than CWS. Program Development office will continue work with VCM to designate a new hire training requirement. Currently, VCM supervisors chooses the specific new hire training modules for their staff. SDO has always encouraged VCM to attend all new hire training modules.

4. Training Tracking

SDO is working on a better system to track all our staff's required training hours (15 hours). The current tracking change is being worked with the SHAKA staff to provide the Section and Unit Secretaries Statewide having access to our SHAKA system to input their respective section and unit worker's external training hours into SHAKA. SDO will continue to seek improvements with our tracking system so we can accurately meet and provide the ACF with accurate data. This one minor change that SDO can track data collection.

The CCWIS group is developing a system that provides SDO with a better process

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

of tracking initial and ongoing trainings of CWS staff. Therefore, inputting data collection into SHAKA is the only way currently to track our CWS staff's training participation.

The Learning Management System (LMS) has all the trainings modules that SDO has recorded in our new hire training and some external trainings so our CWS staff can utilize the system as a refresher or ongoing training. The LMS can track staff's participation as they review the respective training modules. The SDO system's lead trainer tracks all training completed in LMS.

C. STRATEGIC PLANNING COMMITTEE

Overview

Since 2007, CWSB has been fortunate to have a productive relationship and partnership with Casey Family Programs (CFP) through the Strategic Planning Committee (SPC). Casey Family Programs is the nation's largest operating foundation focused on safely reducing the need for foster care in the United States. CFP's mission is to provide and improve and ultimately prevent the need for foster care.

The continued technical and financial support that CFP has provided to Hawaii on various CWSB programs and services has played a significant role in the success of these specific programs, collectively contributing to improvements in Hawaii's child welfare services. The SPC continues to collaborate with various organizations, including CWSB, through scheduled quarterly meetings that review the implementation of programs, identify needs and barriers, and explore future programs that can be supported by CFP.

CWSB and SPC have continued to focus on the collaboration's overarching goal of safely reducing the number of children in foster care. CFP's continued funding has helped Hawaii to:

- Support and strengthen family engagement, and incorporate the voices of persons with lived experience.
- Collaborate and develop birth parent leadership and advocacy skills.
- Incorporate family values in CWSB practice and services.
- Strengthen community-based partnerships; and
- Integrate prevention efforts into CWSB practice.

Summary – SFY 2024

CFP approved support for Family First Hawaii as described below.

1. Family First Hawaii

FFPSA Planning & Implementation: The focus on reducing short stayers, effectively reducing entries, through data sharing and case staffing at Family First Hawaii (FFH) Implementation Team meetings. Funding and efforts have been directed to the Lived Experience Engagement Framework (LEEF) initiative. FFH sought technical assistance to develop a structured and sustainable framework that empowers members with lived experience to participate fully and contribute meaningfully to CWSB initiatives. A kickoff meeting for the Lived Experience Engagement Framework (LEEF) was held in person on August 30, 2024. The event was well-attended with 44 participants. Over half of the attendees had direct lived experience with CWS. The LEEF workgroup also includes CWSB staff to ensure their perspectives are considered in building a comprehensive framework.

CWSB plans to resume technical assistance through ACF to improve practice in this area when available to States.

2. Leadership Development Training

CWSB participated in several meetings with Casey Family Programs to plan the first in-person Leadership Development training, which was held on March 4-5, 2025. All eight section administrators (SA) were present as well as the Branch Administrators. Content included starting with the "Why" in the work we do and the "5 Dysfunctions of a Team." The SAs all voiced their commitment to practice something they learned. Follow-up virtual meetings will be held to check in on progress. Further in-person and virtual sessions will be planned for the remainder of the 2025 Calendar Year.

D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION

To strengthen Title IV-E Foster Care eligibility determination and pinpoint areas needing improvement, Hawaii's Child Welfare Services Branch (CWSB) maintains a contract with the University of Hawaii, Maui College. Known as the Hawaii Child Welfare Continuous Quality Improvement Project (HCWCQI), this initiative conducts annual audits and internal reviews of the Federal Payment Programs Eligibility Unit (FPPEU), with a focus on Title IV-E funding eligibility and Child and Family Services Reviews (CFSRs).

The HCWCQI team reviews child and parent case records, licensing files, and FPPEU eligibility decisions. They produce an annual report detailing errors, potential mistakes, practice concerns, and ineligible payments. These findings are categorized to guide improvement efforts. The CWSB works with staff to implement corrective actions when needed. Additionally, the HCWCQI team created a digital version of the ACF's Title IV-E eligibility checklist, which is used during audits to ensure federal compliance.

1. Audit Design

a. Geographic Sampling

In SFY 2024, 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 64 cases, with the following distribution:

- i. Oahu Special Section – five cases

These five cases include sex abuse cases, serious harm cases, unknown perpetrator cases, and the Oahu Crisis Response Team.

- ii. West Oahu Section – 12 cases
- iii. East Oahu Section– 14 cases
- iv. East Hawaii Island Section – 13 cases
- v. West Hawaii Island Section – 4 cases
- vi. Maui County Section – 12 cases
- vii. Kauai Section – four 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), and
- viii. Safety (in placement).

2. Findings

a. Errors and Concerns

In the eight areas listed immediately above in Section VII.D.1.b. Eligibility Criteria, for all 64 cases, no eligibility determination errors were found in seven of the eight areas. Nineteen errors were found only around Safety in Placement Requirements. In addition to these errors, a total of 32 concerns were identified, as listed below.

- i. Court-Ordered Removal Requirements – one concern,

- ii. Placement in Licensed Foster Care Setting Requirements – seven concerns, and
- iii. Safety in Placement Requirements – 24 concerns.

b. Summary

Valid removals were carried out through a court order or a signed voluntary placement agreement for all samples.

Efforts were made to finalize a permanency plan for the Title IV-E eligible child on all samples.

The AFDC requirements were accurately assessed and documented on all samples.

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.

Children were placed in fully licensed or approved placement settings in all samples.

FBI fingerprinting was completed for adult household members in most cases.

In 67% of the samples (39 of 58), 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 (CWS) Procedures for licensing.

3. Plans for Improvement

The CWSB FPPEU supervisor is providing tailored instruction to her team and offering additional guidance on the errors identified in this review. Plans are underway to develop tools within the new CCWIS system, with the goal of automating as much of the Title IV-E eligibility determination process as possible and guiding FPPEU staff through all remaining required steps to ensure that no components are overlooked. HCWCQI will continue to perform quarterly internal reviews of FPPEU's eligibility files, licensing records, and parents' case files. These cases will be randomly selected to verify accurate eligibility determinations, proper documentation, and correct Title IV-E coding. Additionally, the FPPEU unit supervisor recently implemented a change to adjust adoption dates to one day earlier, aiming to prevent future Title IV-E errors during federal or state audits.

SECTION VIII. CHILD ABUSE PREVENTION AND TREATMENT ACT PROGRESS REPORT ON STATE PLAN

Hawaii has an approved CAPTA plan that remains in effect. There have been no changes to Hawaii's state law or regulations that impact Hawaii's eligibility for the CAPTA State Grant. Hawaii appreciates the ongoing support from CAPTA funding. CAPTA funding has helped to support Hawaii's CAPTA State Plan by supporting Hawaii's Differential Response System (DRS), which includes Voluntary Case Management (VCM) services and Neighborhood Places services, consistent with the 14 program purposes of CAPTA and goals and objectives of Hawaii's 2025 Child and Family Services Plan (CFSP). One of the purposes of CAPTA is to improve legal preparation and representation. Hawaii has been working to see how CAPTA funds may be used along or in combination with other funds, such as Title IV-E administrative claiming in this area. Hawaii will continue to partner with existing legal services and identify areas for improvement and expansion.

CWSB continually assesses how the CAPTA state grant funds, along with other resources, can help support the achievement of the State's CFSP goals and objectives and re-evaluates its needs on an ongoing basis.

As part of the American Rescue Plan, Hawaii's child welfare program was allotted \$406,701. The FY 2021 supplemental grant has a five-year project and expenditure period from October 1, 2020, to September 30, 2025. The funding must be obligated by September 30, 2025, and liquidated by December 30, 2025. The CAPTA grant aims to improve child welfare systems across the nation. Hawaii supports the purpose of the grant and is continually working to improve its child welfare system.

Hawaii has allocated \$200,000 of the CAPTA supplemental funds towards updating its technology system to support child welfare. As of SFY 2024, Hawaii has expended \$185,704.68 for system improvement and support.

Hawaii continues to assess its needs to determine how best to support projects with goals that align with the grant's purpose and the priorities of CWSB. Currently, Hawaii is exploring funding to support CWS in enhancing the integration of trauma-informed care throughout the system and within the workforce. This effort focuses on creating a comprehensive, trauma-informed culture throughout CWS, building expertise in trauma-informed care among all staff, from front-line to top leaders, including those in CWS, courts, and service providers. It also involves transforming policies and procedures to prioritize family support and communication, as well as addressing secondary trauma among helping professionals. The administration and evaluation of a Trauma-Informed Organizational Assessment may be supported through CAPTA supplemental funds.

The State CAPTA Liaison Officer is Daisy Hartsfield. Her contact information is below:

Hawaii State CAPTA Liaison Officer
Daisy Hartsfield, SSDA Social Services Division
Department of Human Services
1010 Richards Street, Suite 216
Honolulu, HI 96813
dhartsfield@dhs.hawaii.gov

A. CHILD FATALITIES

1. Fatalities in CWSB Cases

a. Annual Update

Hawaii maintains its commitment to reporting data on child fatalities to the National Child Abuse and Neglect Data System (NCANDS) for the specified reporting period. In preparation for NCANDS reporting, the Child Welfare Services Branch (CWSB) staff, including the Program Development team, frontline caseworkers, and supervisors, collaborate closely with the Department of Human Services Information Technology (DHS IT) team to review and verify the accuracy of the data prior to submission.

b. Data

In State Fiscal Year (SFY) 2023, there were no child fatalities determined to be due to maltreatment. All child fatalities became known to Child Welfare Services Branch (CWSB) after the child's death following reports of suspected maltreatment due to the nature of the injuries. There was one child fatality in SFY 2023, but a determination of maltreatment was not made until after the data extract was completed on October 31, 2023, which was outside of SFY 2023. For further details, see Data Booklet, Figure 87: Child Fatalities.

In State Fiscal Year (SFY) 2024, there were five child fatalities determined to be due to maltreatment. For further details, see Data Booklet, Figure 87: Child Fatalities.

c. Quality Assurance

Hawaii continues to track all child fatalities reported to the Child Welfare Services Branch (CWSB) through its intake quality assurance (QA) process. The tracking process begins with the CWSB intake unit forwarding a copy of the child fatality intake report to a team comprising CWSB, CWS Program Development, and Continuous Quality Improvement (CQI) Project members. This team follows the

established QA process, which includes:

- i. Reviewing the intake report against CWSB procedures to confirm the accuracy of the screening disposition by examining CPSS screens and responding to clarifying questions from intake supervisors and administrators.
- ii. Entering case information into the internal child fatality database for tracking. The QA collaboration process has created opportunities to discuss specific cases, share observed themes, ask questions, and identify areas requiring clarification or expansion in policy. Participants have expressed appreciation for the CQI and Intake leadership meetings, which provide a supportive environment for understanding and learning about CWSB practices. In this setting, questions can be asked, and thoughts shared openly. Preliminary needs identified through this process include, but are not limited to, the following:
 - 1) Development of a standardized intake tool.
 - 2) Guidance on assessing risk and safety in cases involving co-sleeping fatalities.
 - 3) Clarification of intake procedures for specific types of cases, including child fatalities.

Hawaii regularly reviews its QA process and makes revisions, as appropriate, to ensure and maintain efficiency and accuracy of data. Hawaii has been working with its Attorney General's Office to streamline its process by which it discloses findings or information about the case of child abuse or neglect which has resulted in a child fatality or near fatality. In collaboration with the Attorney General's office, Hawaii has developed and implemented an annual CAPTA Public Disclosure document that complies with the provisions of CAPTA Section 106(b)(2)(B)(x) and reports out data by SFY. This document is issued on an annual basis. Hawaii believes that by creating a standard report that is issued on a regular basis it will help to respond timely to requests for information on child fatalities, as well as ensure that consistent information is provided.

To support the accuracy of the information of the annual CAPTA Public Disclosure document, Hawaii has also reviewed its internal process for tracking all child fatalities, in addition to those determined to be due to child maltreatment. In 2019, Hawaii developed its Child Fatality Database using Microsoft Access. This database was designed to modernize the tracking of all child fatalities statewide to ensure complete and accurate information on child maltreatment deaths and has also been used to collect data on reports of serious harm. Data is typically entered by CQI staff.

Over the years, Hawaii has identified gaps in the data collection process primarily due to the lack of a shared understanding of roles and responsibilities, as well as the purpose of the different data fields. To maintain accurate data, CWSB plans to formalize a data entry process by drafting procedures, which will help ensure accurate and complete data. By clearly outlining expectations of when data should be entered, when it should be updated, and defining the different fields, Hawaii believes the information in the database will be more accurate and useful for reporting, responding to media requests, and working on efforts to prevent child fatalities.

Hawaii is also working on improvements to the Child Fatality Database. Through QA, Hawaii has identified additional data fields that would enhance data collection, as well as identified fields that are infrequently used and/or data that is not pertinent. In collaboration with Hawaii's contracted provider for Continuous Quality Improvement, Hawaii's CWS Program Development Office has met with the Data Analyst who manages the ACCESS database to make updates to the system to capture data that aligns more closely with the requirements of CAPTA. One revision includes adding near fatalities as a data field.

d. Multi-Disciplinary Team (MDT)

CWSB continues to utilize a contracted Multi-Disciplinary Team (MDT), which serves as a case conferencing tool providing diagnostic services for families and children and to assist staff with serious cases of child abuse and neglect, including cases of child death. It also offers consultative services to CWSB on medical, mental health, psychological, and legal issues related to intervention, planning, and service provision for families. A MDT is convened for every child death or serious injury in an active CWSB case. The team includes a clinical psychologist, medical doctor or pediatrician, registered nurse, and clinical social worker. For a child death case, a staff member from the Program Development Office attends the MDT to determine if any rules, policies, or procedures of CWSB need modification as a result of the deaths.

The Program Development (PD) team will continue to collaborate with the State's contracted provider to review the multidisciplinary team (MDT) process for child fatality cases. The goal is to ensure time is used efficiently to assist staff in:

1. Assessing the treatment needs and goals of surviving siblings.
2. Making informed recommendations in complex situations and serious cases of child abuse and neglect.

Currently, Program Development is reviewing its procedures for using the MDT as a

case conference tool in child death cases. Areas for clarification and improvement have been identified to better support MDT case conferences. These areas include, but are not limited to, identifying appropriate cases for the MDT and clarifying the purpose of these conferences. Suggestions will be shared with Child Welfare Services Branch (CWSB), Continuous Quality Improvement (CQI), and staff for discussion and feedback before finalizing the procedures.

2. Child Fatalities Statewide

a. Department of Health – Child Death Review

In Hawaii, the Department of Health (DOH), Family Health Services Division, Maternal and Child Health Branch, has the statutory mandate to conduct comprehensive multidisciplinary reviews of child deaths. The purpose of these reviews is to identify risk factors and prevent future child and maternal deaths in Hawaii. These reviews involve representatives from relevant public and private agencies, including public health, law enforcement, the Judiciary, emergency services (EMS, fire, and police), DOH Early Intervention Services, Department of Education (DOE), and Department of Human Services (DHS) Child Welfare Services Branch (CWSB) Program Development staff.

An annual report is submitted to the legislature detailing the number of child fatalities, interagency collaboration efforts to understand the causes of these deaths, and the development of interventions to protect children and prevent future fatalities. The Annual Report on Child Death Review and Maternal Mortality Review Activities, prepared by the DOH Family Health 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's DOH Office of Planning, Policy, and Program Development website, which includes all reports submitted by DOH to the 2024 State Legislature. [11_2024-CDR-MMR-Legislative-Report.pdf](#)

Child Death Reviews continue to be conducted virtually, incorporating new and innovative practices developed during the pandemic. The use of virtual meetings has made it easier for Child Death Review (CDR) members to participate. The DOH CDR team compiles statewide data on child deaths from the State's Vital Statistics Department, CDR teams, law enforcement, and the Medical Examiner's Office. The DOH CDR reports classify child deaths into the following categories based on definitions provided by the National Center for the Review and Prevention of Child Deaths:

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 they occur. The review process, involving public and private community members, examines the circumstances surrounding a child's death to collect and review critical data and to establish recommendations for preventing future injuries or deaths. Interagency collaboration helps review team members understand the primary causes of death and contributing factors. This knowledge enables the team to focus on identifying and implementing prevention strategies, including the prevention of child maltreatment deaths.

CWSB utilizes information from Child Death Reviews, along with its own case data and relevant research, to adjust its practices accordingly.

b. Planning for the Next Five Years

Hawaii remains committed to reporting child fatalities to the National Child Abuse and Neglect Data System (NCANDS), with the Child Welfare Services Branch (CWSB) collaborating closely with the DHS IT team to ensure data accuracy. Hawaii has numerous systems in place to ensure the collection of complete and accurate data, as well as various tools to help identify areas of focus and strategies aimed at preventing further child fatalities. Hawaii will sustain its collaborative and data-driven approach to improve the understanding and prevention of child maltreatment deaths statewide. The state will continue to utilize Child Death Review (CDR) meetings to ensure ongoing evaluation and enhancement of child protection policies and practices.

B. CHILD WELFARE SERVICES WORKFORCE

To provide an accurate portrait of its workforce, CWSB conducts a survey of all its staff members annually. This section presents the results of this survey, along with caseload data from CPSS, and job position data from staff rosters. The relevant data tables and charts can be found in the Data Booklet, Figures 88 – 95. Although Hawaii CWS has dedicated staff responsible for screening and assessing initial reports to the statewide Child Abuse and Neglect Hotline (also referred to as intakes), and it has a set of staff who primarily complete the initial investigation of allegations, all CWS caseworkers complete ongoing assessments of child abuse and neglect.

1. Staff Positions

CWSB had 385 funded positions, 271 employees, and 114 vacant positions in February 2025. Based on these figures, CWSB is currently functioning with 70% of its allocated staff. Refer to the Data Booklet, Figure 88: CWSB Staff Positions and Vacancies – 2021-2025, for point-in-time details on data for the past five years, as well as Figures 90 and 91: CWSB Staff Position Breakdown Filled & Vacant– February 2025. CWS job positions vacancy rate is similar to last year's. When looking at Figures 90 and 91: CWSB Staff Position Breakdown Filled & Vacant– February 2025, you can see that the positions with the highest vacancy rates are unfortunately also the positions with the greatest direct contact with children and families. Aides have the highest vacancy rate at 46%. The primary work of aides is to supervise face-to-face visits between children and their parents and to transport children to necessary appointments. The position type with the second highest vacancy rate is Caseworkers at 39%. Caseworkers include assessment workers, permanency workers, case managers, intake workers, crisis response team workers, and resource home licensing workers. All of these workers complete ongoing assessments of child abuse and neglect.

Most experts in the field consider direct caseworker positions to be the most essential to child welfare work. Hawaii is currently attempting to do its work with only 61% of these vital positions filled statewide.

2. Caseload

Hawaii CWSB has no policy regarding a maximum or minimum number of cases that a worker may carry. Section Administrators and Unit Supervisors are responsible for ensuring manageable caseloads and parity in caseload across workers. Please refer to the Data Booklet, Figure 89: CWS Average Caseload by Region – 2021-2025 for details and a comparison of June 2021 through February 2025.

Based on active case assignments in CPSS on March 1, 2025, the statewide average caseload per caseworker was twenty-eight cases. Please note that this figure includes cases from assessment workers, permanency workers, and hybrid (assessment and permanency) workers. All three types of caseworkers regularly complete assessments of child abuse and neglect. In looking at the regional breakdown, Maui County (71 cases) and East Hawaii (61 cases) had distinctly higher average caseloads than the rest of the State. These high caseloads may be partially due to the fact that both of these sections tend to struggle more than the other sections with closing out inactive cases.

3. Age

Please see the Data Booklet, Figure 92: Statewide CWS Staff: Age Range Distribution –

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

February 2025. In February 2025, all CWS employees were over 20 and under 80 years old. The largest percentage of CWS staff (26%) fell into the 50-59 age range, followed by the 40-49 age range (20%).

For CWS caseworkers only, meaning those responsible for intake, screening, assessment, and investigation of child abuse and neglect reports in the State, excluding supervisors and administrators, 15% were aged 20-29, 28% were aged 30-39, 18% were aged 40-49, 21% were aged 50-59, 14% were 60 or older, and 4% preferred not to respond to the survey question regarding age.

Forty-six percent of CWSB staff were age 50 or older in February 2025. Hawaii has been concerned about its aging staff and upcoming retirements that could potentially cause institutional knowledge to be lost, especially when it is harder to fill vacant positions than in the past. Fortunately, when staff were asked about plans to retire or leave, in the February 2025 CWS staff survey, 67% of the current staff indicated that they either plan to stay with CWS or have no plans to leave within the next five years.

4. Education

For all CWS staff positions, a minimum of a high school diploma or a GED is required. For caseworker positions (intake, assessment, case management, and permanency), a minimum of a bachelor's degree and experience in human services is required. Higher level caseworker positions require increased years of relevant professional experience and a degree related to social work. 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. A master's degree in social work or a related field is not required but is preferred for higher-level caseworker positions and supervisors.

For the training requirements for CWSB staff, please see Hawaii's January 31, 2025, CFSR Statewide Assessment, Section VI. Assessment of Systemic Factors, Item D. Staff and Provider Training.

Please refer to the Data Booklet, Figure 93: Highest Level of Education – ALL CWSB Staff – February 2025. As of February 2025, 38% of CWS staff have their bachelor's degree and an additional 33% also have their master's as their highest level of education; 24% of staff have completed some college courses, with 36% of them having their associate degree. Approximately 4% of Hawaii CWS staff have high school or a GED as their highest level of educational achievement. In February 2025, all CWS caseworkers, supervisors and administrators had a minimum of a bachelor's degree; additionally, 55% of CWS caseworkers and 77% of all CWS supervisors and administrators had a master's degree or higher.

5. Length of Employment with CWS

Please refer to the Data Booklet, Figure 95: Statewide CWS Staff: Length of Employment (Self-Reported) – February 2025 to see the current staff longevity with CWS. CWSB is pleased to report that over 70% of its staff have been working with CWS four years or more, and 30% of the staff have been part of the CWS 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.

C. JUVENILE JUSTICE TRANSFERS

Please see Hawaii Data Booklet, *Figures 96 and 97: Foster Youth in Detention Centers*, and *Figure 98: Frequency of Length of Stay in Detention Centers*. There has been a decline from last year's APSR in the total number of unduplicated youth in detention centers (Detention Home – DH) and correctional facilities (Hawaii Youth Correctional Facility) who have also been in foster care. The number was at its highest in SFY 2023 with 35 youth. CWSB believed this rise in numbers in 2023 to be part of a normal fluctuation rather than a concerning trend because the youth were not remaining in detention for long periods of time. This belief has held true as the current number is back down to just 21 youth, maintaining the trend of the majority of youth not remaining in detention for long periods of time (69% were in detention one month or less).

Hawaii believes this low number of cross-over youth 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 in preparing youth to exit the facility through the WRAP program. CWSB has a policy and procedure to increasing communications and connections with the youth, support the youth while in detention centers and correctional facilities.

CWSB continues to collaborate with the agencies listed above to ensure that youth who touch both the juvenile justice system and CWSB are being assessed for safety and provided with services to ensure their wellbeing and connections to their families and community. With CCWIS implementation, CWSB looks forward to improved tracking of juvenile justice cases in the CWSB database, as well as a longer-term future goal of sharing data electronically with the courts on juvenile justice cases.

D. DOMESTIC VIOLENCE

Domestic Violence Shelter and Support Services

DHS received FY 2024 Family Violence Prevention and Services Act (FVPSA) funds in the amount of \$1,042,255. DHS contracts with eight domestic violence shelters and two

transitional shelters statewide to operate and provide 24-hour domestic violence hotline services that respond to crisis calls, 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.

Six 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 2024, 1,266 clients were served in shelters for a total of 37,012 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 2024, domestic violence shelters provided 171 children with crisis intervention services, 136 children with victim advocacy services, 117 children with counseling and support groups, and other supportive services. The domestic violence shelters provided 638 adults with crisis intervention services, 749 adults with victim advocacy services, 608 adults with counseling and support groups, and 360 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 2024 for detail on provided services.

The shelters also provide supportive non-shelter services to clients. In SFY 2024, 417 clients were served by non-shelter services, which are supportive services for domestic violence that don't need shelter.

The shelters provided 80 community education presentations statewide for the public, with 1,525 participants in attendance. Presenters continued to modify their way of providing presentations due to the 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. The HSCADV also have translated

DV brochures in multiple languages, such as Olelo Hawaii, Chuukese, Ilocano, Tagalog, etc., that is accessible on their website, to share about resources and information on healthy relationships.

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 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 program advocacy services support anyone in Hawaii between the ages of 12 and 21, who is experiencing, at risk for, or has been affected by relationship violence. TAP808 provides inclusive prevention education, outreach, and intervention services related to teen dating violence to all youth. These services are offered in schools and virtually.

Just in the last year FY 2024, TAP808 visited schools and communities statewide; the program's Outreach Advocates delivered 38 presentations to 462 participants. Accommodations were also made to provide virtual presentations via ZOOM to the communities statewide. TAP808 has remained dedicated to educating young individuals about Teen Dating Violence (TDV) and advocating for youths involved in such relationships. Their efforts have extended to include other islands, such as Lanai, where they have successfully arranged presentations.

The DHS also contracts with Hawaii State Coalition Against Domestic Violence (HSCADV) to provide training and technical assistance to DV shelter programs. HSCADV provides training on the dynamics of domestic violence, including domestic violence 101, and advanced topics with best practices and trauma informed tools to work with survivors of domestic violence, their families, and navigating the systems survivors utilize. The domestic violence training opportunities have been updated to a minimum of 35 hours. The HSCADV 35-Hour Training is a comprehensive introductory domestic violence training fulfills the statutory requirement for victim advocates training. The 35-hour Advocate Core Training modules are self-paced online training, which includes a section on working with survivors of trafficking and DV. The HSCADV will also provide Shelter Manager quarterly technical assistance meetings and host an annual HSCADV conference.

The member programs continue to utilize the HSCADV online 35-hour victim advocate

training.

HSCADV continue to partner with the DHS, Pouhana 'O Na Wahine and shelter programs to address the needs and challenges identified during the course of the needs assessment and listening sessions. Based on the assessment, the DHS will continue to work with HSCADV, Pouhana 'O Na Wahine and its members to develop and implement a plan to provide assistance to the shelters, including developing and sustaining an accessible and trauma-informed approach to services.

The DHS continues to collaborate with Pouhana 'O Na Wahine (PONW), who is the Native Hawaiian Resource Center for Domestic Violence with National Indigenous Women's Resource Center (NIRWC). The Pouhana 'O Na Wahine is a grassroots organization advocating for Native Hawaiian families who face challenges related to domestic violence and sexual assault, by exercising their inherent sovereign rights as indigenous people of Hawaii. PONW provides technical assistance and training; partner at the community level, statewide and national levels; and develop policies and resources to stop, prevent, and eliminate domestic violence and help victims and their family members increase their safety.

PONW has been focused on building pilina (relationships) across the ka pae 'āina o Hawai'i emphasizing conversations around healthy relationships while also calling attention to the increase in DV within our communities. Community engagement opens up the conversations about what DV looks like in their respective communities while also creating geo-location specific solutions by and for community as each place is unique. We continue to support the efforts of HSCADV and their work by finding ways to individualize programming and services that address the needs of Kanaka 'Ōiwi (Native Hawaiians) while raising awareness for many other indigenous cultures that require similar care. Pouhana will continue to be a participant and presenter at the annual HSCADV conferences supporting training of DV provider staff across the islands and beyond. In connection to this, Pouhana is working to bring to Hawaii more trainings for DV advocates in collaboration with organizations such as HSCADV, DVAC, DOH, CWS, etc. Pouhana and HSCADV worked together with the Hawaii Theater For Youth on a video project which shares a message about DV.

PONW continues to build relationships across the islands, nationally, and also internationally so as to bring people together to work on addressing DV. Pouhana is a part of a collective of national resource centers tasked with providing training and technical assistance, leading systems change, policy advocacy and research, as well as educating communities about the effects of Domestic Violence and Sexual Assault. Pouhana has supported organizations at various Domestic Violence Awareness Month activities across the islands and also is a leader in the Missing and Murdered Hative Hawaiian Women and Girls (MMNHWG) movement in Hawai'i and currently is working to complete the second

report that is centered on survivors and their experiences.

The HSCADV has been sharing Pouhana 'O Na Wahine's work and invites them to HSCADV membership meetings, events and trainings.

DHS collaborated with three other state agencies, DOH, Judiciary and the Department of the Attorney General's Office, Crime Prevention and Justice Assistance Division, to provide a statewide training on DV 101: *Fundamentals of Domestic Violence* webinar series in FY 2024. The DV 101 training is provided via a three-part webinar series, held weekly during Domestic Violence Awareness Month (October 2024). Local experts presented on the Dynamics of Domestic Violence, Interventions with Perpetrators of Domestic Violence, and Domestic Violence and Childhood Development.

As a part of the continuous quality improvement process, CWSB has partnered with the University of Hawaii Maui College Hawaii Child Welfare CQI Project to review the 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. Maui CQI is in the process of conducting reviews of all the shelter programs statewide this FY 2024. Discussions and feedback with the shelters will be conducted after the results of the review is completed.

DHS also received 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 (COVID-19) public health emergency.

DHS has distributed the FVPSA ARP Act funds to its current contacted domestic violence providers. The DV Shelters, DVSF, and TEEN DV continue to be responsive to this population's needs. Response plans have been developed that include activities including counseling, mobile/legal advocacy, staff to provide services, financial assistance paid directly to a third party for housing, assistance with childcare, financial assistance for transportation, supplies, and equipment to assist in carrying out remote services enhancing their capacity to provide culturally and linguistically appropriate services.

DHS also received FVPSA Sex Assault 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 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 1) Prevent, 2) Prepare, and 3) Respond to (COVID-19) public health emergency.

DHS has distributed a portion of the FVPSA Sex Assault ARP Act funds to its current contacted Intrafamilial Sex Abuse Treatment and Human Trafficking providers for victims of sex assault across the life span to conduct human services activities (services/supports) related to COVID-19 pandemic. The other portion of the FVPSA Sex Assault ARP funds was distributed to DHS' new contract provider, Rape Crisis & Sexual Assault Program Services (RCSAPS), which provide direct intervention and related assistance and support services to victim/survivors of sexual assault including, but not limited to rape crisis centers, sexual assault programs, and programs available to support survivors across a lifespan.

The DHS will continue its ongoing efforts to combat domestic violence among our families. The DHS will continue its collaboration with the Hawaii State Coalition Against Domestic Violence on the ongoing needs assessments and listening sessions for the FVPSA-funded domestic violence shelter programs statewide. The needs assessment includes a focus on the areas of training and technical assistance, service gaps and engagement of underserved populations, multidisciplinary collaborations, funding and trauma-informed care policies and practices. The DHS, HSCADV and Pouhana 'O Na Wahine, will continue to have ongoing discussions on current policies that are being worked on regarding DV and advocated for collaborative efforts in policy and systems change to address the native Hawaiian families affected by domestic violence.

E. SUBSTANCE EXPOSED INFANTS AND CHILDREN

CWSB collaborates with the Early Childhood Action Strategy to engage in the Hawaii Maternal and Infant Health Collaborative (HMIHC) Perinatal Substance Use Workgroup. The Early Childhood Action Strategy (ECAS) brings together diverse stakeholders, including government and non-government organizations, to improve the system of care for Hawaii's youngest keiki, with the goals that more:

1. babies are born healthy,
2. children develop on-track,
3. children enter kindergarten school-ready, and
4. children are proficient learners by third grade.

The perinatal substance use workgroup meets monthly and includes Department of Health and providers and agencies from across the state. This workgroup meets to improve:

1. systems of care and support for perinatal people with a substance use disorder and their infants,
2. perinatal quality of care and community resources and supports, and
3. communication on partners' policy efforts that focus on disparities related to maternal and infant health.

CWSB's involvement improves understanding of the risk and safety issues of substance exposed infants and children. It helps CWS identify potential gaps in resources and services that are available to these children and families. This knowledge enhances the development of policies and procedures, as well as services to benefit this vulnerable population. There have been no changes to policy or practice for the plans of safe care for infants other than the safety discussions as stated in Section III. A few identified areas of improvement in the area of substance exposed babies, include the availability of community experts in the field of Fetal Alcohol exposure for consultation and the availability of more drug prevention programs statewide. CWS and the HMIHC are working towards the statewide goal that "babies are born healthy."

The Makua Allies Program (MAP) through EPIC Ohana is committed to the development and implementation of a robust and effective Peer Support Program for Perinatal Substance Use Disorder (PSUD) mothers. The Makua Allies Program was piloted in 2021 with a focus on serving individuals experiencing perinatal substance use disorder by employing parent peer supports who have lived experience. MAP is currently on Oahu and East Hawaii and serves women who have experienced PSUD and women who are currently battling substance use who recently gave birth to a child. The Makua Allies Program focuses on the following enrollment priority:

- Pregnant women with substance use disorder.
- Mothers who gave birth within the past 90 days and had their child removed and placed in temporary foster custody.
- Mothers who gave birth in the past 90 days and maintained Family Supervision case status.
- Mothers who are at risk of CWSB involvement.

Makua Allies Program has assisted birth parents who are in the earliest stages of the CWSB involvement or are at high risk for entering the CWSB system upon delivery. CWSB has been able to partner with MAP in order to address the safety factors that are associated with PSUD. Makua Allies Program parent partners assist birth parents in navigating through the CWSB system by supporting them with three objectives:

- Create a relationship with birth parent(s) that supports growth and recovery.
- Avoid CWSB involvement, or end CWSB involvement, with parents identifying

desired permanency results, whether that be maintenance, reunification, guardianship, or adoption.

- Connect parents with community and cultural resources that help to sustain recovery and parenting efforts, including with any RCGs.

Makua Allies collaborates with community partners and CWSB to develop peer support across systems. MAP parent partners support mothers in creating their own safety plans; in turn this can assist in a CWSB assessment by allowing the birth mothers to have already taken the necessary steps to mitigate safety factors and manage risk factors.

Hawaii Zero to Three (HZTT) Court

HZTT is a specialty court that supports families with children ages 0-3 who are in foster custody. HZTT keeps the child(ren) at the center of the case and aims to make sure that the child is assessed and their needs are met in a timely manner. HZTT recognizes the importance of early intervention for this vulnerable population. HZTT children are often referred to home visiting services, early intervention, Family Strengthening Center for developmental assessments, Parent-Child Interactive Therapy, and Child-Parent Psychotherapy. While there is no single provider that is able to formally diagnose Fetal Alcohol Spectrum Disorder (FASD), HZTT does refer based on the history of parents and individualizes their service plan in order to best fit the needs of the children. CWSB supports and is willing to collaborate on efforts to continue to attempt to secure further services that support the Hawaii ZTT families, specifically with finding a provider who can provide a formal diagnosis of FASD and or developmental concerns that arise from substance exposure.

CWSB will continue to collaborate and participate in the perinatal substance use workgroup to build and strengthen its working relationships with agencies and providers to better ensure the overall safety and well-being of substance exposed infants and children.

Collaboration between CWSB and MAP will continue through CWSB New Hire Training and their engagement in multiple Family First Hawaii workgroups such as the Family Supported Arrangements Continuum Workgroup. The work done in these groups allows for collaboration in supporting families to remain together even after concerns of PSUD. CWSB is supportive of expanding MAP statewide and is exploring ways to enhance families and extend positive outcomes to more families.

CWSB is also exploring how it can collaborate with DOH Public Health Nursing (PHN) Services to better support families. The expertise of PHN services is another way the development and health of children and families can be enhanced. CWSB continues to meet and collaborate with MQD to access comprehensive evaluations and services for all youth who enter foster care within the first 45 days, including young children and those

exposed to substances. Early and Periodic Screening, Diagnostic and Testing (EPSDT) can be accessed through the child's Medicaid plan. These services are key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, developmental, and specialty services.

F. HUMAN TRAFFICKING

See Data booklet, Figure 100 through Figure 114 for some information on human trafficking reports and victims for the period January 1, 2024 to December 31, 2024. Highlights of these figures include:

1. The majority of the human trafficking cases are located on Oahu.
2. The average age for these human trafficking victims is between 14 to 17.
3. 78% of the victims are female.
4. The majority of the human trafficking cases are of Hawaiian ethnicity.

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.

The DHS contracted provider continued their services even after the pandemic, making accommodations for services based on client availability, provided services in person and remotely through the use of technology when access to services was limited.

The CWSB Program Development office continues to focus on updating information on program areas that include trafficking, domestic violence, and outreach to the community, offering support and education regarding its response to human trafficking. CWSB continues to collaborate with local communities to improve on Human Trafficking strategies. CWSB continues to work with community partners to provide information and training to enhance awareness of the signs of human trafficking, 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. Trainings were done 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: the 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.

The current contracted service provider for human trafficking also provided trainings for CWSB New Hire Training, Catholic Charities Resource Caregiver program staff, Pacific Survivor Center STOPP curriculum facilitators, Hilo Medical Center -Medical Professionals, Trafficking Victims Assistance Program (TVAP) New Hire training for Susannah Wesley Community Center (SWCC), Parents and children Together (PACT) and Hale Kipa, EPIC 'Ohana, Mililani Mauka Complex Elem School Counselors, United Women in Faith Podcast, Hilo Airport Training, Human Trafficking Symposium - Aloha Tower, CSEC MDT - In service , HPD-HTU - In service, UH Manoa DV &HT training. They contracted provider continues to provide ongoing trainings as well for the community in various venues.

Over the past several years, CWSB staff have had the opportunity to participate in HT trainings provided by other agencies.

CWSB Staff Development office continues to provide virtual and in person trainings for the community on human trafficking for mandated reporters on reporting, the human trafficking hotline and human trafficking checklist. The human trafficking guide and checklist are available on the DHS website. Some of the community partners that received the training are Honolulu Police Department (HPD) Training Academy for new recruits, HPD Criminal Investigations Division, Honolulu Prosecutors Office Victim Witness Program, DOE, Big Brothers Big Sisters, Malama Aina, Cole Academy, Kupuna Collective, Tūtū & Me 'Ohana Support Program, Kamaaina Kids St Timothy's, Juvenile Client Services, St. Clement's School, Keiki O Ka 'Āina, Saint Mark's Preschool, Montessori Community School, Kama'aina Kids Saint Mark's, Kamehameha Schools Annual Training, and Family Strengthening Services of West Hawaii.

2. Collaboration

CWSB continues to collaborate with the Commercial Sexual Exploitation of Children (CSEC) Steering Committee on Oahu on its ongoing efforts to provide a coordinated system response to identify and respond to child victims of sex trafficking. The Memorandum of Agreement allows this effort to provide CWSB with additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits the overall framework. CWSB continues its collaboration to assist in a collaborative response to providing services for the HT victims statewide.

CWSB continues to collaborate with the Honolulu County Human Trafficking Task Force (HCHTTF) lead by the Honolulu Prosecutors Office. This task force continues to meet monthly. The HCHTTF members participated in a Celebrate Safe Communities event last FY. This event is for all ages and will provide informational and interactive booths and displays from various city, state, federal, military, and private organizations. Celebrate Safe Communities is intended to help spotlight communities' crime prevention

efforts, enhance public awareness of vital crime prevention and safety messages, and engage families and seniors in prevention activities that help keep neighborhoods safe from crime and prepared for any emergency.

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 human trafficking awareness events this past FY, which included a sign waving to raise awareness for sex-trafficking in Hawai'i on Human Trafficking Awareness Day.

CWSB continues to collaborate with the Department of the Attorney General's Missing Child Center of Hawaii (MCCH) regarding foster youth missing from care. CWSB continues to ensure that reporting of missing youth in care to law enforcement and reporting to NCMEC as required by Public Law 113-1-83 is properly being reported and tracked. MCCH and CWSB collaborates on its ongoing efforts with the different county police departments in assisting to locate and recover missing foster youth at high risk of being trafficked.

Trends

Based on the information from the community and service providers, several root causes of human trafficking of minor victims are:

1. Substance abuse remains the highest risk indicator among minor victims, which now includes vaping.
2. Prior undisclosed and unreported sexual violence amongst adolescents is an
3. unfortunate trend as a risk indicator.
4. The continued use of online HT on social media or dating arrangement apps and gaming apps.
5. Human trafficking in homeless encampments still prevalent. High rates of houselessness among adolescents remain prominent. In addition to encampments, shelter bed availabilities have decreased, and young people are staying on the streets, couch surfing, staying in trap houses, and squatting.

New trends that are emerging:

1. Increase in the homeless runaway youths using drugs for survival with high number of younger teens around 13 and 14 years old. Average age nationwide continues to be around 15-16 years of old for victims of CSEC.
2. Running away from placements, missing from care, or being kicked out of the homes

- increases risks of being trafficked for these minor victims.
3. Increase in the use of social media for online exploitation and used for recruiting and bullying tactics. Explicit images of youth people have significantly increased in nonconsensual distribution.
 4. Increase in awareness of HT with males.
 5. Increase in family court involvement and criminal/status offense violations affecting youth and continues to be a high-risk factor for exploitation and trafficking.

Planning for the Next Five years

The commercial sexual exploitation of minors in Hawaii continues to be a focus area to address. The collection of accurate statistics on the number of victims have been difficult to obtain. The most current data from CWSB indicates an increase of reports in the state. CWSB will continue to collect data regarding the commercial sexual exploitation of minors and work on its efforts to collect more accurate information to report. CWSB will also continue to enhance existing partnerships and collaborations with federal, state, and nongovernmental organizations and advocate to increase ongoing efforts to combat human trafficking.

G. MARYLEE ALLEN PSSF PROGRAM

Community-based family support and family preservation services

The DHS vision “The people of Hawaii are thriving” leads to a focus on providing community-based family support, family preservation, family reunification, and adoption promotion and support services.

The Hawaii Children’s Trust Fund’s (HCTF) 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.” This mission closely aligns with the DHS Vision of “The people of Hawaii are thriving” and shared values. So, CWSB collaborates with the HCTF to support child abuse and neglect prevention efforts for all children in Hawaii.

In addition to working with the HCTF, Hawaii offers family-centered, community-driven Neighborhood Places (NP), which are located in multiple unique neighborhoods, provide a safe and healthy environment for Hawaii’s children and families to learn about local resources that public and private agencies deliver. NPs locations are staffed by a contracted provider who assists families in need to ensure that children may be cared for, as much as possible, in their own home or in the home of relatives or other kin, and to promote the formation and maintenance of stable families through family strengthening initiatives and service referrals.

Neighborhood Places are designed to support safe and stable families. These NP locations

are designed to support 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. The types of families supported by NP include:

- a. Families with children identified by NP staff to be at risk of child abuse/neglect, who are unknown to CWSB but need services to support and strengthen their families,
- b. Families assessed by CWSB as unconfirmed for child abuse/neglect but could benefit from supportive services to prevent child abuse/neglect,
- c. Families referred and not accepted by CWSB for investigation but assessed to need supportive services, and
- d. Families confirmed for child abuse/neglect but would benefit from up to six months of supportive services after the CWSB case is closed.

Programs Supporting Reunification and Permanency

Resources, services, and supports are available to those families who have achieved reunification or permanency, which includes adoption and legal guardianship, and also to any families who have achieved permanency through an inter-country adoption. A few services CWS provides with the use of MaryLee Allen funds are Comprehensive Counseling and Support Services (please see section IV.1.c., Intensive Home -Based Services, for additional information), Family Strengthening Services (please see section IV.A.4.a, Adoption and Guardianship Promotion and Support, for additional information), and Permanency Support Services (please see section IV.A.4.a, Adoption and Guardianship Promotion and Support and section IV.A.4., Permanence Support Services, for additional information).

The Human Trafficking, DV-Shelters and Ohana Conference contracts are not funded by the Mary Allen IV-B funds.

SECTION IX. YOUNG ADULTS AND CHAFEE

Federal Chafee funds support services for current and eligible young people formerly in care through age 26. Hawaii's state general funds supplement contracts and programs that are required or needed to support Hawaii's young people.

In January 2017, efforts began to implement a comprehensive, integrated, independent living (IL) system for current and former youth in foster care. CWSB awarded contracts to community partners to provide Independent/Interdependent Living (IL) Services Programs, a Higher Education (HE), Education and Training Voucher (ETV) program, the Young Adult Voluntary Foster Care Program, aka Imua Kākou (IK), and an Extended Assistance Program. These integrated services are collectively referred to as an acronym, IHI. In Hawaiian, "ihi" means sacred or majestic. This collaboration between CWSB and community partners has helped ensure that young adults who are or have been in foster care develop long-term connections to family, and community and receive education on local resources.

CWSB is committed to encouraging meaningful and active participation and leadership by young people. Young people have been instrumental in the development and maintenance of CWSB services and programs for current youth and young adults who have been formerly in care, as well as in shaping pertinent legislation, policies, and procedures. They 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) that extended foster care to age 21, a program better known as Imua Kākou (IK).
3. Normalcy and prudent parenting (Act 133, SLH 2016).
4. Enactment of section 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, named the Pono Process, for ensuring the 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 that affect youth currently or formerly in foster care.

Young people are involved in planning statewide training for CWSB, the Judiciary, service providers, community partners and stakeholders, and other young people. They have a well-respected advisory role, and their Advisory Council serves as a model for strengthening the voices of birth parents.

IHI focuses on strengthening collaboration, addressing workforce issues, promoting prevention, and implementing continuous quality improvement (CQI). It will continue to focus on improving access to services and ensuring service delivery is individualized and utilizes a trauma-informed healing approach. With this integrated approach, CWSB is confident that positive outcomes will continue to be achieved by young people. There have been no changes in the eligibility determination process for benefits and services for youth.

A. IHI (INDEPENDENT LIVING, HIGHER EDUCATION, IMUA KĀKOU) CONTRACTS

1. Independent Living (IL) Services for Youth in Foster Care Ages 12-18

IL services must be customized by age and tailored to meet the individual needs of each youth. 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 16 years and older must have an individualized independent or interdependent living transition plan. Creating the transition plan should start early and be organized into short-term, age-appropriate, and manageable goals that align with a youth's individual needs, hopes, and strengths.

All youth in care who are at least 16 years old must be encouraged and supported in developing a transition plan that addresses their needs for housing, employment, education, mentors, ongoing support services, and health insurance. This plan must be developed during the 90-day period preceding the youth's exit from foster care and should be developed in collaboration with the youth, with the assistance and support of the CWS social worker and/or a Youth Circle, prior to their exit from care.

Services for youth between the ages of 12-18 must be geared to provide support for the youth's emotional, psychological, spiritual, and physical well-being; and enhancing the youth's knowledge about foster care, self-advocacy, communication, relationships, social capital, permanent and long-term connections, and goal setting. In SFY 2024, 117 youth in foster care in this age group in Hawaii participated in independent living services. See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2024 for details.

2. Imua Kākou (IK)/Extended Foster Care for Youth Adults

In SFY 2024, 211 young adults in Hawaii participated in the IK program. See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2024 for details.

See Section IX.D. Imua Kākou & Extended Assistance Programs for more information

on the past year and the future.

3. Higher Education Stipend and Education and Training Vouchers

CWSB continues to collaborate on its DHS Higher Education Stipend Program (HE) to ensure those who are eligible receive needed benefits. One hundred forty-two (142) young adults who received Higher Education benefits in SFY 2024 also received IL supportive services. See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2024 for details.

See Section IX.C. Higher Education & ETV for more information on the past year and the future.

4. 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 Kākou 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 Kākou participants. Service providers also plan group activities for young people in this category, which may include Imua Kākou and Higher Education participants.

Hawaii's youth formerly in DHS care and living outside the State of Hawaii, or who were adopted or placed in legal guardianship by DHS, or youth formerly in care from other states, may receive information and referral services from IHI providers.

In SFY 2024, 180 young adults in this age group (who were not in HE or IK) in Hawaii participated in independent living services. See Data Booklet, Figure 115: Youth & Young Adults Receiving Independent Living Services in SFY 2024 for details.

B. INDEPENDENT LIVING COLLABORATOR

CWSB continues to contract with an Independent Living Collaborator (ILC) to work with CWSB, service providers, young people, community stakeholders, and other partners to support an enhanced and seamless system of care. It plays a key role in ensuring young people and their children receive the benefits that facilitate their successful transition to adulthood.

The ILC assists CWSB with collaboration, enhancing communications, workgroup development and facilitation, development of guidelines with best practice standards, providing and/or collaborating on trainings and conferences, evaluation and monitoring,

ongoing CQI, and youth and young adult engagement.

A critical function of the ILC is to help CWSB manage the Independent Living, Higher Education, Education and Training Vouchers (ETV), and Imua Kākou (collectively called “IHI”) contracts by supporting collaboration among CWSB, provider agencies, community organizations, and young people. The ILC also assists IHI providers in improving young people’s transition out of care, identifying and implementing strategies to eliminate waitlists, enhance services, and improve service delivery, as well as data collection and tracking. The ILC is also a member of several event planning committees, including Oahu Teen Days, Senior Graduation Celebration, the Ohana is Forever Conference, and the Pono Process/Case Planning Committee.

Over the past year, the ILC has collaborated on the following activities:

- FY 2024
 - The ILC hosted a series of five Community of Practice sessions. The purpose of the Community of Practice was to create a space for IHI staff, CWSB IK Liaisons, and others to share experiences and best practices that would promote relationship building and collaborative learning, leading to improved service delivery. Young people were involved in the planning and participation in each session. Topics included youth engagement techniques, engaging young adults in case planning, collaborating to serve young people, and skill-building with young people.
 - The annual Statewide ILC Convening was held on June 21, 2024, in Honolulu. Forty-eight participants from across the state were in attendance, representing IHI providers, CWSB IK Liaisons, Youth Circle, Youth Partners, HI HOPES, Pono Process, UH Law School, and more. The Convening theme was Building Pilina and Strengthening Collaboration. The morning agenda included a review of ILC goals and an activity to promote learning and collaboration. Young people led morning and closing connecting activities, as well as the afternoon session on "Empowering versus Enabling." UH Law School supported the ILC Convening by providing funding for the venue and airfare for neighbor island participants, and the HI HOPES Initiative provided funding for food through private funds.
 - The ILC continues to work with the Youth Circle program, Youth Advisory Board, CWSB, and QIC-EY project national team to create a youth-centered process to engage young people in case planning while in foster care pursuant to P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act. The QIC-EY project, which promotes permanency and youth empowerment, has approved the development of a Case Planning Process as a system change tool project. The process is based on the Youth Circle model and is called “Pilina Circles.” Pilina encapsulates the essence of

“connection, relationships, and interdependence.” Hilo, Hawaii, has been chosen as the pilot site. Please refer to Section IX.E.6.CWSB Youth Advisory Board for additional information on the Case Planning Process.

- FY 2025 - until April 2025
 - The ILC, with a sub-contractor, and in partnership with CWSB, is planning and coordinating a needs assessment and report with its findings that will provide recommendations for Independent Living/Higher Education/Imua Kākou (IHI) and for supporting young people’s transition from foster care to adulthood. The goal of this project is to align current trends and recommendations from young people with service delivery and engagement, ultimately leading to improved outcomes for young people. The ILC is currently gathering feedback and recommendations from youth and young adults through focus groups and interviews to help inform the project’s scope.
 - An in-person IHI Training and Collaboration Day was held on April 30, 2025. Statewide IHI case managers and supervisors gathered to review and compare assessment tools, learned about resources to guide young people in financial decision making, and had a facilitated discussion around supports for case managers while learning techniques to create healthy boundaries.
- Other
 - The ACF Office of Planning, Research, and Evaluation and its study team at Westat conducted a review of online resources that support access to foster care transition services through communication. They identified Hawaii as one of five states with strong foster care transition communication materials, and highlighted the following:
 - ILP Connections website (www.ilpconnections.org),
 - Imua Kākou website (www.imua21.org) and YouTube video,
 - ShakaTown website,
 - Resources for Youth Over 18 table (https://www.ilpconnections.org/uploads/1/1/5/4/115414149/resources_for_youth_over_18_-_a_guide_for_professionals.pdf), and
 - Rights for Children in Foster Care.

The ILC maintains the ILP Connections website, which is also the Independent Living Program webpage for DHS, and the Imua Kākou website, and created the Resources for Youth Over 18 table. The ILC also supports the SHAKA team by providing feedback from young people and IHI providers to update ShakaTown.

For SFY 2026, the ILC will continue with trainings, convenings, focus

groups/report preparation, and the development of QIC-EY Pilina Circles.

C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS

1. Higher Education Stipend Program

The State-funded Higher Education Stipend Program (HE) has been a tremendous success and benefit to young people 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 2024-2025 school year, 204 students participated in the HE Program. Of these students, 52 were new students and 152 were returning students. See Data Booklet, Figures 121 and 122: Higher Education Stipends for New and Returning Students (Table) and (Chart).

The Higher Education stipend program remains a successful component of a range of services designed to help youth and young adults successfully transition from foster care. By entering Imua Kākou (Extended Foster Care to 21) at age 18, and then entering the State-funded Hawaii Higher Education Stipend Program after exiting Imua Kākou 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 who were formerly in foster care in achieving 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 Kākou from ages 18 to 21, and then the Higher Education Stipend program from ages 21 to 27, the young adult can receive nine years of financial support.

CWSB will continue to support the Higher Education program, which provides a tremendous benefit for young people transitioning out of care or who were adopted or placed in legal guardianship; it also serves as a safety net after Imua Kākou, if higher education is the young adult's goal, beyond what most other states provide.

2. Education and Training Vouchers (ETV)

The Hawaii ETV program continues to receive and disburse federal funds in accordance with the John H. Chafee Foster Care Independence Program, Section 477 of the Social Security Act (42 U.S.C. 677 et seq.) to assist eligible former foster youth

who are enrolled and participating in college, university, or vocational training programs.

Hawaii has remained committed to assisting youth to fully utilize ETV and higher education benefits. Hawaii's commitment is reflected in its partnerships and collaborations with young people, service providers, and partners to discuss strategies and barriers to utilization. Beginning in Fall 2018, consistent with federal legislation, Hawaii extended ETV benefits to eligible former youth from age 23 to age 26.

For School Year 2024-2025, there were 39 students who received ETV benefits; 11 were new students and 28 were returning students. See Data Booklet, Figures 123 and 124: Education and Training Vouchers: New and Returning Students (Table) & (Chart).

CWSB will continue to work to maintain a consistent level of ETV applicants through collaborations with CWSB's IHI providers, CWSB staff, and agencies supporting young people. At the same time, there is a need to balance the availability of Federal ETV funds. The surge of applicants during the COVID-19 pandemic promoted greater awareness of ETV.

D. EXTENDED FOSTER CARE (AKA IMUA KĀKOU) AND EXTENDED ASSISTANCE PROGRAMS

The Imua Kākou (IK) and Extended Assistance (EA) Programs completed 10 years of implementation on June 30, 2024. During 2024, celebrations commemorating the 10-year anniversary of both successful programs were held. The success of the programs is due in large part to strong collaborations with CWSB, the Judiciary, UH Law School, Court Improvement Project (CIP), young people, EPIC 'Ohana, community providers and partners, SHAKA, Casey Family Programs, Jim Casey Youth Opportunities Initiative, Annie E. Casey Foundation, ACF, and other national and local partners. EPIC 'Ohana's Independent Living Collaborator and the UH Law School have played critical roles in the ongoing support and CQI of cases, implementing federal and state laws into practice, supporting program improvement, and facilitating and maintaining trusted communication among all parties.

DHS continues to collaborate with its partners to enhance ongoing efforts to support young adults aging out of care, include improving communication, expanding program services, and enhancing service delivery and training. CWSB is working to integrate with Family First Hawaii Prevention Services to support this population by developing a pathway for Home Visiting services as an evidence-based service to support Expectant Parenting and Young People (EPYP) in developing and enhancing their parenting skills.

Efforts will also include promoting awareness about the service and referral process.

1. Extended Assistance Programs

The Extended Assistance Program is a program for former foster youth who were placed in legal guardianship or adoption at age 16 or older, subject to an agreement between DHS and the caretakers. In the past year, there have been no changes made to the program. Over the years, the number of former foster youth participants has been small. In SFY 2024, the monthly average was four youth receiving Extended Adoption Assistance. In SFY 2024, there was an average of 11 youth per month with Extended Legal Guardianship or Permanency Assistance. See Data Booklet, Figure 125: Young Adults Receiving Imua Kākou or Extended Assistance (Monthly Averages).

2. SHAKA Database and Imua Kākou Data Tracking

Imua Kākou cases continue to be documented, managed, and tracked in the SHAKA database, which is managed by the University of Hawaii Maui College. There have been no changes to the basic processes.

3. Imua Kākou Applications

During SFY 2024, SHAKA logged 141 IK applications in various stages of completion. Of these applications, 69 applicants (49%) were determined eligible for Imua Kākou, 16 applicants (11%) were determined ineligible, 35 applicants (25%) were referred to other resources, and 21 applicants (15%) were new/incomplete, recently submitted, incomplete, or withdrawn.

The most prevalent reason applicants have been deemed ineligible is that the young adult was adopted or placed under legal guardianship before the age of 16. Those applicants who are determined ineligible are referred to other community services, benefits, and resources. Refer to the Data Booklet, Figure 127: Imua Kākou Applications and Figure 128 Imua Kākou Applications – Ineligibility Reasons.

4. Participant Demographics and Other Tracker Data

In March 2025, there were 214 open Imua Kākou cases in the SHAKA database. Based on the data, a “typical” Imua Kākou participant is a Hawaiian (58%) female (59%) who emancipated from foster care while under CWSB placement responsibility (79%). She resides with relatives (37%) or lives in a resource caregiver's home (17%), while maintaining eligibility by completing secondary education (36%), and was involved in developing her case plan.

Based on surveys of 63 young adults exiting Imua Kākou during SFY 2024, CWSB identified trends. The young adult is exiting at age 21 (84% of cases), has a relationship with at least one adult who is trusting, supportive, and unconditional and who will always be there (94%), has a Social Security Card (97%), birth certificate (100%), driver's license (37%) or other state identification (70%), is enrolled in Hawaii's Medicaid program QUEST Integration (100%).

Information on reasons for termination/closing indicates that most young people are working (65%), involved in an employment preparation activity (0%), are in post-secondary education (22%), or are not doing any activity (13%). Young people who want to continue post-secondary education can choose to enroll in the state-funded higher education program, and young people who need continued support can receive Independent Living (IL) support services.

5. Case Management, Case Plans, and 90-Day Transition Plans

All young adults who participated in Imua Kākou services for at least 60 days after signing a Voluntary Care Agreement (VCA) and had an initial hearing, participate in developing their case plan.

In some CWSB sections, case managers and young adults begin developing the case plan before the VCA is signed. In other sections, the case manager and young adult begin developing the case plan after the VCA is signed and after the court finds that extending voluntary foster care is in the young adult's best interest.

The Imua Kākou case plans for all young adults include the federal requirements of 90-Day Transition Plans, which are updated within the 90 days before the young adult exits foster care at age 21. The court monitors the case planning process by requiring that case plans be submitted at a minimum every six months for permanency hearings and for termination hearings. The EPIC 'Ohana Independent Living Collaborator (ILC) and UH Law School staff review and monitor cases from each CWSB section/IK Teams and hold quarterly teleconferences to provide support to the IK Teams regarding the young people and to ensure that federal and state requirements are met.

Hawaii will continue to support young adults aging out of care through ongoing communication, expanding program services, and enhancing service delivery and training through the following strategies:

- Continue the ILC Community of Practice series for IHI providers and CWSB Imua Kākou staff to share best practices around topics identified by the group, learn from each other, and build a stronger collaborative.

- Continue the ILC project to create an IHI handbook that will serve as a quick-reference guide for IHI and IK case managers, supporting the training of new staff.
- Continue the ILC workgroup to improve communication and information dissemination regarding options, benefits, and resources for young people, including Higher Education, Independent Living, Educational Training Vouchers, and Imua Kākou.

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.

- 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.
- 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 the DHS Benefit, Employment and Support Services Division (BESSD), the Division of Vocational Rehabilitation (DVR), the Med-QUEST Division (MQD), 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.
- CWSB collaborates with the UH Law School, Court Improvement Project (CIP), the Judiciary and with Lived Experience Experts and other partners to:
 - Coordinate trainings such as the Annual Child Welfare Law Update, Ohana Is Forever, Teen Days at First Circuit Family Court, and other related activities,
 - Develop and implement programs and policies to address the safety, permanency, and well-being of young people and their families; and

- Provide reviews, consultation and ongoing CQI of policies, procedures, laws, and programs.
- EPIC 'Ohana Youth Partners are primarily contracted with the Department of Health's Child and Adolescent Mental Health Division (DOH-CAMHD). They provide mental health support to young people and some support for young people in families under the CWSB WRAP contract. Youth Partners are primarily youth formerly in foster care who are trained by HI HOPES Initiative or EPIC 'Ohana. This collaboration benefits DOH, CWSB, and all the young people by enhancing the expertise of Youth Partners in both foster care and mental health to provide the needed support for our young people.
- Housing. CWSB, in collaboration with US Department of Housing and Urban Development (HUD), have pursued an amendment or waiver to allow the young people of Hawaii in the Imua Kākou/Extended Foster Care program to simultaneously have a HUD (Foster Youth Independence - FYI/Family Unification Program - FUP) Housing Voucher. CWSB has been consulting and advocating with DHS and State offices, local and national HUD offices, ACF, national and local partners, and young people to meet this need. Despite barriers and challenges, CWSB has remained committed to meeting this important need for our young people by "moving forward together" (Imua Kākou).
- National Youth in Transition Database (NYTD). CWSB continues to collect youth data for the Federal NYTD surveys through the state-sponsored youth portal, ShakaTown, and EPIC 'Ohana programs, including the Independent Living Collaborator (ILC) and the Youth Circle program, which work to locate and engage each cohort for survey completion. 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 service providers has resulted in enhanced community support.
- Florida Institute for Child Welfare at Florida State University. EPIC 'Ohana did a presentation in 2024 on Youth Circles at Chapin Hall (University of Chicago)'s Selfless Love Foundation National Think Tank Convening. The presentation highlighted the collaboration of young people, EPIC 'Ohana, providers, and CWSB, and was well-received. Subsequently, the Florida Institute for Child Welfare requested that EPIC 'Ohana participate in a webinar series, which was held in 2024.
- Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) is funded by the ACF, Children's Bureau. In October 2021, the QIC-EY was tasked with advancing child welfare programs and practices to ensure that they authentically engage and empower children and youth in foster care throughout the U.S., particularly 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 policy, practice, and cultural shifts in the six or more pilot sites. Hawaii CWSB is a pilot site, and the CWSB East Hawaii Section was chosen as the Hawaii pilot site. The QIC-EY is led by Spaulding for Children and is working closely with four national partners. Trainings on Engagement and Permanency were conducted for CWSB staff and supervisors, and the Family Court. As a systemic change tool, case planning circles for youth in care were developed and implemented in Hilo. The circles are modeled after the nationally acclaimed EPIC 'Ohana Youth Circles and are named "Pilina Circles." Pilina refers to relationships, connections, and interdependence in the Hawaiian culture.

CWSB values its partnerships and recognizes the importance of collaboration in achieving positive outcomes. CWSB continually seeks ways to strengthen its successful collaborations with Federal and State partners, as well as with community partners and people with lived experience. This will be done through numerous efforts, including but not limited to meeting the housing needs of young people and authentically engaging young people through the implementation of the QIC-EY pilot project.

3. Youth Homelessness

IHI (Independent Living, Higher Education, ETV, Imua Kākou) providers continue their relationship with the City and County of Honolulu Public Housing Authority to make Family Unification Program (FUP) vouchers available to former foster youth by addressing the following barriers previously identified through their collaborations.

- a. The FYI program was thought to accommodate only single individuals or single parents with children, and that couples, married or unmarried, must 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 to obtain clarification. The National Center for Housing and Child Welfare (NCHCW) clarified with HUD that married or unmarried couples with children are allowed to rent a one- or two-bedroom unit in the same rental agreement.
- b. In 2021, 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, youth advocates, and others to resolve this

issue. Hawaii is exploring options, such as a waiver, to allow the provision of both EFFC benefits and a Housing Voucher. One of the concerns about this proposal is the potential for states to opt to terminate EFFC benefits if they are given the vouchers. Hawaii's young people were appreciative of the added support in navigating Hawaii's limited housing market. When HUD's clarification was issued and the housing voucher option was denied, it presented a major challenge to young people's ability to succeed and significantly increased their struggles, especially during the pandemic.

The young people are determined to reinstate the provision of both Extended Federal Foster Care (EFFC) and Housing Voucher benefits. Recently, the Governor's Office of Wellness and Resilience (OWR) reached out to the young people, EPIC 'Ohana, and CWSB to better support young people formerly in care. One of the areas selected is the issue of EFFC and HUD vouchers. OWR and the workgroup drafted a letter for the Governor to send to Hawaii Senator Brian Schatz and Acting U.S. HUD Secretary Adrienne Todman to advocate for either an amendment or a waiver to this policy and is awaiting a response. CWSB continues to assist Partners in Care, the Oahu Continuum of Care for homelessness, in its efforts to support Oahu's homeless population. HUD awarded \$3.8 million in the Youth Homelessness Demonstration Project (YHDP) to Partners in Care. These funds were then awarded to other non-profit collaborations to support a range of outreach efforts, Guide on the Side support services, and alternative housing to address the homelessness of young adults up to the age of 24. There is a specific emphasis on locating young people, helping them transition into safe housing, and supporting their housing stability, with a focus on preventing a recurrence of homelessness.

CWSB is committed to ensuring its young people have the necessary resources to accomplish a successful transition to adulthood. In collaboration with its community partners, CWSB will continue to explore ways to support its young people and advocate for necessary housing opportunities. Several strategies being pursued include:

- A congressional amendment or a waiver to allow HUD vouchers for EFFC young people.
- Ongoing collaborations with OWR, the State Office on Homelessness & Housing Solutions, community partners, and young people to address barriers to housing and the issue of homelessness.
- Supporting Hawaii Youth Services Network (HYSN) regarding the Department of Housing and Urban Development's NOFO# FR-6700-N-96 Youth Homelessness Systems Change Grants. In 2024, the DHS Social Services Division, Child Welfare Services Branch submitted a letter of commitment. This proposal provides Hawaii the opportunity to build a more collaborative, trauma-informed, and

innovative system of care that will address the needs of all homeless and at-risk youth statewide.

If funded, DHS will participate in meetings and other activities to

- Strengthen homeless youth assessment systems.
- Remove barriers to service access and delivery.
- Increase opportunities for youth voice and input, including young people with lived experience.
- Identify needs and gaps in resources and work collectively to increase resources for homeless and at-risk youth.
- Reduce workforce shortages.
- Increase awareness and support for reducing youth homelessness among policymakers and funders.

4. Medical Coverage

Please refer to Section VI.F. Agency Responsiveness to Community, Item 31: Consult with Stakeholders. CWSB will continue to collaborate and partner with the Med-QUEST Division (MQD) and EPIC 'Ohana to ensure that youth currently and formerly in foster care continue to have medical coverage through age 26 to support their well-being.

5. E Makua Ana (Becoming an Adult) Youth Circles

CWSB continues to provide the Youth Circle (YC). Youth Circles are a tool to engage youth in developing CWSB required independent living transition case plans for youth in care aged 14 years and older, as well as to meet the federal requirement of creating a transition plan for youth in care within the 90-day period before their 18th birthday, or before their 21st birthday if the youth is in extended foster care.

The purpose of a YC is to empower the youth or young adult and to develop a transition plan with the support of the youth or young adult's team. A YC can bring together and develop connections between the youth and the young adult's family, friends, community members, teachers, service providers, and related CWSB staff, which will assist in creating and implementing the youth's transition plan.

Participants in the Imua Kākou Extended foster care to 21 program receive an Imua Kākou Circle (IKC) when entering the program, as well as subsequent IK Circles if requested. The purpose of an IK Circle is to help the young person understand IK program requirements, develop a plan with the young person's supporters, and successfully enter and meet the requirements for IK. If a youth has a recent Youth Court (YC) case before entering IK, that YC will be used to guide the creation of the

IK case plan.

In SFY 2024, 251 combined YCs and IKCs were provided for 208 youth. See Databook, Figure 120: Youth Participants and Youth/Imua Kākou Circles. The YC format will continue to be adjusted to best meet the needs of youth. Youth continue to share that YCs are very helpful in finding their voice and direction in life.

The Youth Circle program is working closely with other EPIC 'Ohana programs, including HI HOPES and ILC, CWSB, and other partners to create a youth-centered process to engage young people in case planning while in foster care as required by federal law (P.L. 113-183 Preventing Sex Trafficking and Strengthening Families Act). While the Youth Circle agenda focuses on transitioning to adulthood and planning for the future, a Case Planning Circle will focus on what's happening in the present, including case direction, legal and relational permanency, connections, and well-being. The Case Planning Circle is modeled on the nationally acclaimed Youth Circle model. These circles have been named "Pilina Circles." Pilina refers to relationships, connections, and interdependence in the Hawaiian culture.

Work to develop this Case Planning Circle model is part of the Quality Improvement Center on Engaging Youth in Finding Permanency (QIC-EY) project (October 2021 to September 2026), which is funded by the ACF, Children's Bureau. See Section IX.E.2, Coordination and Linkage With Other Federal and State Programs, for more information about the QIC-EY.

Additionally, in SFY 2025, the Youth Circle program expanded its automatic referrals to include youth aged 16 to 18 who are in foster or permanent custody, by contacting CWSB social workers to confirm the appropriateness of a Youth Circle referral. Previously, Youth Circles created automatic referrals only for youth aged 17.5-18 to ensure that those who are most likely to age out of care receive a transition plan prior to turning 18, as required by federal law. By starting automatic referrals for youth at age 16, they will begin to have guided discussions earlier, allowing them to start thinking about their goals and plans for independence.

6. CWSB Youth Advisory Board

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S) Statewide Youth Boards

The HI H.O.P.E.S. board consists of youth, currently and formerly in foster care, and represents the voice of youth across the state in areas of advocacy, policy, system improvement, services, and legislative education. The board helps increase public awareness of youth in foster care through its outreach to other community sectors,

including education, employment, and housing. The HI H.O.P.E.S. youth boards are active on Oahu, Maui, Kauai, and East and West Hawaii.

The HI H.O.P.E.S. board continues to focus on raising awareness on the issues, rights, challenges, and strengths of young people in and formerly in foster care by coordinating and presenting at Teen Days, the Ohana is Forever Conference, the Annual Child Welfare Law Update, Family Court Symposium, and other court and CWSB sponsored events. The young people are always the highlight of the presentations and panels. Board members participate in various workgroups, committees, and initiatives aimed at promoting youth voice and contributing to systems transformation.

In 2025, the HI H.O.P.E.S. Initiative and its Youth Leadership Boards proudly celebrated 15 years of impact. On May 6, 2025, all board members gathered on Oahu with Annie E. Casey Foundation/Jim Casey Youth Opportunities Initiative, Casey Family Programs, community partners and funders, and key stakeholders to honor this milestone. The celebration featured storytelling, a legacy museum, and collaborative reflection on future commitments to continue advancing this important work.

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S) Contract

The following programs and projects are funded in part through a State contract and in collaboration with other community funders.

a. Pono Process (Grievance Process)

Hawaii's Pono Process Program (Grievance Process, pursuant to federal law P.L. 113- 183, Sex Trafficking and Strengthening Families Act) continues to operate statewide as an avenue for youth in care to report grievances or make other related inquiries. Since its launch, the Pono Process team has handled a small number of grievances and inquiries about general foster care related topics from young people. Formal grievances are forwarded to the branch and assistant branch administrator, and section administrator, unit supervisor, and case manager.

Promoting self-advocacy for youth in care through various avenues is an essential part of ongoing education that encourages youth voice, emphasizes team communication, and enhances well-being. Since the launch of the Pono Process, the Pono Process Lead and Navigator have held Pono Process committee meetings with community partners to discuss updates, engage in discussions about the case planning process, and explore other legal options

for young people to consider in the event that their grievance is unable to reach a resolution.

Currently, the Pono Process team remains actively engaged in ongoing presentations, trainings, and other educational initiatives about the Foster Youth Bill of Rights, the Pono Process, and Self-Advocacy for youth, social workers, GAL/CASA, judges, resource caregivers, and service providers.

b. Foster Youth Ask Hawaii (FYAH):

FYAH (Foster Youth Ask Hawaii) continues to be available as a resource for young people in care to reach out via text, phone, email, or social media with foster care and resource related questions. Staff with experience in foster care handle any incoming queries.

c. Quality Improvement Center for Engaging Youth (QIC-EY) – Hawaii Island Pilot Site

Hawaii's DHS Child Welfare Services continues its participation in a five-year permanency and youth engagement effort with the National QIC-EY Project. CWSB selected East Hawaii as the pilot site, with other sites serving as the comparison sites. EPIC 'Ohana is the lead agency that has been hired to serve as the pilot site lead and the youth engagement lead positions. EPIC 'Ohana has assisted with training and will provide continued support to develop the pilot project.

In 2024, the QIC-EY team worked with CWSB and the HI H.O.P.E.S. Board in East Hawaii to launch a pilot of the Case Planning Circle, a model of permanency and case planning that is holistic in its scope, centers the young person ages 14-17, and meets the case planning requirements outlined in federal and state law. The goal is to implement this model statewide after the test pilot. Assessment and any necessary adjustments and approvals will be required to scale it statewide.

The new Case Planning Pilot was launched in East Hawaii in September 2024, in collaboration with EPIC' Ohana, CWSB, and the Judiciary. The Case Planning Circles were renamed as "Pilina Circles". "Pilina" means "relationship" in Hawaiian and highlights the goal of the circles to center around meaningful relationships and supports for the success and well-being of the youth.

Since the launch of Pilina Circles in September, the QIC-EY team has successfully conducted eight Pilina Visits (to meet and greet) and two Pilina

Circles, with an additional eight visits and four circles currently scheduled.

d. HI HOPES Match

As part of the Jim Casey (JC) Youth Opportunities Initiative (YOI) work, the JC YOI sites operate a fiscal matching program to enhance the financial capabilities of young people from foster care, ages 14-26, who have spent at least one day in foster care after their 14th birthday. The work encompasses financial literacy classes, partnerships with funders, and a financial institution. Hawaii's program is called HI HOPES Match. Jim Casey YOI has oversight, guidance, and support of their sites.

As of July 1, 2024, a total of 36 asset purchases have been processed, totaling \$84,804.26. The breakdown is as follows: eight Education, 12 Housing, nine Vehicle, four Investments, two Health, one Microenterprise, and one Participant-Specific. HI H.O.P.E.S. Match is looking to train 70 young people in the financial literacy training and in the program.

The HI H.O.P.E.S. boards look forward to the next year with hope and excitement, and an ongoing commitment to uplift youth voices and promote well-being. They will continue to strengthen and promote youth leadership, connect with youth, deepen relationships with CWSB and community partners, educate and advocate for issues that impact young people, and work with local and national stakeholders on efforts that impact policy and practice. Boards will work alongside CWSB to roll out the Pilina Circles statewide. They will be engaged in a wide range of impact areas, including but not limited to housing supports, ongoing efforts to increase peer support for youth in care. The CWSB partnership with youth boards has been critical for hearing youth perspectives and obtaining youth input.

7. National Youth in Transition Database

CWSB continues to collect youth data for NYTD surveys through the state-sponsored youth portal, ShakaTown. CWSB collaborates with EPIC 'Ohana programs, Independent Living Collaborator (ILC), and Youth Circles to locate and engage youth in each cohort for survey completion. 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 service providers has resulted in enhanced community support for the NYTD effort.

Hawaii excels in providing support services for young people transitioning out of care through its collaborations with contracted providers and community agencies, which are supported by Chafee, Title IV-E, and state dollars. CWSB is appreciative of

its partnership with SHAKA and EPIC 'Ohana. These collective efforts have facilitated the compilation of the required information from young people and providers. SHAKA gathers aggregate agency information from Independent Living (IL) providers who serve young people ages 12-26. EPIC 'Ohana conducts the NYTD surveys with young people cohorts, whether they are connected with providers. The administration of NYTD surveys continues to be a challenge for cohorts of 19- and 21-year-olds, with the primary challenge being maintaining contact with the young people.

In SFY 2024, 18 of the 32 (56%) youth in the 21-year-old follow-up group completed surveys as part of Cohort 4. Reasons why the other 14 youth (44%) did not complete the survey included:

- 2 declined the survey, and
- 12 could not be located.

Locating young people as they age and who are not connected to the DHS through an extended assistance program remains the greatest challenge. ILC, SHAKA staff, and CWSB continue to explore ways to capture data from more youth before they exit foster care at age 18. Search efforts include utilizing information from CWSB data systems, EPIC 'Ohana databases such as Youth Circle records, HI HOPES Match/Opportunity Passport, Family Finding search methods, and contacting known supporters, including family members, former resource caregivers, and case managers.

Contracted IL service providers partner with CWSB to ensure compliance with NYTD requirements. These providers assist by collecting and sharing data on NYTD elements and directly inputting data into SHAKA on individual services provided to youth. In 2024, there were 520 clients served during the first reporting period, and 471 clients were served in the second reporting period. These numbers have remained relatively consistent over the past decade.

CWSB's partnerships with the SHAKA technical and design team and EPIC 'Ohana have been vital to CWSB's ability to comply with NYTD requirements. Information received from NYTD surveys and other related data is used to inform CWSB and other partners about the experiences of foster youth and young adults in various areas, including homelessness, parenthood and parenting, education, and ethnic disparities.

NYTD data is shared and discussed with several partners, including ILC, Youth Circle staff, HI H.O.P.E.S. boards, and HI H.O.P.E.S. Community Partnership Hui. Summaries of collected data are also shared on DHS and SHAKA/ShakaTown

websites. NYTD data is also reviewed and compared to data collected from other sources, such as the Jim Casey Youth Opportunities Initiative Opportunities Passport survey and Imua Kākou. This exploration is done in collaboration with the ILC provider and HI H.O.P.E.S.

CWSB continually reviews its efforts and is always seeking ways to enhance transparency and collaboration. Several strategies that have been identified for possible future implementation for Cohorts 6 and 7 include, but are not limited to, the following:

- EPIC 'Ohana will attempt to enroll all NYTD survey respondents in the HI HOPES Match program after completing the baseline survey, which will provide participants with a matched savings account and promote more frequent contact to ensure updated information.
- EPIC 'Ohana will contact young people in NYTD cohorts during non-survey years to gather new information, assess whether youth could use help connecting to resources, and enhance engagement by providing youth with a gift card.
- EPIC 'Ohana will use ILC contract funds to provide small stipends to young people who participate in surveys, including short surveys to update contact information.

CWSB believes that through its ongoing collaborations and partnerships, the programs designed to serve youth, and young adults will continue to be revised and enhanced to improve outcomes for Hawaii's youth and young adults.

8. Youth-In-Court Facilitation Program

CWSB recognizes the importance of youth participation in their case plan and court. CWSB and the Family court strongly encourage youth to meet with their presiding judge virtually or in person as required by the Child Protective Services Act.

Since approximately March 2015, the Youth-in-Court facilitation program has provided orientations and support to youth who attend court hearings and conferences with their judge in their child welfare cases; this role is unique to Hawaii and perhaps in only one other state. The facilitator meets with youth in the court waiting area to distribute and review a brochure for youth regarding the CWSB court process, informing them that they can request a pre-hearing meeting to speak with the presiding judge, accompanied by their guardian ad litem (GAL). The brochure explains foster care, 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 facilitator also discusses the resources geared towards foster youth who may be planning for life

after foster care. The facilitator helps the youth prepare for the meeting with their judge, attends the court hearing if the youth requests it and is approved by the judge, and assists the youth in debriefing after the meeting.

The facilitator also meets with young adults in the Imua Kākou program to answer questions about their services and gather feedback on the young adults' court experiences. The facilitator continues to review the case files of older youth on Oahu to ensure they receive their vital documents and records upon attaining 18.

The Youth-in-Court facilitator is also part of the UH Law School team that has completed an educational booklet for youth in care who fall within the targeted age range of 2-6. This booklet is designed to serve as a tool to help youth understand what happens when they are taken into care and the role of the professionals involved in a child welfare case. The booklet, designed to be engaging by including activities to help guide the discussion, was circulated to Guardians Ad Litem (GALs) on Oahu and Maui and offered to GALs statewide to be read with the child during their visits, as deemed appropriate. The Youth-in-Court facilitator also reviews the book with age-appropriate children who attend court hearings. CWSB case workers have access to the booklet to use during their contacts with age-appropriate children in care.

The facilitator will continue to work with youth at court hearings and conferences with the judge, ensuring that youth have their vital records when they reach the age of 18.

SECTION X. RECENT HAWAII LEGISLATION

The first year of Hawaii's Thirty-Third Legislative session, the Legislature passed significant bills regarding continued recovery efforts of the 2023 Maui Wildfires, housing affordability in Hawaii by attempting to stabilize the homeowners and condominium insurance industry following the Hawaii and California wildfires, and a loan program to assist condominium boards address maintenance in response to the 2021 Surfside, Florida condominium collapse. The Legislature also passed a variety of bills that have a positive impact on the child welfare system including approving increased compensation rates for court appointed attorneys and Guardian Ad Litem in family court matters, enhancing criminal penalties for those who assault or threaten DHS protective services workers while in the course of their duties, requiring CWSB to report to the appropriate agency of the US Department of Defense (DOD) when a parent or caretaker is a member of the DOD. The Legislature also made the Safe Spaces pilot program a permanent program in the Office of Youth Services to continue efforts to provide Safe Spaces for youth and young adults at risk of or experiencing homelessness.

In other areas affecting children and families, the Legislature expanded the state funded Preschool Open Doors program to include two year olds, authorized free lunch for students attending Hawaii Department of Education schools with family income up to 300% of the federal poverty limit, modernized the State's parentage law, extended the statute of limitations for civil complaints regarding sex trafficking, and authorized a peer support program in the Department of Health for early childhood.

In the Executive Budget bill HB 300, the Legislature appropriated funds for: a shortage differential for child welfare workers to support the CWSB's recruitment and retention of workers, continued development of the Comprehensive Child Welfare Information System (CCWIS), increased support for victims of sex trafficking, and to continue the Family Resource Center pilot. However, due to projected revenue shortfalls, HB300 is on the Governor's veto list and budget appropriations are subject to line-item veto.

As of June 10, 2025, many bills are pending enacted into law, either by signature or without signature. The following is a table of the current Acts (note, the links are currently effective; however, they may not be effective at the end of the current biennium in 2026):

ACT	Bill number	Short Description		Title	Long Description	Status
20	HB111	Prostitution; Sexual Exploitation; Sex Trafficking; Civil Claims		RELATING TO SEX TRAFFICKING.	Authorizes civil claims to be made against a person, business, business owner, or business operator that profits from sexual exploitation or sex trafficking. Extends the statute of limitations for civil claims related to sexual exploitation or sex trafficking to ten years.	H 4/23/2025: Act 020, on 04/22/2025 (Gov. Msg. No. 1120).
139	SB1300 SD1 HD1 CD1	Department of Education; Meal Subsidies; Appropriations	(\$)	RELATING TO SCHOOL MEALS.	Beginning with the 2025-2026 school year, expands free school meal coverage to students who currently qualify for reduced-price lunch. Beginning with the 2026-2027 school year, expands free school meal coverage to students whose family income is not more than	H 5/30/2025: Act 139, on 05/30/2025 (Gov. Msg. No. 1239).

					three hundred per cent of the federal poverty level. Appropriates funds. (CD1)	
<u>142</u>	<u>HB1098</u> <u>HD1</u> <u>SD1</u> <u>CD1</u>	Department of Human Services; Threats; Physical Harm; Protective Services Workers		RELATING TO CRIMES AGAINST PROTECTIVE SERVICES WORKERS.	Specifies that intentionally or knowingly causing bodily injury to a protective services worker who is engaged in the performance of the worker's duties constitutes the class C felony offense of assault in the second degree. Clarifies that a protective services worker is a public servant for the purposes of terroristic threatening in the first degree. (CD1)	H 5/30/2025: Act 142, on 05/30/2025 (Gov. Msg. No. 1242).

The following table is of relevant bills effecting the budget, children and families or the child welfare services system that are pending veto, approval, either by signature or will become law without the governor's signature:

Bill number	Short Description		Bill Title	Long Description	Status
HB237 HD1 SD1 CD1	Peer-to-Peer Support Programs; Children; Families; Positions; Appropriation	(\$)	RELATING TO PEER SUPPORT PROGRAMS.	Appropriates funds for the Family Health Services Division of the Department of Health to establish and oversee peer-to-peer support programs for children from birth to age five and their families, including the establishment of program specialist positions. (CD1)	H 5/1/2025: Transmitted to Governor.
HB300 HD1 SD1 CD1	State Budget	(\$)	RELATING TO THE STATE BUDGET.	Appropriates funds for the operating and capital improvement budget of the Executive Branch for fiscal years 2025-2026 and 2026-2027. (CD1)	H 6/6/2025: Notice of intent to veto (Gov. Msg. No. 1301)
HB398 HD1 SD2 CD1	Judiciary Package; Family Courts; Court-Appointed Counsel; Guardians Ad Litem; Fees		RELATING TO COMPENSATION FOR COURT-APPOINTED REPRESENTATION .	Increases the rate of compensation and maximum allowable amounts per case for court-appointed counsel and guardians ad litem in family court proceedings. (CD1)	H 5/1/2025: Transmitted to Governor.

<u>HB613</u> <u>HD1 SD1</u> <u>CD1</u>	OYS; Safe Spaces for Youth Program; Homeless Youth and Young Adults; Shelter; Reports; Appropriation		RELATING TO HOMELESS YOUTH.	Makes the Safe Spaces for Youth Pilot Program permanent within the Office of Youth Services. Requires the program to collaborate with certain state and county departments. Authorizes the Office of Youth Services to contract with nonprofit organizations to provide shelters for homeless youth or young adults. Requires annual reports to the Legislature. Appropriates funds. (CD1)	H 5/1/2025: Transmitted to Governor.
<u>HB1001</u> <u>HD1 SD3</u> <u>CD1</u>	Maui Wildfires Settlement Trust Fund; Establishment; Appropriations	(§)	RELATING TO SETTLEMENT OF CLAIMS RELATED TO THE MAUI WILDFIRES.	Establishes the Maui Wildfires Settlement Trust Fund to be administered by the Attorney General. Appropriates funds to fund the settlement of claims related to the 2023 Maui wildfires. (CD1)	H 5/1/2025: Transmitted to Governor.
<u>SB951</u> <u>SD2 HD2</u> <u>CD1</u>	DHS; United States Military; United States Department of Defense; Child Protection; Child Abuse or Neglect; Mandatory Reporting		RELATING TO CHILD PROTECTION.	Requires mandatory written reports of child abuse or neglect to the Department of Human Services to include the military status of the child's parent or other persons responsible for the child's care, if	S 5/2/2025: Enrolled to Governor.

				known. Requires the Department of Human Services to inform the appropriate authority for the branch of the United States military when, upon receiving a report of child abuse or neglect, there is sufficient information to determine that the report involves a family where one of the parents, guardians, or alleged perpetrators is a member of an identifiable branch of the United States military. (CD1)	
<u>SB1044</u> <u>SD2 HD2</u> <u>CD1</u>	HPIA; HHRF; DBEDT; HGIA; Property Insurance; Hurricane Insurance Coverage; Condominiums; Condominium Loan Program; Condominium Loan Revolving Fund; Condominium Loan Loss Reserves Program; Community Development Financial Institutions; Reports; Reimbursable General Obligation Bonds;	(\$)	RELATING TO THE STABILIZATION OF PROPERTY INSURANCE.	Expands the powers of the Hawaii Property Insurance Association and reactivates the Hawaii Hurricane Relief Fund to help stabilize the property insurance market in the State. Establishes the Condominium Loan Program and the Condominium Loan Revolving Fund, to be administered by the Hawaii Green Infrastructure Authority on behalf of the Department of Business, Economic Development, and Tourism, for the	S 5/2/2025: Enrolled to Governor.

	Appropriations			<p>purpose of providing financing for essential repairs and deferred maintenance to condominium associations. Abolishes the Condominium Loan Revolving Fund on 6/30/2047. Establishes the Condominium Loan Loss Reserves Program to incentivize lenders to provide loans at competitive rates and terms to allow condominium associations to make necessary maintenance and repairs. Requires the Insurance Commissioner to conduct a study to develop long-term solutions to help stabilize the property insurance market in the State. Requires reports to the Legislature. Authorizes the issuance of reimbursable general obligation bonds to facilitate the initial issuance of policies to condominium associations. Appropriates funds. (CD1)</p>	
--	----------------	--	--	--	--

<u>SB1231</u> <u>SD1 HD1</u>	Uniform Parentage Act		RELATING TO PARENTAGE.	Repeals the Uniform Parentage Act of 1973 and updates laws relating to parentage, including enacting portions of the Uniform Parentage Act of 2017. (HD1)	S 4/16/2025: Enrolled to Governor.
---	-----------------------	--	------------------------	---	---------------------------------------

SECTION XI. PAYMENT LIMITATIONS – TITLE IV-B

A. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART I

1. In the past, the State of Hawaii has not used Title IV-B, Subpart 1 funds for 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, 2025, the State had not expended Title IV-B, Subpart 1 funds for childcare, foster care maintenance, or adoption assistance payments in FFY 2024.
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, 2025, 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 2025.
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 2021 – 2025*, for the comparison between the Title IV-B, Subpart I funding and expenditures for FFY 2005, FFY 2021, FFY 2022, FFY 2023, FFY 2024, and the planned expenditures for FFY 2025 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, CFC-101, Parts I and II.

B. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART II

1992

The base 1992 amount of State and local share expenditures for the purposes of title IV- B, subpart 2 was \$5,258,623.

FFY 2023

For FFY 2023, the actual expenditures for title IV-B, subpart 2 in federal funds was \$498,780.

FFY 2026

As a result of the revised statutory definitions of family support and family reunification, Hawaii does not plan to make changes in its use of Title IV-B, Subpart 2 funds, nor does

Hawaii plan to change its service array. The percentage of funds for each services category approximates at least 20% of the total grant. The funds allocated to each service category include only funds for service delivery. No funds are being requested or allocated for planning, service coordination, or administration. See the Data Booklet, Figure 130: Title IV-B-2 Service Categories and FFY 2026 Funding for information on Hawaii's use of title IV-B, subpart 2 for FFY 2026.

C. EDUCATION AND TRAINING VOUCHERS (ETV)

Please see Attachment D.

D. CFS-101

Please see Attachment B.

E. FFPSA TRANSITION AND CERTAINTY FUNDS

FFPSA Transition Funds

The State of Hawaii was awarded \$1,955,441 in FFPSA Transition Grant funding to support the implementation of Family First Hawaii (FFH). These funds were fully expended across Federal Fiscal Years (FFY) 2022 through 2024. The Transition Funds supported initial implementation activities, particularly in service provision and evaluation. Expenditures by year are as follows:

- **FFY 2022**
A total of \$1,347,933.80 was expended to partially fund two FFH contracts:
 - Home Visiting Services (HVS) contract, which implements the Parents As Teachers (PAT) and Healthy Families America (HFA) evidence-based parenting models. These services serve families with children ages 0 to 5 at risk of child abuse and neglect and aim to strengthen parent-child relationships, promote healthy child development, and enhance protective factors.
 - FFPSA FFH Evaluation contract with the University of Hawaii, Center on the Family, which monitors implementation progress, service delivery, and program outcomes.
- **FFY 2023**
An additional \$259,645.90 was expended to continue support for the HVS and FFPSA FFH Evaluation contracts.
- **FFY 2024**
The remaining balance of \$7,759.34 was fully expended on July 23, 2024, for the FFPSA FFH Evaluation contract.

Sustained funding for the FFPSA FFH Evaluation contract is now supported through a combination of general funds and Certainty Funds, while the HVS contract is now supported by Certainty Funds and TANF Pure Funds. These transitions have ensured continued operation of critical FFH services without disruption.

FFPSA Certainty Funds

The State of Hawaii was awarded a total of \$8,269,417 in FFPSA Certainty Funds to support expansion of direct prevention services for children and families at imminent risk of foster care placement. These funds are utilized to implement services aligned with FFH's mission of keeping children and families together. Certainty Funds expenditures by Federal Fiscal Year are as follows:

- FFY 2023 - A total of \$2,537,616.92 was expended to support:
 - Intensive Home-Based Services (IHBS) contracts for East Hawaii, Maui, and Kauai using the HOMEBUILDERS model, an evidence-based intensive family preservation program that stabilizes crises, prevents child removals, and supports reunification.
 - 'Ohana Conferences are family-centered, solution-focused meetings that brings together families, natural supports, service providers, and CWS staff to collaboratively develop strengths-based family service plans.
 - Home Visiting Services, described above under Transition Funds.
- FFY 2024
 - A total of \$2,188,552.82 was expended to continue supporting Intensive Home-Based Services for East Hawaii, Maui, and Kauai, as well as Home Visiting Services and Ohana Conferencing.
- FFY 2025 (as of February 2025)
 - As of February 2025, a total of \$1,317,061.69 was expended to support FFH-aligned services.
 - A further breakdown of these expenditures are as follows:
 - \$982,846.03 for IHBS and HVS contracts.
 - \$205,544.98 for the FFPSA FFH Evaluation contract, described under Transition Funds.
 - \$128,670.68 for FFH Parent Partner Support Services and associated Concrete Supports/Flex Funds through the Family Wrap Services contract.

The FFH Parent Partner Support Services pilot project provides peer mentoring and system navigation for child welfare-involved parents. The pilot offers early-onset, short-term support from trained parents with lived experience to help strengthen engagement, facilitate service connection, prevent foster care placement, and promote timely reunification. Please refer to Section II.E Interventions and Strategies, FFH Overview for

more detail on FFH Parent Partner Support Services.

Sustainability and Transition Plan

CWS is committed to ensuring long-term sustainability of all FFH services initially supported by the Transition and Certainty Funds. The State plans to fully expend Certainty Funds by its lapse date of September 30, 2026, and is actively transitioning services to stable, long-term funding sources. Funding plans for continuity of services include:

- Home Visiting Services have and will utilize TANF Pure Funds.
- IHBS HOMEBUILDERS have and will access various sources such as TANF Transfer Funds, General Funds, and Title IV-B2 Case Worker Visit Funds.
- The FFPSA FFH Evaluation contract will be sustained by general funds.
- CWS will explore the possible use of general funds and TANF Transfer Funds to continue FFH Parent Partner Support Services.

The FFPSA Transition and Certainty Funds have provided essential support in enhancing FFH implementation and services. FFH services will be sustained using other Federal and State sources. CWS will continue to assess the effectiveness and funding needs of each FFH service and explore additional cost-sharing and braided funding to support long-term operations.

F. MONTHLY CASEWORKER VISIT FORMULA GRANT

As of May 7, 2025, Hawaii had spent \$17,075 of this grant. An additional \$51,942 of the grant will be expended by September 30, 2025. This money is paying for contracted assistance for caseworker visits on the island of Kauai to ensure that children in foster care are receiving monthly visits, particularly in situations where CWSB caseworkers have high caseloads. These visits help to ensure the child's physical and mental health and general wellbeing. During these face-to-face visits, the contracted caseworkers:

- complete child safety assessments,
- check on children's physical and mental health needs,
- discuss children's social and educational issues,
- ensure children are having regular contact with parents, siblings, and other key relatives, and
- make necessary referrals to services.

Hawaii plans to continue use of contracted caseworker visits in the next year and anticipates using all of the Monthly Caseworker Visit Formula Grant funds for this purpose.

G. COOP

1. Most Recent Disaster and Plan Updates

In May 2024, Hawaii updated its CWS Continuity of Operations Plan (COOP) to better address the wildfires which devastated Lahaina on Maui Island. Hawaii submitted its updated plan with its FFY 2025 APSR.

2. Current Situation

Since Hawaii's last APSR submission in June 2024, Hawaii has not experienced any disasters that required the use of the COOP. Hawaii is not submitting its COOP with this year's APSR, as there have been no changes since the May 2024 version.

H. FOSTER AND ADOPTIVE PARENT DILIGENT RECRUITMENT PLAN

Please see Attachment G for the details of the updated Diligent Recruitment Plan.

I. HEALTH CARE OVERSIGHT AND COORDINATION PLAN

There have been no changes to the Health Care Oversight and Coordination Plan during the last fiscal year. CWSB continues to collaborate with Med-QUEST on improving health outcomes for children in foster care. CWS meets monthly with Med-QUEST and their health plans to assist resource caregivers in setting up their comprehensive health exams or EPSDT visit for foster children that come into foster care to ensure this happens within 45 days. During these meetings, the health plans have also provided presentations on care coordination for children with special health and medical needs and there have been discussions regarding other services that are provided by the health plans along with Med-QUEST and their partners to support improving health outcomes for foster children

Hawai'i Department of Human Services Med-QUEST Division

CWSB partners closely with the Hawai'i Department of Human Services Med-QUEST Division (MQD) that administers Medicaid for all children in foster care. Following the federal Affordable Care Act, Hawai'i's MQD health coverage automatically extends to age 26 for youth who emancipate from foster care. CWSB's ongoing partnership with MQD keeps foster care referrals and enrollment running smoothly and allows related problems to be resolved quickly.

CWSB appreciates its partnership with DHS Med-QUEST Division (MQD) in assisting CWSB staff understand COVID-19 implications and guidance throughout the pandemic. Ongoing collaboration with MQD has Hawai'i 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 partners with MQD through shared data to ensure children in foster care receive federally required comprehensive health assessments, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) and any recommended services based on these assessments.

In 2022 MQD and CWS participated in a pilot project that was coordinated with the assistance of Mathematica. The goal of the project was to improve health care outcomes for children in foster care. The pilot was time limited and involved collaboration between other state CWS systems and r Medicaid systems. This work included presentations and learning sessions. The pilot has since ended, and the partnership continues between MQD and CWS a through monthly meetings.

The project enhanced collaboration between CWSB and MQD working together to achieve the shared outcome of timely access to comprehensive health exams and later improving access to needed health care services for children in foster care.

Through this partnership, CWSB and MQD identified opportunities to enhance data and system utilization and documentation to track children in foster care receiving Medicaid services including pre-placement and comprehensive exams. CWSB is working to implement a new CCWIS system that may further improve identification and service tracking and utilization.

In addition, the importance of including the health plans in the collaboration was identified, which started with one then two, then three, until all five health plans were participating in the work and in meetings together with CWBS and MQD. As part of the work together, the health plans presented on how to access comprehensive evaluations and care coordination through the health plan. While the pilot phase has ended, CWSB, MDQ, and the health plans continue to meet and developed procedures to enhance collaboration to provide health services to children in foster care.

Many foster children have complex needs and require care coordination through MQD and the health plan that provide Medicaid services. The hope is that these partnerships and procedures can be made official in terms of our work with MQD to improve health outcomes for children in foster care.

Hawai'i Department of Health - Child and Adolescent Mental Health Division

CWSB continues to strengthen its partnership with the Hawai'i Child and Adolescent Mental Health Division (CAMHD) agency that administers Medicaid's mental health

Hawaii APSR FFY 2026
June 26, 2025; Revised August 8, 2025

services for children with higher needs through regular meetings to identify needs and services and collaborate in real-time to serve children with complex needs. These meetings help to identify strengths and challenges on both a statewide and local level. These collaborations are also described in item 31. MQD is also included in these collaborations as the Medicaid state agency to help assist with the coordination of medical and mental health services. CWSB meets regularly with statewide and local geographic partners to discuss the needs of children in general and individually when necessary.

Through this partnership, CWSB worked with the CAMHD to discuss needs and developed a service that utilizes shared funding streams to support children in crises. CWSB has been a data contributor to a shared report to look at the needs of children served by multiple systems, including the Department of Health, Department of Education, CWSB, and the Judiciary. CWSB is a regular partner with CAMHD on the implementation of Substance Abuse and Mental Health Services Administration (SAMHSA) grants that are awarded to CAMHD. Recently, as part of a SAMHSA grant called Data to Wisdom, CWSB provided data on the mental health services for children in foster care provided by CWSB. Other agencies, including the CAMHD, provided data with the goal of looking at the needs, services, and financing to provide a robust service array for children.

CWSB is also working with CAMHD to meet the needs of children involved with CWS. Recently, CAMHD has provided the PC Cares service that supports parents/caregivers to meet the needs to children in the home. Some children in foster care have received this supportive service through CAMHD.

ATTACHMENTS

- A. DATA BOOKLET**
- B. CFS 101, PART I, II, AND III**
- C. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER**
- D. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS**
- E. SDO TRAINING WORK PLAN**
- F. HEALTH CARE AND OVERSIGHT PLAN**
- G. DILIGENT RECRUITMENT PLAN**