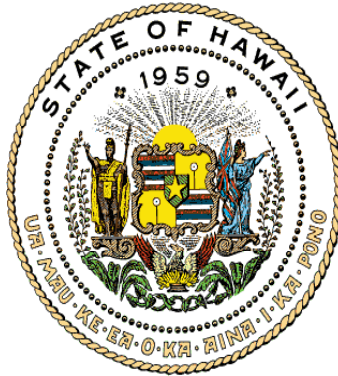
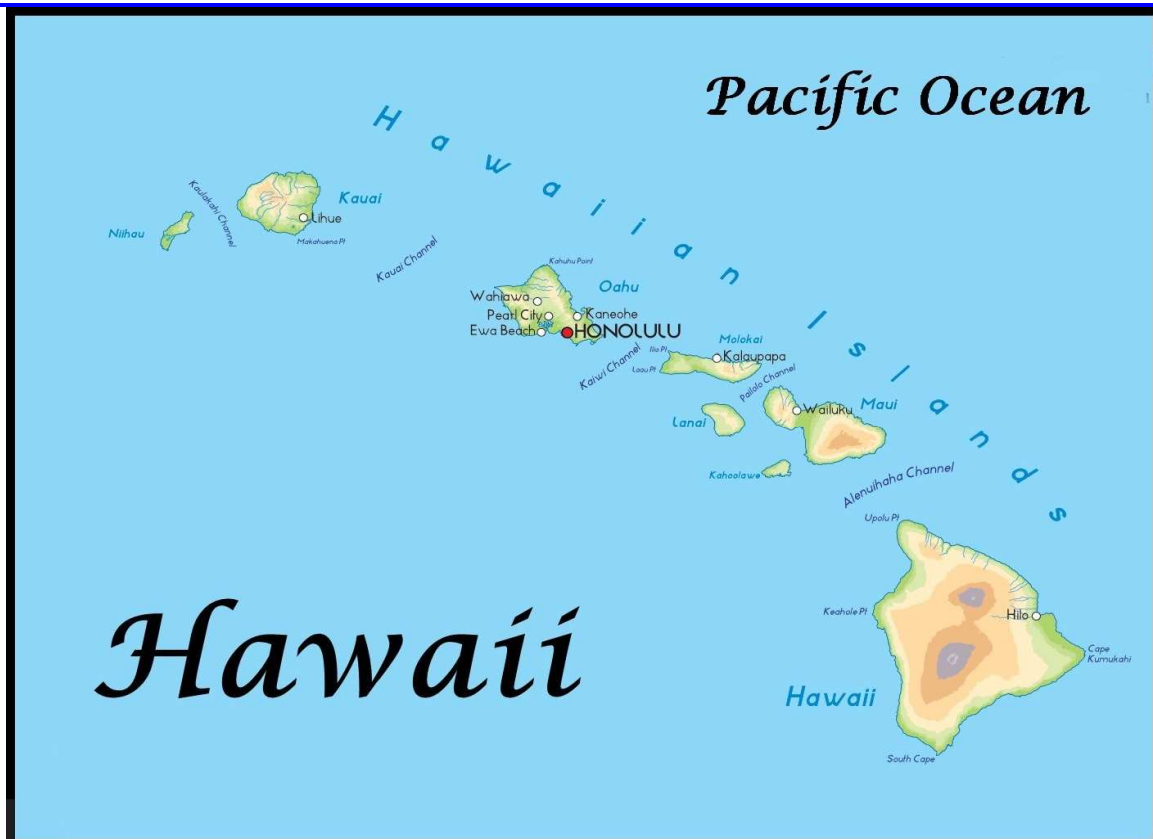


State of Hawaii
Department of Human Services
Social Services Division
Child Welfare Services Branch



Federal Fiscal Year 2018
ANNUAL PROGRESS AND SERVICES REPORT
(APSR)



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ACRONYMS & ABBREVIATIONS

ACA	Affordable Care Act (federal)
ACF	Administration for Children and Families
AFCARS	Adoption and Foster Care Analysis and Reporting System
AIP	AFCARS Improvement Plan
ANI	Area in Need of Improvement
APPLA	Another Planned Permanent Living Arrangement
APRN	Advanced Practice Registered Nurse
APSR	Annual Progress Services Report
AQCRO	Audit, Quality Control and Research Office
CAMHD	Department of Health, Child and Adolescent Mental Health Division
CANS	Child and Adolescent Needs and Strengths
CA/N	Child Abuse and Neglect
CAPTA	Child Abuse Prevention and Treatment Act
CARA	Comprehensive Addiction and Recovery Act of 2016
CASA	Court-Appointed Special Advocate
CBC	Capacity Building Center for States
CCH	Catholic Charities Hawaii
CCSS	Comprehensive Counseling and Support Services
CCWIS	Comprehensive Child Welfare Information System
CFSP	Child and Family Services Plan
CFSR	Child and Family Services Review (case review system)
CIP	Court Improvement Program
CL	Community Liaisons
COPE	Committee on Projections and Expenditures
CPR	Cardiopulmonary Resuscitation
CPSS	Child Protective Service System (DHS' computer database system)
CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CRT	Crisis Response Team
CWSB	Child Welfare Services Branch
DAG	Deputy Attorney General
DHS	Department of Human Services
DOE	Department of Education
DOH	Department of Health
DRS	Differential Response System
DV	Domestic Violence
EPSDT	Early and Periodic Screening, Diagnostic and Treatment
ETV	Education and Training Vouchers
FAP	Family Advocacy Program
FASD	Fetal Alcohol Spectrum Disorder
FCTC	Foster Care Training Committee
FFY	Federal Fiscal Year
FL	Family Liaisons
FPH	Family Programs Hawaii (social service agency)
FPPEU	Federal Payment Programs Eligibility Unit
FSP	Family Service Plan
FSS	Family Strengthening Services (a program of Hawaii's Differential Response System)

FYS COP	Foundations for Youth Success Community of Practice
GAL	Guardian Ad Litem
HANAI	Hawaii Assures Nurturing and Involvement (resource caregiver training)
HAR	Hawaii Administrative Rule
HCAHT	Hawaii Coalition Against Human Trafficking
HCF	Hawaii Community Foundation
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement Project
HE	Higher Education
HEC	Hawaii Employers Council
HHDW	Hawaii Health Data Warehouse
HI H.O.P.E.S.	Hawaii Helping Our People Envision Success (current and former foster youth organization)
HIPPA	Health Insurance Portability and Accountability Act of 1996
HPD	Honolulu Police Department
HRS	Hawaii Revised Statutes
HUD	Housing and Urban Development
HVS	Home Visiting Services
HYCF	Hawaii Youth Correctional Facility
HYOI	Hawaii Youth Opportunities Initiative
HYSN	Hawaii Youth Services Network
ICF	Internal Communication Form
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IHBS	Intensive Home-Based Services
IK	Imua Kakou
IL	Independent Living
ILC	Independent Living Collaborator
ILP	Independent Living Program
IPP	Individualized Program Plan
IVAT	Institute on Violence and Trauma (conference)
ITAO	It Takes an Ohana (resource caregiver organization)
JJIS	Juvenile Justice Information System
LGBTQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning
LT	Liliuokalani Trust
MICU	Management Information and Compliance Unit
MLT	Management Leadership Team
MEDQUEST	State of Hawaii Health Insurance
MQD	MedQUEST Division
MSO	Management Services Office
MST	Multi-Systemic Therapy
MSW	Masters in Social Work (graduate degree)
NCANDS	National Child Abuse and Neglect Data System
NCMEC	National Center for Missing and Exploited Children
NYTD	National Youth in Transition Database
OC	Ohana Conferencing
OMS	Online Monitoring System
OYS	Office of Youth Services
PAS	Performance Appraisal System
PD	Program Development

PDO	Program Development Office
PFC	Project First Care
PFF	Pono for Families
PIDF	Partners in Development Foundation (social service agency)
PIP	Program Improvement Plan
POS	Purchase of Service & Grants Management Unit
PUR	Period Under Review
QA	Quality Assurance
QAR	Quarterly Activity Report
RFI	Request for Information
RIF	Reduction in Force (workforce layoffs)
SFHR	Safe Family Home Report
SFY	State Fiscal Year
SHAKA	State of Hawaii Automated Keiki Assistance (computer database system)
SNAP	Supplemental Nutrition Assistance Program (federal)
SPAW	Safety, Permanency and Well-being Roundtables
SPC	Strategic Planning Committee
SRF	Statewide Resource Families
SSD	Social Services Division
TPR	Termination of Parental Rights
T/TA	Training and Technical Assistance
UH	University of Hawaii
UHMC	University of Hawaii, Maui College
VCM	Voluntary Case Management (a program of Hawaii's Differential Response System)
WIC	Women, Infants, and Children (federal financial assistance)
WRAP	Family Wrap Hawaii
WWK	Wendy's Wonderful Kids
ZTT	Zero to Three (Ages 0-3)

SECTION I. STATE AGENCY UPDATES AND CHANGES

A. CHANGES TO AGENCY PRIORITIES

Department of Human Services (DHS) Child Welfare Services Branch (CWSB) current priorities include:

1. Managing and sustaining the Title IV-E Waiver Demonstration Project (2015 – 2019), including reinvesting savings and planning for the transition when the Waiver ends;
2. Building a new Comprehensive Child Welfare Information System (CCWIS) by 2020;
3. Supporting the Continuous Quality Improvement (CQI) system through the Child and Family Services Review (CFSR) Round 3;
4. Integrating, coordinating, and enhancing our Extended Care to 21 Program and Independent Living Programs (2015 – 2019);
5. Strengthening the management and compliance with federal grants requirements through a Social Services Division (SSD) reorganization, and technical assistance through the Capacity Building Center for States; and
6. Introducing and integrating into practice the Ohana Nui framework.

In addition to the above, DHS is in the process of completing three program improvement plans: 1) Adoption and Foster Care Analysis and Reporting System (AFCARS) Assessment Review Improvement Plan; 2) Child Abuse Prevention and Treatment Act (CAPTA) Initial Contact Improvement Plan; and 3) P.L. 113-183, Preventing Sex Trafficking and Strengthening Families Act Program Improvement Plan. Please see *Section VIII. J. Continuous Growth* for recent progress in completing these plans.

The mandatory supervisor training and enhancing and sustaining the Extended Care to 21 Program (Imua Kakou) and CWSB Independent Living Programs are now well established in CWSB practice.

In June 2016, after nine months of sessions, all supervisors, Section Administrators, and CWSB Administrators completed the newly-developed supervisor training. Their feedback has been used to enhance that curriculum and to prepare another curriculum for new CWSB supervisors. CWSB added funding to the CQI contract for hiring a full-time supervisor coach and trainer who will maintain and enhance the supervisor training program. The development of this training was an action step of the Pono for Families (PFF) Organizational Empowerment Hui.

Ohana Nui, which translates from the Hawaiian language to “extended family” in English, is Hawaii’s version of the United States mainland Two-Generation Model. The name Ohana Nui was developed and chosen by Hawaii’s foster youth. The program is Hawaii’s approach to delivering human services that focuses early and concurrently on whole families, which often includes more than two generations of family members.

B. UPDATES AND CHANGES TO AGENCY ORGANIZATION

DHS Social Services Division (SSD) developed a reorganization plan to move CWSB Program Development Office (PDO) from CWSB to SSD. The plan, which was approved during the most recent legislative session, is designed to strengthen and support CWSB in meeting its organizational and programmatic requirements and to implement best practices in the child welfare field. Continued collaboration will be maintained between CWSB staff and CWSB PDO through regularly scheduled meetings and staff participation in PDO workgroups.

The reorganization of CWSB is in the primary stages of development. Once it is finalized and an organizational chart is completed, CWSB will share it with the Region.

C. TARGETED PLANS

No changes were made in SFY 2017/FFY 2017 to the following Targeted Plans in the 2015-2019 CFSP:

1. Foster and Adoptive Parent Diligent Recruitment Plan
2. Health Care Oversight and Coordination Plan
3. Disaster Plan

The Training Plan has been amended to include training for judges and others, pursuant to Section 474(a)(3)(B) of the Social Security Act, in case reviews and case planning. See Attachment H.

D. CHILD WELFARE WORKFORCE

As of May 2017, CWSB has 403 funded positions, 306 employees (76% of funded positions), and 97 position vacancies. The total number of funded positions in CWSB changes from year to year due to budget allocations, positions moved out of Branch to fill other Division needs, hiring freezes, and positions abolished due to a reduction in force (RIF). DHS continues to fill open positions, but the 2009-2010 RIF has had lasting negative consequences.

SECTION II. CWSB STRATEGIC PLANNING

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

1. Hawaii's CFSP and CFSR

Hawaii's 2015 – 2019 CFSP is a strategic plan that describes Hawaii's vision for its child welfare system and the goals that must be accomplished to actualize that vision. A primary goal of the CFSP is to facilitate the integration of programs that serve children and families into a continuum of services for children and families from prevention and protection through permanency.

CWSB integrated the Child and Family Services Review (CFSR) process and the Annual Progress and Services Report (APSR) because most of Hawaii's APSR outcomes and goals match those used to determine the quality of performance in the CFSR. The target percentage for all CFSR goals is a long-range goal that targets a very high standard of practice. In the APSR, the percentages listed under each CFSR Item are the statewide averages from Hawaii's onsite quality case reviews. The percentages indicate how many cases had this item rated as a strength out of all the cases reviewed to which the item applied. The onsite case reviews are modeled after the federal CFSR.

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

The APSR is an annual report on the progress made toward accomplishing the goals and objectives of the CFSP. Due to the amount of time it takes for state data to be made available for analysis, this APSR will discuss data on activities and services provided in state fiscal year 2016. However, the focus of this APSR is specifically on programs, services, and activities provided in federal fiscal year 2017 and planned programs, services, and activities for federal fiscal year 2018.

This document provides information on services and activities provided since the submission of the 2017 APSR and those to be provided after the submission of this 2018 APSR. Fiscal year references in this report mean the following:

- SFY 2016 = July 1, 2015 – June 30, 2016
- FFY 2017 = October 1, 2016 – September 30, 2017
- FFY 2018 = October 1, 2017 – September 30, 2018

This APSR provides data from SFY 2016 data (July 1, 2015 through June 30, 2016). Where possible, the most recent data is included (including from Case Reviews and federal reports).

B. DATA

1. Data Sources

- a. Case reviews: See Section VI (Systemic Factors)
- b. Federal data sources that consolidate and corroborate local data, including:
 - 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 Section VI (Systemic Factors)

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

- i. Child Protective Services System (CPSS)

CWSB electronic database, CPSS, contains information for required federal reports, such as AFCARS and NCANDS.
- ii. State of Hawaii Automated Keiki Assistance (SHAKA)

SHAKA is an internet-based database. Originally envisioned as the replacement for CPSS, it is now a user friendly interface with CPSS for selected functions as well as the primary database for NYTD, Education and Training Vouchers (ETV), higher education benefits, and Imua Kakou.
- d. DHS Management Services Office (MSO)

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

2. Data Booklet

The Data Booklet for the Hawaii FFY 2018 APSR (Data Booklet), included as Attachment C, compiles the tables and charts formerly included in the body of reports for prior years. Reference will be made throughout this report to figures in the Data Booklet, which will provide additional supporting information on specific topics.

C. COLLABORATION ON CFSP/APSR

Our collaboration process and partners in developing the CFSP/APSR has not changed since the last APSR submission (FFY 2017). Information and updates on activities provided since the last APSR submission to continue engagement in substantial, ongoing, and meaningful collaboration in the implementation of the CFSP/APSR is provided throughout the APSR. Particularly, CWSB's CQI Council was integral in the development and review of the service array section of this APSR. Also, refer to *Section VI. Systemic Factors, F. Agency Responsiveness to the Community* below.

D. CWSB PROGRAM ASSESSMENT

The process and framework for conducting program assessments has not changed since the APSR FFY 2017 submission. Updated information on how stakeholders and partners were involved in assessing the State's performance towards meeting the goals of the CFSP/APSR is provided throughout the APSR.

E. INTERVENTIONS & STRATEGIES

1. Interventions

CWSB has developed interventions and strategies that focus on safety, permanency, well-being, family engagement, youth transition, and a wide array of services that promote successful outcomes. These interventions are described in Section III (Programs Promoting Safety), Section IV (Programs Supporting Permanency), Section V (Family Engagement and Child Well-Being), Section VI (Systemic Factors), VII (Program Support), Section VIII (Child Abuse Prevention and Treatment Act (CAPTA) Progress and Report on State Plan), and Section IX (Chafee Foster Care Independence Program, Education and Training Vouchers, and Extended Foster Care and Extended Assistance).

Consistent with CWSB's Family Partnership and Engagement Practice Model, all interventions are:

- 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 local community;
- d. Culturally sensitive;
- e. Respectful of family lifestyles, dynamics, and choices;
- f. Undertaken in a spirit of partnership and collaboration with all parties committed to strengthening the capacity of families to make healthy choices for the safety and well-being of their children; and

- g. Developed with the family in a manner that nurtures, enhances, and sustains their community supports.

2. Strategies

The strategies CWSB uses to achieve its goals rely on:

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

Pono for Families is an agency project that focuses on four key areas where policy and practice improvements can better empower families to safely care for their own children, or if they are unable to do so, to engage other family members to provide a safe and permanent home. These four key areas and Hawaii's plans for each are summarized below.

- a. Assessment: Develop CWSB staff capacity to engage and empower family at the initial contact, engage with the family so that the family is fully involved in conducting the safety and risk assessment, and where necessary, create a safety intervention based upon the safety and risk assessment.
- b. Enhancement: Develop clear expectations and standards for removals and placements. Provide training for CWSB workers on best practices to lessen the trauma of removal, including a strong focus on attachment, separation, and loss.
- c. Engagement: Enhance skill and experience in family driven practice. Provide interactive training on family driven practice to caseworkers and supervisors across the life of the case.
- d. Permanency: Enhance concurrent planning as a family-driven, full-disclosure strategy to identify and prepare a permanency resource while continuing efforts towards reunification. Provide co-training for CWSB and EPIC staff on relevant skills with the expectation that discussions regarding concurrent planning will occur in an Ohana Conference unless contraindicated. Develop a standard that it will be the ohana (parents, extended family hanai, resource family, and foster family) that

decides who will be the permanency resource if reunification is not possible. Identify what it will take to make this a reality, i.e., what will need to occur and by when?

3. Child Welfare Title IV-E Waiver Demonstration Activities

a. Overview

Two years have passed since the implementation of the Hawaii IV-E Waiver Project. CWSB observed many accomplishments and successes to celebrate. The Waiver Project leadership, including CWSB staff and providers, continued engaging social workers and community partners to implement the Waiver intervention models. The Waiver Project leadership continued monitoring any practice change on the new or modified policies and procedures due to the Waiver implementation. As expected, progress has been slow for the changes to take place and become rooted. The Waiver Project leadership, along with implementation leaders, faced challenges in implementing all interventions with fidelity; however, CWSB leadership has begun to observe the Waiver interventions taking root and being seen as “business as usual” rather than as “one more thing to do.” While there are still improvements to make with regard to CWSB practice, intervention models, and outcomes of children and families, CWSB is committed to continuing the Waiver efforts and making the Waiver demonstration interventions available to more children and families during and after the Waiver Project.

Hawaii’s demonstration project has two primary goals: (1) reducing unnecessary entry into foster care and (2) reducing the length of time children spend in foster care.

CWSB estimated that a total of 3,441 families, including 4,885 children, would be offered Waiver-funded services over the course of the five-year demonstration project (2015-2019). From February 1, 2015 to June 30, 2016, 487 families, including 986 children, were offered Waiver-funded services. Crisis Response Team (CRT), Intensive Home-Based Services (IHBS), Wrap, and Safety, Permanency and Well-Being Roundtables (SPAW) have been in operation on Hawaii Island since the end of October 2015.

During federal fiscal year 2016, CWSB’s Administrator and the Waiver Project Manager continued to conduct staff and community outreach presentations in Waiver participation sites. In addition, a team of CWSB staff and Waiver service providers held meetings on Oahu and Hawaii Island to provide an overview of the Waiver Project, its interventions, and expectations of CWSB staff. They also answered questions from the staff and community partners. A team of CWSB staff also informed local hospitals and law enforcement about the Waiver Project and, in

particular, how CRT may respond to hospital referred cases using CRT eligibility criteria.

Federal fiscal year 2017 accomplishments and activities of the four major innovations for the Waiver project, as reported in the Semi-Annual Progress Report 4, dated January 30, 2017, include:

i. Crisis Response Team (CRT)

For the period, July 1, 2016 - December 31, 2016, CRT has served families of 1,435 children. Of these children, 623 children were maintained in the family home.

Across the entire Waiver Demonstration from February 1, 2015 through December 31, 2016, CRT on the two islands served a total of 707 families involving 1435 children. Of the 1,435 children the CRT served, 43.5% (n=623) of the children were prevented from entering into the foster care system while 56.5% (n=812) of the children were referred to CWSB for further investigation and/or removal.

ii. Intensive Home-Based Services (IHBS)

For the period, July 1, 2016 - December 31, 2016, 64 families, including 120 children, participated in IHBS programs on Oahu and Hawaii Island. Of the families referred for services, 84% (n=120) of the families accepted services. Upon completion of these services, families were either referred to a differential response service for further monitoring or their cases were closed. CRT and IHBS keep track of these families to collect data on longer term outcomes.

iii. Wrap

For the period, July 1, 2016 - December 31, 2016, 93 children from 38 families were referred for Wrap services to expedite permanency through reunification by addressing barriers to reunification. Of these 93 children, 34 children were reunified with their families.

iv. Safety Permanency, and Well-Being Roundtables (SPAW)

For the period, July 1, 2016 - December 31, 2016, 42 foster youth were involved in SPAW. Of these youth, ten foster youth achieved permanency through adoption, guardianship, and reunification.

SPAW referrals from Oahu CWSB units continue to be low. The service provider for SPAW hired a program manager, two facilitators, and a coordinator/recorder. They are working with CWSB staff for case referrals and meeting scheduling. As the Waiver Project Manager visits project sites and has candid discussions with unit supervisors, the Waiver leadership is hopeful that underlying issues will be unpacked further by directly engaging with the field staff and problem-solve to improve the referral process.

For further details please refer to:

- *Section VII. Program Support, B. Strategic Planning Committee, 3. Child Welfare Waiver Demonstration Activities (Title IV-E Waiver Demonstration Project), and*
- The attached “Child Welfare Title IV-E Waiver Demonstration Semi-Annual Progress Report 4, July 1, 2016 – December 31, 2016, dated January 30, 2017.”

b. Evaluation

Great progress has been made to gather and analyze Waiver data thanks to the Waiver Project evaluators from the University of Hawaii Center on the Family. Matching cases between the two CWSB databases has been the major challenge for the evaluators in their effort to extract accurate data; CWSB leadership, including the Waiver Project Manager, continues to work with the evaluators and system programmers to make improvements in this area.

Inconsistent and untimely entry of data needed for the Waiver evaluation is also a concern. During site visits and workgroup discussions, communication breakdown was uncovered as a barrier to timely and accurate data. The Waiver Project Manager is working with section administrators and supervisors to improve communication within CWSB and with providers.

c. Future Plans

The evaluation process for the Waiver interventions has encountered a recurrent concern about the timeliness and accuracy of data being entered into CPSS and SHAKA. The plan to address this concern includes:

- Ongoing Waiver intervention training to embed these interventions into regular service array;

- Site visits to Waiver sections and units to engage with staff (and community partners);
- Workgroup meetings for further improvement and troubleshooting; and
- Provider meetings to enhance collaboration and partnership.

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

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

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

B. PERFORMANCE ASSESSMENT

This section describes how performance on two CFSR safety outcomes is assessed.

1. Safety Outcome 1

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

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

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

2. Safety Outcome 2

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

The assessment of Safety Outcome 2 includes two CFSR items:

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

C. CHILD MALTREATMENT REPORTS AND DISPOSITION STATEWIDE

This section of the APSR relates to calls that are received by CWSB Statewide Intake Hotline. Data Booklet, Figure 1: Statewide Intake Hotline Calls summarizes information about the types of calls received by the Statewide Intake Hotline for SFY 2013 through SFY 2016. “No Intervention Required” calls include requests for information and those that did not meet criteria for CWSB intervention. “Assigned for Intervention” calls are calls deemed appropriate for some level of intervention and assigned to CWSB or DRS (VCM or FSS) for action. Although there has been fluctuation in the total number of calls received, the percentage of calls assigned for further action has remained relatively stable at approximately 20% [±2%].

In addition to Data Booklet, Figure 1, refer to Data Booklet, Figure 2: Intakes Assigned to CWSB & DRS for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation, VCM, or FSS. The number of calls declined by 5% from SFY 2015 (23,999) to SFY 2016 (22,767). The number of calls assigned for intervention has decreased 4% from SFY 2015 (5,283) to SFY 2016 (5,075).

Refer to Data Booklet, Figure 3: Percentage of Intakes Assigned to CWSB & DRS to review the percentage of cases assigned to CWSB and DRS for action from SFY 2013. The number of hotline calls assigned for CWSB investigation decreased by 1% from SFY 2015 to SFY 2016. The number of hotline calls assigned to VCM increased 5% from SFY 2015 to SFY 2016 and the number of hotline calls assigned to FSS decreased 33% from SFY 2015 to SFY 2016.

CWSB believes that the continuing decrease in CWSB investigations and increase in DRS assignments since SFY 2011 is in part a result of implementing quality assurance and guidelines for case assignment. This process has also been supported by statewide training on the tools and guidelines for stakeholders, including all CWSB, VCM, and FSS Sections, and the Court Improvement Program (CIP) provided trainings for judges, guardians ad litem (GALs), court-appointed special advocates (CASA), and parents’ attorneys.

Although the number of reports started to decline in SFY 2014, the proportion of intakes referred to CWSB and VCM have remained fairly consistent over the last few years, with a significant decrease in referrals to FSS. Clarification has been provided for the CWSB section that assesses reports. When the report does not meet the threshold for assignment to CWSB, families with low risk issues in need of outreach and linkage to community resources are assigned to FSS, and families with moderate/moderately high-risk issues in need of engagement, supports, and interventions to effect parental/caregiver behavioral change are assigned to VCM. As part of the assessment at the time of the report, intake workers carefully consider the risk level, including

the caregiver's overall capacity and ability to make the behavioral change required to prevent abuse and neglect.

1. Confirmed Reports

An intake is a report of a child abuse or neglect incident that has been accepted for investigation and a determination of abuse or neglect has been made. An intake usually refers to a family unit and may involve the possible maltreatment of more than one child. A confirmed intake involves at least one child reported in the intake and in which at least one abuse type was confirmed or substantiated. A separate and unrelated incident may result in another intake for the same family or child. Refer to the Data Booklet, Figure 4: Intake Disposition by County SFY 2016 for county specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child whose abuse(s) has been confirmed or substantiated. Refer to Figure 5: Victim Disposition by County SFY 2016 for county specific data.

In SFY 2016, 1,949 reports were assigned to CWSB for investigation (total assigned directly from intake and those referred back for assignment to CWSB from VCM or FSS). The 1,949 reports included 3,572 children, of which 1,418 (or 40%) were confirmed as victims of child maltreatment. Of these 1,418 children, threat of harm was confirmed for 979 of the children (or 69%). Threatened harm is confirmed when one or more safety factors are present that constitute a risk of substantial harm to the child. Refer to Data Booklet, Figure 6: Disposition of Cases Assigned for CWSB Investigation – Unduplicated Count and Figure 7: Cases Assigned for CWSB Investigation and Confirmation Rate for the numbers of cases assigned for CWSB investigation.

Please note: The numbers in Data Booklet, Figure 2 may not match the numbers in Data Booklet, Figures 6 and 7. While Data Booklet, Figure 2 includes cases that were assigned to CWSB for investigation directly from the initial intake by CWSB hotline, Data Booklet, Figures 6 and 7 include cases that were assigned to CWSB for investigation from any source, including cases referred from VCM or FSS.

Once a CWSB assessment worker is assigned a case, the worker has 60 days to complete a disposition of the child abuse and neglect (CA/N) allegations. The definitions of three possible dispositions, explained below, are reflected in Hawaii Administrative Rules (HAR) Title 17, Subtitle 11, Chapter 1610, Subchapter 2.

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

- b. Not Confirmed** (aka Unconfirmed): There was insufficient evidence to confirm that harm or threatened harm occurred.
- c. Unsubstantiated:** The statement or information contained in the CA/N report was found to be frivolous or made in bad faith.

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

Since implementation of DRS in 2005, CWSB has experienced a decrease in the number and rate of cases confirmed for C/AN as well as a corresponding decrease in the number of children in foster care. It is important to note that the decrease in confirmed cases and the reduction of children in foster care have coincided with a dramatic decrease in the rate of recurrence of abuse from a high of 6% in SFY 2003 to 0.8% in SFY 2015. Hawaii's continued reduction in recurring abuse underscores the efficacy of its DRS and placed Hawaii below the national re-abuse standard of 6.1% for over a decade. See Data Booklet, Figure 20: Absence of Recurrence of Child Abuse and Neglect. More recently, the recurrence rate has decreased from 1.4% in SFY 2014 to 0.8% in SFY 2015.

Rankings on the major types of maltreatment have remained consistent for the past several years. The base question for determining physical abuse/neglect is: did physical abuse/neglect actually occur? The corresponding question for threatened harm is: is there reasonably foreseeable substantial risk of harm to a child? Refer to the Data Booklet, Figure 8: Maltreatment by Type and State Fiscal Year and Figure 9: Maltreatment Type by State Fiscal Year (Percentage) for details on the major types of maltreatment that are reported and confirmed by CWSB in SFY 2016.

There was a 2.5% decrease in cases of threatened harm from SFY 2015 to SFY 2016. During the same timeframe, there was a 0.6% decrease in actual medical neglect, a slight increase of 1.5% in physical neglect, and a slight increase of 1.3% of physical abuse.

2. Number of Children in Foster Care

As can be seen in Data Booklet, Figure 10: Total Number of Children in Foster Care in Hawaii by SFY and Data Booklet, Figure 11: Monthly Average Number of Children in Foster Care in Hawaii by SFY, although Hawaii enjoyed a remarkable and steady decline in the number of children in foster care from SFY 2004 to SFY 2011, the numbers have been fairly flat since then, with a slight rise over the past four years. Over the past four years, both the total number of children in foster care and the monthly average number of children in foster care have steadily risen. There has been an 8.8% increase in total annual number of children in foster care from SFY 2015 (2,386 foster children) to SFY

2016 (2,597 foster children), and a 6.6% increase in the monthly average number of children in foster care from SFY 2015 (1,322 foster children) to SFY 2016 (1,409). This rise is continuing in SFY 2017 and is consistent with national trends.

Although this rise is concerning, Hawaii's total number of children in foster care had dropped by almost 60% in the decade from SFY 2004 (5,353 foster children) – SFY 2013 (2,180 foster children). Even with the recent increase, however, Hawaii is not approaching the levels of the 2000s.

Hawaii has researched the slow rise of children in foster care over the past few years and found that the increase in numbers is greatest in two specific geographic areas of the State: Maui County and East Hawaii. These increases have resulted in a decentralization of the foster care population. See Data Booklet, Figure 13: Total Children in Foster Care per SFY by Geographic Area by Percentage. Here one can see that the percentage of children in foster care has regionally shifted over the past four years. The percentages of the total statewide foster children on Kauai remained constant, in West Hawaii and Maui they rose slightly, East Hawaii's percentage rose significantly, and Oahu's dropped significantly.

Considering the percentages in Data Booklet, Figure 13: Total Children in Foster Care per SFY by Geographic Area by Percentage does not show the full story. In Data Booklet, Figure 14: Number of Children in Foster Care and Percentage Change by Geographic Region (SFYs 2013-2016), one can see the numbers of children in care per geographic region for each of the past four years and the percentage change from SFY 2013 to SFY 2016. SFY 2013 was the year when we had the lowest number of annual children in foster care, and the rise began in the immediately following years.

Oahu numbers have remained relatively flat and Oahu is the only geographic area where there has been a decrease in the past four years. Every other region has seen a significant increase during this period with the greatest increase in East Hawaii. CWSB hypothesizes that the Title IV-E Waiver intervention, CRT, is one of the reasons why Oahu has been able to keep the numbers low. Although East and West Hawaii also have had this intervention and still seen significant rises, there are confounding factors in those regions that have caused the numbers to rise.

Despite the continued statewide rise of children in foster care over the past few years, CWSB is pleased that the average length of stay has dropped and continues to stay low. Please see Data Booklet, Figure 16: Average Length of Stay in Foster Care in Months. Data Booklet, Figure 11: Children in Foster Care for one Month or Less provides information for SFYs 2013-2016 on the number of children in care for one month or less

and what percentage those children are of the total foster care population for those years. Figure 16: Average Length of Stay in Foster Care in Months graphically demonstrates the decline in length of stay for the SFYs 2011-2016.

In Hawaii's attempts to understand the cause of the rise in the number of children in foster care, the Department's Research staff conducted data analysis and CWSB's CQI Team conducted targeted reviews. The results of these efforts indicated that the rise was most significant in Maui and East Hawaii, and particularly among infants/children under the age of one year. Data Booklet, Figure 19: Percentage of Children in Foster Care Under Age 1 shows how the percentage of infants in Maui and East Hawaii in foster care, as compared to all children in foster care in those regions has risen over the past four years. One can see that in SFY 2013, only 10% of Maui's foster children were under age one, whereas in SFY 2016, 16% of foster children in Maui were under age one – an increase of 6%. This increase is more dramatic in East Hawaii, where in SFY 2013, 11% of children in foster care in East Hawaii were under age one, compared to 20% of children in SFY 2016 – an increase of 9%. In contrast, statewide, the increase was only 2% during that same period.

When looking deeper into these cases, it appears that a high percentage of these infants had parents who used substances. This finding is consistent with anecdotal evidence of an increase in methamphetamine use in East Hawaii.

The targeted review did not find that rural areas of the State had more infants with substance-using parents in foster care than in urban areas.

3. General Safety

a. CFSR Safety Outcome 1

Children are first and foremost protected from abuse and neglect.

CFSR Item 1: Timeliness of Initial Response of Investigations

SFY 2016: 35 Cases Reviewed

28 Strengths, 7 Areas Needing Improvements (ANI)

i. Purpose

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

ii. Summary of Data

In 28 of 35 cases (or 80% of applicable cases reviewed), response times were met or sufficient efforts were made for contact. In those cases rated as strengths, efforts were early and physical attempts were made by the caseworker in addition to phone contacts as needed, and all child victims in the family were seen. Additionally, reports were assigned timely from the Intake units. Efforts were well-documented in most of these cases. The methods in which caseworkers documented the dates of contact and efforts varied widely; some entered the information in SHAKA, and others entered the information in the CPSS logs and investigative screens.

Seven cases (or 20%) were rated as needing improvement. In each of these cases, the report was assigned timely from the Intake unit but contact was not initiated timely.

- In 3 cases, contact was initiated timely but when the children were not located, timely ongoing efforts were needed to search for them.
- In 4 cases, contact was delayed and no reason for the delay could be identified.

iii. Discussion

The Data Booklet, Figure 23: Completed Timely Responses – CWS & VCM: SFY 2015 & SFY 2016 shows the percentage of intakes that had investigations completed within the established time frames: two business days for all newly-assigned CWSB intakes and five business days for newly-assigned VCM intakes. The Data Booklet, Figure 24: Trending Timely Responses – CWS & VMS: SFY 2015 & SFY 2016 includes all intakes where face-to-face contact was attempted within the established time frames.

In the UHMC-HCWCQI case reviews, a higher percentage of cases were marked as strengths for timely response in the two established time frames (two business days for all newly assigned CWSB intakes and five business days for newly assigned VCM intakes) than the cases reviewed in the SHAKA database as referenced in the APSR FFY 2017. Cases where regular and conscientious attempts were made to complete the investigation in a timely manner, but due to barriers outside of the agency's control the investigation was not completed timely, were marked as strengths in the case reviews.

Various factors continue to contribute to a social worker's ability to engage in face-to-face contact with the family including instability in the areas of housing,

communication (primarily phone contact), and economic resources including inconsistent employment. These family stressors in essential life areas may also make it difficult for a family to respond and/or engage in contact with a CWSB or VCM worker.

Additionally, CWSB and VCM workers may be able to visit with some of the children, but not all, as a child may not be easily accessible in cases where a child is not attending school, on runaway status, or in a treatment facility.

Despite the barriers listed above, CWSB and VCM workers are making extensive efforts to locate families such as responding to a family's residence or area the family is known to frequent, checking with others who may know the family or their whereabouts, and attempting to contact the family through phone, mail, active service providers, doctors, clinics and hospitals, schools. Caseworkers attempt to engage the family by offering resources that may assist the family during a crisis and by engaging the family in the assessment and planning process.

In addition, beginning in July 2016, CWSB Sections assumed the management of the response time tracking within their individual sections. Response Time Tracker calls with VCM were also held every other week through September 30, 2016. CWSB and VCM continue to have use of the tracker tool in SHAKA.

Hawaii continues to utilize the Crisis Response Team (CRT) whose primary goal is to maintain children in the family home, whenever safely possible, by responding immediately to select reports of abuse and neglect where removal is probable, thereby avoiding unnecessary removals. In SFY 2016, CRT served 986 children identified as at risk for placement and of these children, 464 children were maintained in the family home.

In VCM cases, caseworkers also attempt to engage families who may be fearful or unsure about the services being offered. It may take some time to build rapport with the family to complete the contact. In some circumstances, the first face-to-face contact is delayed due to a parent's schedule and availability to meet; however, VCM programs work diligently to meet with the family within five business days.

b. National Safety Outcome 1.

Of all children who were victims of a substantiated or indicated maltreatment allegation, what percent were not victims of another substantiated or indicated

maltreatment allegation within the six months following that maltreatment incident?

Compared to the national standard of 94.6% or higher, Hawaii's rate of Absence of Recurrence of Child Abuse and Neglect in SFY 2016 was 99.2%. Hawaii's aggregate data continues to exceed the national standard, as it has for the past decade. These impressive outcomes may be the result of continually improving use of DRS, as explained above. Other contributing factors are the increased emphasis and training of staff on family engagement. Families that are fully engaged in services and have good rapport with their workers are less likely to re-offend. Please refer to the Data Booklet, Figure 20: Absence of Recurrence of Child Abuse and Neglect, for information on the rates for SFY 2013 – SFY 2016.

4. Safety in Child's Home

a. CFSR Safety Outcome 2

Children are safely maintained in their homes whenever possible and appropriate.

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

SFY 2016: 65 Cases Reviewed
49 Strengths, 16 ANI

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

i. Purpose

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

ii. Summary of Data

In 49 of 65 cases (or 75% of the cases reviewed), concerted efforts were made to provide services to prevent removal or re-entry into foster care. Appropriate in-home services were offered by CWSB or VCM to prevent removal, or the decision to remove the child from the home without providing services was based on the immediate safety needs of the children. Completed safety assessments contribute to guided decision-making and good documentation in cases rated as strengths.

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

- In 11 cases, concerted efforts were needed to facilitate the families' access to safety services and to engage families in services. In most of these cases, caseworkers' contact being less than monthly was a factor.
- In 5 cases, safety services were not provided or arranged for children in the home.

iii. Discussion

CWSB workers utilize the Child Safety Assessments and Comprehensive Strengths and Risk Rating Tools, and when possible, in-home safety plans to prevent placement of children in foster care when they are taken into police protective custody. East Hawaii workers continue to utilize Rapid Assessment Instruments, i.e., Adult Adolescent Parenting Inventory, Child Behavior Checklist, Ansel Casey, and Strengths and Stressors, to engage the family in appropriate, upfront services. CWSB is considering expanding the use of some Rapid Assessment Instruments to other sections to help prevent unnecessary removals.

Explicit domestic violence guidelines and training on working with families with domestic violence issues has also helped to prevent unnecessary removals. These efforts have particularly helped workers with identifying and engaging the protective parent.

Hawaii expects to see continued improvement in this area with implementation of the Crisis Response Team (CRT) and Intensive Home-Based Services. The primary goal of both initiatives is to maintain children in the family home whenever safely possible, thereby avoiding unnecessary removals. See Section II.G Interventions and Strategies for an update on progress in these areas.

The CRT response includes a safety and risk assessment. When no safety concerns are identified, the family may be referred to VCM or FSS, as appropriate. Some prevention efforts also include developing in-home safety plans with the family to address safety concerns and keep the children safely in the home.

Additionally, CWSB is in the process of reviewing and possibly revising the safety and risk assessment tools used by CWSB workers, and adding the tools to its database to assist in understanding the strengths and risk issues and better serve families.

b. CFSR Item 3: Safety & Risk Assessment and Management

SFY 2016: 99 Cases Reviewed

55 Strengths, 44 ANI

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

i. Purpose

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

ii. Summary of Data

In 55 of 99 cases (or 56% of applicable cases reviewed), informal and formal risk and safety assessments were completed. In these cases, assessments of safety and risk were documented in CPSS logs of contact, Child Safety Assessment tools, Worker Monthly Contact forms, Safety in Placement tools, and Comprehensive Strength and Risk Assessments tools. Formal safety and risk assessments were used consistently during the assessment/investigation phases for initial assessments and closings during investigations. In all cases reviewed that were open at the onset of the PUR, initial assessments were completed. Efforts were made to assess for risk and safety on an ongoing basis during the period under review. In these cases, the frequency and quality of face-to-face contact was sufficient in assessing and managing the safety of the children, in their family homes and in foster care.

Forty-four cases (or 44%) were rated as needing improvement.

- In most of these cases, the caseworker contact was less than monthly and often missing consecutive months; therefore, ongoing safety and risk assessments could not be made. Formal ongoing safety and risk assessments were used infrequently, especially at the point of reunification and case closure.
- In 6 cases, the child was not seen alone and in the home.
- In 3 cases, visitation plans supervised by relatives were loose and were not adequately monitored.
- In 3 cases, children were left in unsafe homes despite reports of safety concerns; the children were later removed.
- In 2 cases, development and monitoring of in-home safety plans were needed.
- In 2 cases, there were concerns for the child's safety in his foster home; placements later disrupted.

iii. Discussion

CWSB and VCM workers utilize the Child Safety Assessments and Comprehensive Strengths and Risk Rating Tools, and when safe and appropriate, in-home safety plans to prevent placement of children in foster care when they are taken into police protective custody.

CWSB also contracts with Home Visiting Services (HVS) to serve families with active CWSB cases who have children in the zero to three age range. Home visits are conducted by a clinical specialist and a paraprofessional. The staff help families manage their child(ren)'s health and development through assessments of the child and family, education on child development and parenting, monitoring of family health and interactions, and interventions, and/or referrals to community services, such as a medical home. HVS is family-centered, strengths-based, and culturally appropriate, providing support from within the family's natural environment and focusing on reducing parental and environmental stressors directly related to child maltreatment.

For additional programs that assist in addressing the risk and safety for children, see above section regarding domestic violence and CRT programs.

In addition to the above-mentioned initiatives and tools, CWSB is in the process of reviewing and possibly revising the safety and risk assessment tools used by CWSB caseworkers.

In most CWSB and VCM units, input from caseworkers indicates that high workload and insufficient workforce capacity affects their ability to document and complete safety and risk assessments.

5. Safety in Foster Care

a. 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?

The 99.1% rate for SFY 2015 has remained the same in SFY 2016 at 99.1%. Hawaii is slightly below the National Standard of 99.7%. Refer to the Data Booklet, Figure 27: Absence of Maltreatment in Foster Care for a chart of the SFY 2013– SFY 2016 rates.

CWSB leadership believes that use of the Child Safety in Placement tool continues to ensure safer placements through early identification of potential problems and provision of needed support services to resource families. This tool helps social workers assess the safety of placements for foster children. Caseworkers are required to complete this assessment tool on a quarterly basis and their assessment is reviewed and approved by the Unit Supervisor. Caseworkers are then required to include the results of assessments in their court reports. CWSB will continue to monitor the safety of children in care and review confirmed cases to identify opportunities to improve practice and data collection.

SECTION IV. PROGRAMS SUPPORTING PERMANENCY

A. PROGRAM AND SERVICE DESCRIPTION

1. Overview

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

2. Reunification Efforts

Refer to the Data Booklet, Figure 29: Percentage of Children Reunified with Parents, for the percentages of children exiting foster care through reunification with their parents after having been removed from their care due to child abuse and/or neglect, as compared to all children who exited care.

Through the various efforts described below, CWSB and its partners work collaboratively with the children, youth, and families toward successful reunification. CWSB SFY 2016 reunification rate has remained flat as compared with SFY 2015 when 66% of families reunified.

a. Safety & Risk Assessment Tools

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

b. Monthly Case Worker Contacts

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

c. Ohana Conferences

All children entering foster care in Hawaii receive an automatic referral to EPIC Ohana Inc. for an Ohana Conference. EPIC tracks the referrals monthly and works with CWSB to address issues that arise.

Even with automatic referrals, not every child in care has an Ohana Conference. There are various reasons an Ohana Conference could not be held, including a family's or an older child's refusal to participate, a court decision that engaging the child's family is not in the child's best interests, or having no family members available and/or legally able to participate. When a family has multiple children in foster care, generally one Ohana Conference is held for all the children.

In SFY 2016, there were 872 Ohana conferences, just slightly fewer than in SFY 2015. In 42 of 65 cases reviewed (or 65% of applicable cases reviewed), reunification or guardianship was achieved or likely to be achieved timely. In these cases, there were quality monthly contacts with parents/caregivers and children, Ohana Conferences, and regular visits/Ohana Time for children and their parents. In these cases, referrals were made in a timely manner and services were provided as needed. Early concurrent planning was also evident in these cases.

d. Ohana Time (formerly known as Visitation/Family Time)

For several years, CWSB, the Judiciary, service providers, relatives, and resource families have been working together to increase the frequency and improve the quality of visits between children and their parents. Collectively, these groups believe that visitation time is family interaction time, and not simply visiting time. They believe that regular, frequent, and quality Ohana Time increases the likelihood of successful reunification and timely permanency. CWSB calls this effort "Ohana Time" to embrace cultural appreciation for this vision. To move forward with this broader perspective on visitation, procedures and forms have been revised and the National Resource Centers and national consultants provided trainings and consultation. CWSB continues to enhance Ohana Time and all CWSB staff are trained during new hire orientations on the practice and use of Ohana Time.

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

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

approximately 75% of the children age 0-3 are reunified or placed with relatives or kin within 60 days of the initial placement.

f. Assessments, Services, Case Review

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

g. Trainings

Among the desired training outcomes are enhanced collaboration and increased consistency in the use of best practices around reunification and permanency. To this end, CWSB and partners such as the Court Improvement Program (CIP) provide a variety of training opportunities for CWSB staff, the Judiciary, resource families, providers, stakeholders, and other community partners. For example, CIP organizes and puts on an annual Child Welfare Law Update Conference which includes presentations on new legislation and case law, updates from the state departments (DHS, DOH, DOE and Judiciary), and various hot topics in child welfare. These training opportunities are designed to increase awareness of revisions to CWSB procedures, program and policy, changes in legislation and case law, and new initiatives.

h. Collaborations

The IV-E Waiver Workgroups, Aha (community gatherings), and various collaborations with other departments, stakeholders, and partners strengthen overall efforts to prevent removals, support reunification or other permanency options, and maintain connections. CWSB collaborates with the Judiciary, CIP, EPIC Ohana, PIDF, ITAO, LT, Hawaii Families as Allies, Casey Family Programs, and other groups on initiatives to support and empower birth parents and strengthen and honor reunification efforts. A notable collaboration is the University of Hawaii Law School's Hoolokahi Parent Facilitator Program, which provides parents involved in child abuse and neglect cases an orientation on the child welfare court system.

National Reunification Month

Every year, except for 2017, Hawaii hosts National Reunification Month. These events honor a CWSB family, their social worker, and other significant team members who worked together in order to make reunification successful. DHS will be hosting this event again in 2018.

Permanency Specialty Court

There are several advantages for youth who participate in Permanency Court. First, a foster youth in Permanency Court is appointed an attorney who represents and advocates on behalf of the youth. This is in addition to the youth's GAL or CASA, who represents the foster youth's best interests and not necessarily what the foster youth wants. Second, hearings are held every other month instead of every six months as would typically occur in a regular Child Protective Act court case. This allows more time for the judge to engage with the youth and results in more expeditious follow-up on issues that arise. Third, foster youth are provided with a gift card and refreshments when they attend their court hearings. CWSB is tracking the numbers of youth attending Permanency Court and their outcomes to determine if this is another way of expediting permanency for older youth.

i. Data Reports and Quality Assurance

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

j. Supervisory Support

CWSB continuously works to strengthen and support supervisors. These efforts assist supervisors in all areas, including sustaining families, preventing removals, and promoting safe reunification. Beginning in September 2015, supervisors participate in monthly supervisor development trainings with a contracted instructor from Maui College, who developed a nine module curriculum specifically for this group. The subjects covered in these trainings include strengths-based models, and the parallel process with engaging staff and engaging families, coaching through a number of issues utilizing various approaches. CWSB and Maui College recently added to this position which will, in part, coach supervisors one on one through program

improvement efforts on a more targeted scope utilizing CQI findings from targeted reviews to focus on section needs in addition to the statewide CQI improvement areas.

k. Crisis Response Team (CRT) and Intensive Home-Based Services

The CRT is able to respond to calls within two hours of assignment and quickly thereafter determines if there is a differential response that can be utilized to prevent removing the child from the home. CRT investigators assess new possible foster care cases at the time of a potential police booking, and when determined appropriate, offer and coordinate the initiation of IHBS. The early intervention of CRT and IHBS, at the very beginning of their involvement with CWSB (before a child is placed into foster care) helps to support the family and avoid unnecessary placement. IHBS is offered with the goals of preventing placement and reducing the number of children who enter foster care for short periods of time (less than 30 days). Although the overall number of children in care statewide has increased, the CRT numbers remain very promising.

3. Most Vulnerable Populations

As Hawaii has noted in the past couple of years, the largest percentages of children in foster care cluster in two distinct areas: children aged 0-5 and Native Hawaiian children.

Children Aged 0-5

One can see in the Data Booklet, Figure 17 the numbers of children in foster care by age over the past four years. The Data Booklet, Figure 18 displays this age distribution as percentages of the total annual number of children in foster care for each of the past four years. During this period, the percentage of children in foster care who are aged 0-5 has ranged from 41% to 46% of all children in foster care annually.

Native Hawaiian Children

In Figure 63, ethnicities of children in foster care and resource caregivers are displayed. This figure shows that 48.8% of all children in foster care in SFY 2016 had Native Hawaiian ancestry.

Hawaii has numerous targeted efforts and programs to address infants and toddlers, as well as those to meet the cultural needs of Native Hawaiian families. These were discussed in last year's APSR.

New efforts include:

- Increased partnership with Liliuokalani Trust to investigate the disproportionality of Native Hawaiians in the Child Welfare system statewide;
- Continued Capacity Building Center support to Hawaii through its Title IV-E Waiver Demonstration Project for consistent gathering of ethnic data for CWSB families;
- Investigating to discover that the rise in children in foster care is largely due to children under age one on Maui and Hawaii islands entering and staying in foster care at higher rates than previously found, with parents who use substances; and
- Researching nation-wide successful interventions for substance-using CWSB families, e.g., Connecticut's Family-Based Recovery Program.

LGBTQ

CWSB seeks to promote resilience and positive development in LGBTQ children and youth. Developing social support and reducing or eliminating experiences of rejection in family, community, school, and health care environments has been shown to have significant positive impacts on health and well-being of LGBTQ children and youth.

To better serve CWSB's LGBTQ children and youth, CWSB completed the following:

- Surveyed CWSB staff on attitudes and training needs;
- Established Purpose/Goal/Vision/Mission of Workgroup;
- Provided Pre-training to CWSB leadership;
- Provided CWSB Staff Training on LGBTQ statewide;
- Identified LGBTQ-supportive resource caregivers statewide;
- Added language regarding LGBTQ to resource caregiver home studies;
- Added language regarding LGBTQ to prudent parenting documents;
- Completed a draft of CWSB LGBTQ Best Practice Guidelines;
- Added LGBTQ resources in SHAKA;
- Resolved difficulties with clothing vouchers and Trans Youth issue;
- Added non-discriminatory LGBTQ language to all Purchase Of Service contracts; and
- Trained CWSB contracted providers PIDF and Catholic Charities through their attendance at the LGBTQ conference organized by the Family Court Committee on LGBT Youth in Hawaii's Juvenile Justice System in April 2017.

CWSB will continue its effort to serve its LGBTQ children this the upcoming year by doing the following:

- Partnering with Family Programs Hawaii and others to provide training to the resource caregivers statewide;

- Finalize and issue CWSB LGBTQ Best Practice Guidelines;
- Update CWSB forms;
- Update the LGBTQ training in New Hire Training;
- Developing non-resource caregiver placements for LGBTQ youth such as therapeutic foster homes (CAMHD contact, all islands, process to identify), group facilities that are specifically designed for LGBTQ population, parity and safety in group placements (on-call shelters, DH, HYCF);
- Regularly updating SHAKA resources;
- Modify resource caregiver recruitment practices; and
- Modify HANAI training.

Indian Child Welfare Act

Hawaii does not encounter many children from Native American backgrounds as there are no tribes within the State of Hawaii as defined by ICWA. During FFY 2017, CWSB had 14 children of Native American ancestry in foster care. On occasion, when there are children who are identified as potentially eligible for ICWA, CWSB has checks and balances in place to ensure that children potentially eligible for ICWA are identified and their cases handled pursuant to ICWA. These checks and balances include the caseworker at intake, the courts, the Attorney General, and the ICPC process.

First, during the intake of child(ren) taken into foster custody, the caseworker inquires into the family's demographic information. If the family identifies Native American lineage, the caseworker will ask about the family's tribal affiliation and whether the parents and/or children are registered members of the tribe.

When there is reason to believe that the child may be Native American, the caseworker informs the Attorney General's office. The office then sends a registered letter to the Secretary of the Interior, Bureau of Indian Affairs (BIA) and if known, to the tribe. In most cases, given the information provided to the BIA, the BIA is not able to confirm that the child is registered as a Native American child. In these situations, where appropriate, the caseworker may encourage the family to register the child. In cases where ICWA applies and the tribe wishes to assert jurisdiction over the case, CWSB complies with the laws set forth in ICWA by allowing the tribe to take custody of the child, relinquishing the child to the tribe, and terminating Hawaii's jurisdiction in the case. CWSB then provides all necessary documents and information on the child including Title IV-E eligibility to the Native American representative.

Further, at temporary foster custody or return hearings, the courts inquire or are prompted by the State's attorney to inquire into whether a child is of Native American ancestry and a finding describing the disposition of the inquiry is made in the court order. CWSB intends to use some of its Title IV-E funds during the next fiscal year to educate judges,

court staff, and legal advocates regarding ICWA and recent developments in this area of the law since the last relevant training in 2013.

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

CWSB utilizes CQI reviews to ensure that it is continuing to comply with ICWA. The review asks particular questions regarding whether ICWA status was identified appropriately at the beginning of a case and whether there was a sufficient inquiry made to determine whether the child is a member of a tribe. If a child is found to be potentially eligible for ICWA and was not so identified, it will be brought to the attention of the section administrator and will be a part of the section action plan that is developed after each case review.

4. Relative Placement Efforts

See Data Booklet, Figure 30: Monthly Averages-Number of Children in Relative and Non-Relative Care and Data Booklet, Figure 31: Monthly Averages-Percentage of Children in Relative and Non-Relative Care for the monthly averages of children in relative and non-relative care.

The CWSB has policies and procedures in place to identify, locate, contact, and engage a child's relatives as relative connections and/or possible placement options within 30 calendar days of the child's placement in foster care. One strengths for engaging families early on in the case is the use of Ohana Conferencing (OC) and Family Findings. In an effort to improve outcomes for children and families, including relative placement and connections, in January 2012, the CWSB implemented automatic referrals for OC and Family Findings, when a child comes into care. This automatic referral process streamlined and expedited the referrals for OC and Family Findings. Through this process, EPIC Ohana, the agency that organizes and facilitates OCs and completes the Family Findings, receives notice from the Foster Care Income Maintenance (FCIM) unit that a child has come into care. The automatic referral also includes the Relative Notification letter (packet) being sent to all relatives within 30 days of a child coming into care which is mailed out by EPIC on behalf of CWSB.

CWSB recognized that there appeared to be a delay in timely notice to FCIM after a child was taken into care. This delay also caused a delay for the automatic referral for OCs and Family Findings. As part of the work with Pono For Families, CWSB addressed the issues regarding timely notification to FCIM within 48 hours of a child coming into foster care by looking at the referral process from caseworker to FCIM. CWSB then clarified

the process and issued an Internal Communication Form, and reissued the forms for children in foster care.

Although Hawaii's relative placement numbers continues to be higher than our mainland counterparts, the percentage of children placed with relatives decreased in SFY 2016. To understand the reason the number of children placed with relatives has decreased, Hawaii Child Welfare CQI project will soon begin work on a relative placement targeted review. The targeted review will identify the strengths and the areas needing improvement regarding this issue and make recommendations for improving this outcome.

In October 2016, Hawaii representatives were invited to participate in a multi-state Peer Convening regarding best practices for kinship care, sponsored by the American Bar Association and Generations United. The Hawaii team consisted of a CWSB administrator, a CWSB caseworker, and the director of a community partner agency. Hawaii was chosen due to the enviable high percentage of children in foster care in Hawaii who are placed with relatives. As can be seen in Data Booklet, Figure 31: Monthly Averages — Percentage of Children in Relative and Non-Relative Care, in SFY 2016, 48% of children in foster care were placed with relatives.

Hawaii's participation in the Peer Convening contributed to the creation of a wikiHow for Kinship Foster Care. Generations United explains the Kin First wikiHow like this:

“Research confirms that children do best in kinship foster care and that family connections are critical to healthy child development. . . . Despite the strong value of kinship foster care, there continue to be major impediments to placing children with kin when they must be removed from their parents' care, helping children maintain important family connections and tailoring services and supports to address the unique needs of kinship foster families. This wikiHow guide draws on wisdom from the field about the steps to creating a child welfare system that consistently promotes kinship placement and helps children in foster care maintain connections with their family. Together, these steps can help agencies create what we call a 'kin first' culture.”

This wikiHow is a six step process. At the Convening, Hawaii representatives provided information, which particularly helped to develop *Step 3: Identify and engage kin for kids at every step*.

5. Adoption and Guardianship Promotion and Support Services

Adoption and guardianship percentages remain flat to SFY 2016 as do reunification rates. Reunification remains Hawaii's primary permanency goal for children. When

reunification does not occur timely, the next appropriate permanency goal is either adoption or legal guardianship to relatives.

Data Booklet, Figure 33: Exits by Adoptions and Legal Guardianships SFY 2013-SFY 2016 [Numbers] and Data Booklet, Figure 34: Adoption and Legal Guardianship SFY 2013-SFY 2016 [Percentages] show the number and percentage of children who were adopted or achieved legal guardianship compared to all children who exited foster care since SFY 2013. The percentage of children who were adopted or granted a legal guardianship remained relatively stable from SFY 2013 to SFY 2016 with a less than 10% variation. Although there was a slight decrease in the number of adoptions for SFY 2014 compared to SFY 2013, this slight decrease was offset by an increase in adoptions in SFY 2015 and SFY 2016. Beginning in SFY 2013, legal guardianships increased significantly and remain steady through SFY 2016.

CWSB and community groups interested in placing youth in permanent homes, such as Hawaii International Child, Family Programs Hawaii, Wendy's Wonderful Kids, and PID, formed a Placement Hui that meets monthly to discuss cases involving youth who have been in care for a long period of time and do not have permanency options among family or other options in the community. This Hui is focused on finding matches for these harder to place youth who have, for many reasons, been challenging to place in permanent homes. In addition to this effort, SPAW focuses on finding placements for youth who are in care nine months or longer by convening meetings with youth service providers to overcome systemic barriers in finding permanent homes for the youth.

All CWSB's efforts noted in the reunification and relative placement sections also pertain to permanency achieved through adoption or guardianship with a relative placement as a first priority. The ultimate goal is to promote maintenance of safe and appropriate connections with birth family, especially siblings, if at all possible.

a. Support Services

Hui Hoomalu-Family Programs Hawaii (FPH) continues to provide statewide support services for both resource adoptive and guardianship families. These services include the Warm Line, Care to Share Program, quarterly training, annual conferences, and support groups.

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

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

b. Adoption and Legal Guardianship Incentive Payment

In 2015, Hawaii received \$20,000.00 in adoption incentive funds to be used in 2016. These funds were used to enhance support services under the Statewide Resource Family Recruitment contract of Family Program Hawaii (FPH) named Hui Hoomalu. This contract provides support groups, warm line, and ongoing trainings to DHS legal guardianship families and adoptive families. Upon receipt of next year's allocation of these funds, if any, they will be used for similar purposes and services as in previous years.

c. Inter-country Adoptions

In SFY 2016, the process for one inter-country adoption of a DHS child began but was not finalized until 2017. The process was one of learning for CWSB as this was the first adoption of a DHS child to another country that has been facilitated in quite some time. The Program Development office worked with the Adoption Division, Office of Children's Issues at the State Department to receive some technical assistance and ensure that all Hague rules were adhered to while the process moved forward. This process included securing checklists and instructions to be followed each step of the way as well as entering information into the national data bank for Hague-compliant international adoptions. PD was also able to offer assistance to the Kauai courts as to how this adoption would proceed, ensuring that all of the court orders would also be Hague compliant. As a result of collecting this valuable information, Hawaii CWSB will be assembling a binder as a guide for future international adoptions.

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

1. Permanency Outcome 1 (Permanency and Stability)

Children have permanency and stability in their living situations.

Data Booklet, Figure 36: Re-entry into Foster Care within 12-Months of Exit shows the percentage of children who re-entered foster care within 12 months after exiting foster

care. Data Booklet, Figure 36: Re-entry into Foster Care within 12-Months of Exit is based on data for all applicable cases for each year and spans the years from 2013 through 2016.

DHS will prevent multiple entries of children into foster care.

a. Ohana Conferencing

The effective strategy of Ohana Conferencing, which CWSB has employed for many years, may not be utilized when needed in all cases. A targeted review of children who are returned to foster care within 12 months found that in 85% of the cases, Ohana Conferences were not completed within 60 days of the child being reunified. The Ohana Conferences provide the opportunity to develop a safety plan with all members of the family and support system as well as to identify other unaddressed needs of the family in a collaborative way. These conferences often occur at different stages through the case, including as a prelude to reunification to reinforce and promote the plan to keep children safe with their families and reducing the risk of foster care reentry. The more consistent use of Ohana Conferencing early on in the case may help to improve the safety planning and reduce the multiple entries into care.

b. Substance Abuse

As seen by the data in the Data Booklet, Figure 36, re-entry into foster care has risen over the last couple of years with more 10.5% of children re-entering foster care within 12 months of exit while the national standard is 8.6%. Due to the rise in children re-entering foster care, CWSB enlisted the assistance of the HCWCQI Project to conduct a targeted review to help understand why re-entry is on the rise.

There are a couple of factors that seem to be contributing the most to this issue of re-entry into foster care in Hawaii. The first and most notable is the high percentage of children reentering when their parent has entered into substance abuse treatment. Substance abuse treatment programs for pregnant and parenting mothers require that children are with their mothers in the treatment program after a certain amount of time as a program requirement. If children are being united with a parent who is not ready, even though the safety factors may be mitigated by the 24-hour treatment program, this could be a set up for failure for the parent who needed more time to prepare or more support before reunification. 14 of the 46 children re-entered foster care as a result of a parent not maintaining their substance abuse program either due to breaking rules, relapse, or another factor resulting in their release from the program and re-entry of their child into care.

This warrants further review of CWSB contracts for pregnant and parenting mothers in order to ascertain whether protocols align with the needs of CWSB families as well as the communication between direct service staff and CWSB staff when mothers are in these programs. CWSB and HCWCQI Project have scheduled reviews of all substance abuse providers in the coming year and will further review why re-entry numbers are so high. Better understanding as to how much the treatment component affects the decision to take a child back into care is needed to determine how these reunification decisions or removals are being made.

c. Crisis Response Team and Intensive Home-Based Services

As previously discussed, CRT and IHBS allow many children to remain in the family home with the immediate implementation of needed services. The proposed broader use of a Rapid Assessment Instrument and the Strengths and Stressors Tracking Device will assist CRT workers to evaluate a family's environment and readiness for successful reunification. Similarly, a broader use of Safety, Permanency, and Well-Being (SPAW) meetings and Wrap Services is intended to help reduce child(ren)'s reentry into foster care.

d. CFSR Item 4: Stability of foster care placement

SFY 2016: 65 Cases Reviewed

52 Strengths, 13 ANI

DHS will minimize placement changes for children in foster care.

i. Purpose

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

ii. Summary

In 52 of 65 cases (or 80% of the applicable cases reviewed), children in foster care either remained in one stable placement during the period under review or changed placement to meet their needs for permanency and/or well-being. When regular caseworker contact with the child and resource caregiver occurred, children were stable in their placements. Also, in these cases, when caseworker contact was irregular, resource caregivers that were familiar with available social services sought support for themselves and the child on their own.

Thirteen cases (or 20%) were rated as needing improvement. All 4 target children were teens, and 3 of 4 had high behavioral needs.

- In 11 cases, the youth had multiple placement settings during the period under review, and at least one placement change was not planned by the agency to attain the child's permanency goals.
- In 2 cases, the youth was on the run and in and out of on-call shelter homes during the PUR; drug use was a factor.
- In 1 case, the youth was residing at an on-call shelter at the time of the review.

iii. Discussion

Data Booklet, Figure 37: Placement Stability – Two or Less Placements SFY 2013-SFY 2016 presents annual aggregate data showing the percentage of foster youth who had no more than two placements. CWSB has had increasing success in minimizing placement disruptions in large part due to CWSB's diligent upfront efforts to make the first placement the only placement, upfront Family Finding activities, and Ohana Conferences being held for every child entering foster care. CWSB's efforts to promptly identify family resources and work with the family to create a plan to support the child are both crucial and effective strategies for minimizing placement disruptions.

In addition, CWSB's child specific licensing process allows foster youth to be placed with a resource caregiver with whom they previously had a relationship. This process can be completed within one day, which reduces the number of placements and trauma to the foster youth. Accordingly, CWSB attempts to use this process as often as deemed appropriate.

e. CFSR Item 5: Appropriate and Timely Permanency Goal

SFY 2016: 62 Cases Reviewed

45 STRENGTHS, 17 ANI

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

i. Purpose

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

ii. Summary of Data

In 45 of 62 cases (72% of applicable cases reviewed), the child's permanency goal was established timely and was appropriate to the needs of the child. Seventeen cases (28%) were rated as needing improvement.

- In 11 cases, the goal of reunification was no longer appropriate but the goal had not changed. A Motion for TPR was not filed and a compelling reason was not documented.
- In six cases, the goal was not established timely. In these cases, the goal of adoption or guardianship was established more than 15 months after the child's entry into foster care. A concurrent permanency goal or plan was not identified in these cases.
- In two cases, the goal was not appropriate for the child's needs or circumstances.
- In one case, the goal was established timely and was appropriate, but TPR was not filed timely and a compelling reason was not documented.
- In 5 cases, the child was in foster care for more than 15 of 22 months, a TPR motion was not filed, and a compelling reason was not documented.

iii. Discussion

With the continued implementation of SPAW and Wrap, Hawaii is hopeful that it will see a reduction in the amount of time it takes to appropriately terminate parental rights, and accordingly, children will achieve permanency more expeditiously.

f. CFSR Item 6: Achievement of Reunification, and Guardianship & Adoption Goals

SFY 2016: 65 Cases Reviewed
42 STRENGTHS, 23 ANI

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

i. Purpose

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

ii. Summary of Data

In 42 of 65 cases (or 65% of applicable cases reviewed), reunification or guardianship was achieved or likely to be achieved timely. In these cases, there were quality monthly contacts with parents/caregivers and children, Ohana Conferences, and regular visits/Ohana Time between children and their parents. Also, services were provided as needed and referrals were made timely. Early concurrent planning was also evident in these cases.

23 cases (or 35%) were rated as needing improvement. In all cases, reunification, guardianship, and adoption permanency goals were not or will not be achieved within 12, 18 or 24 months respectively.

- In 17 cases, children had been in foster care for 13-33 months and permanency had not and will not be achieved timely. In most of these cases, there were few caseworker contacts with the child and parents, and they were not engaged in their case planning. In the cases in this category that had regular contact, urgent and joint planning towards permanency was needed.
- In 3 cases, the child was in foster care for less than 12 months with goals of reunification, but efforts weren't being made to achieve reunification or were not being made to achieve reunification timely.
- In 2 cases, the youth was in care for 8 and 12 years before adoption was achieved for one youth and the other aged out of foster care without permanency.
- In 1 case, the youth was in foster care for 4 years with a goal of guardianship.

In all cases, reunification, guardianship, and adoption permanency goals were not or will not be achieved within 12, 18 or 24 months respectively.

iii. Discussion

CWSB continues to utilize concurrent planning as one method of moving cases more quickly to permanency. In addition to concurrent planning, CWSB utilizes SPAW and Wrap programs to expedite cases toward the goal of permanency. Training and discussions among section administrators, supervisors, and line staff contributed to the increased awareness and subsequent efforts.

CWSB staff continues to use the CPSS coding system to see families regularly and increase parental engagement in services. The utilization of the All-In-Care list, a computerized list in CWSB's SHAKA system, enables Section Administrators to track the cases in their section that are timely moving toward permanency and track foster youth's time in care. When applicable, the worker may then refer the case to various services such as SPAW or Wrap.

Data Booklet, Figure 38: Timely Reunification Within 12 months, SFY 2013-SFY 2016 shows how CWSB had a slight drop below the National Standard of 76.2% at 75.7%. CWSB continues to implement new practices that will safely move children toward faster reunification, adoption, or legal guardianship, such as SPAW and Wrap. As a part of this new practice, the CWSB staff and community

providers continue to consult with Family Engagement specialist Patricia Miles on Wraparound and other practice models.

Further, the SPAW Program focuses on removing barriers to permanency for foster youth who have been in care for a long period of time. SPAW and WRAP are both available on Oahu and Hawaii Island.

Data Booklet, Figure 39: Timely Adoption (within 12 months) SFY 2013-SFY 2016 shows of the children that were adopted each state fiscal year, the percentage of children who were adopted within 12 months of their entry into foster care. CWSB surpassed the National Standard of 32.0% in both FFY 2015 and FFY 2016 resulting in a 36.8% timely adoption rate for FFY 2016. CWSB has facilitated outreach to the Family Court on efforts to expedite permanency and to share CWSB efforts to expeditiously move cases forward. CWSB included the Judiciary and other entities in trainings on SPAW and Wrap which have contributed to an understanding of the importance of permanency and active participation in creating a plan with CWSB for a child to reach permanency. The judiciary, CWSB, and other partners are involved in a new Permanency Court project in the effort to ensure children's case plans are appropriate, and provide life and independent living skills for the children through more frequent court hearings. Permanency Court also ensures that the children who are not able to be adopted or enter into a guardianship are referred to and transitioned smoothly to Imua Kakou.

In cases where the child will not be able to reunify with his/her parents, Ohana Time may assist the children achieve timely permanency. In these cases, adoption may be expedited because the parents have likely established a relationship with the prospective adoptive parents, thereby making a move toward TPR and adoption, where appropriate, smoother and quicker. Also, in cases with older children, these children will be less likely to oppose an adoption if clarification is made up front that TPR does not necessarily mean permanently severing connections with their birth parents. DHS is well aware that the continued bond between the child and birth parents is significantly more likely to be maintained in cases where the adoptive parents have already established a meaningful and ongoing relationship with birth parents. CWSB is confident that Ohana Time is an important improvement to CWSB's practice in numerous ways and further improvements in timely adoptions are expected as Ohana Time practices become ingrained in daily practice.

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

CWSB success with permanency over the past five years is partially attributable to concerted upfront family finding efforts. When family is identified early in the case, the path to permanency is expedited. Since CWSB policies give preference to relatives for foster care placement, adoption, and legal guardianship, if family members are identified for potential long-term placement early and TPR later becomes a goal, the CWSB worker has already prepared the family for adoption or legal guardianship. When family finding efforts are done upfront and no relatives are identified to care for the child long-term, CWSB must continue its efforts to locate family members. In this case, CWSB can concurrently work with non-relative caregivers to prepare them for potential adoption or legal guardianship so that if TPR occurs, barriers have already been cleared for adoption or legal guardianship.

2. Permanency Outcome 2 (Continuity of Family Relationships)

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

a. CFSR Item 7: Placement of siblings

SFY 2016: 35 Cases Reviewed

31 STRENGTHS, 4 ANI

DHS will keep siblings together in foster care.

i. Purpose

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

ii. Summary

In 31 of 35 cases (or 89% of the applicable cases reviewed), siblings in foster care were either placed together or siblings were placed apart due to special circumstances.

Four cases (or 11%) were rated as needing improvement. In all cases, siblings were placed apart initially and efforts, including family finding, were needed to revisit placing siblings together during the period under review.

iii. Discussion

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

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

SFY 2016: 58 Cases Reviewed

42 STRENGTHS, 16 ANI

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

i. Purpose

This item is to determine if, during the period under review, concerted efforts were made to ensure that visitation between a child in foster care and his mother, father, and siblings is of sufficient frequency and quality to promote continuity in the child's relationship with these close family members.

ii. Summary of Data

In 42 of 58 cases (or 72% of applicable cases reviewed), the child in foster care was provided with opportunities for quality visits with siblings and parents to ensure that the child had continuity in relationships with family members. In many of these cases, visitation was facilitated by the DHS aide or contracted provider, and occasionally by the resource caregiver.

Sixteen cases (or 28%) were rated as needing improvement. Documentation to explain circumstances contributing to barriers was lacking. Overall, documentation by the contracted provider and resource caregivers was not available to the caseworker for the ongoing evaluation. Also, visitation was often not structured for mothers and fathers when visits were done by non-CWSB/contractors. Visits occurred informally and loosely under the facilitation of a family member even though safety threats that brought the child into foster care had not been mitigated. There was no oversight of the visitation, so the quality of visitation, need for parenting support, and progress towards reunification could not be assessed by the caseworker.

- In 10 cases, concerted efforts were needed to provide visitation/Ohana Time to *fathers*.

- In 7 cases, concerted efforts were needed to provide visitation/Ohana Time to *mothers*.
- In 4 cases, *sibling* visits were not explored and arranged.

iii. Discussion

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

To allow siblings placed in different homes to have ongoing contact, CWSB continues collaboration with Project Visitation. Project Visitation is a DHS-contracted service available on Oahu and Hawaii Island where volunteers facilitate sibling contact and transport siblings in different foster care placements to participate in fun activities together. CWSB puts emphasis on placing children with as few families as possible while making efforts to link resource caregivers when children cannot be placed together to maintain connections between siblings.

c. CFSR Item 9: Preserving connections

SFY 2016: 65 Cases Reviewed
56 STRENGTHS, 9 ANI

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

i. 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.

ii. Summary of Data

In 56 of 65 cases (or 86% applicable cases reviewed), children were maintained in their same community and kept connected to culture, school, family (including older siblings, grandparents, cousins), sports, and friendships.

- Nine cases (or 14%) reviewed were rated as needing improvement:
- In 3 cases, concerted efforts were needed to keep the youth's important connections. In 2 of these cases, school connections were needed; neither

youth attended school for 2-3 weeks upon removal from his home during the PUR.

- In 4 cases, there was indication that the child was Native American and follow-up was needed to explore membership or eligibility for membership in a tribe.
- In 2 cases, the youth was on runaway status and efforts were needed to locate him and help maintain his connections.

iii. Discussion

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

As mentioned above, Hawaii's implementation of the automatic referral for Ohana Conferencing and thereby Family Findings/Connections for more cases may have led to Hawaii's strong performance on this CFSR item. Also, Ohana Time's goal of enriching connections with biological family members not only reduces the time a child spends in foster care, but also improves the emotional health for the child.

d. CFSR Item 10: Relative Placement

SFY 2016: 62 Cases Reviewed

47 Strengths, 15 ANI

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

i. Purpose

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

ii. Summary of Data

In 47 of 62 cases (or 76% of the applicable cases reviewed), efforts were made to place children with relatives when appropriate. In these cases, children were placed with relatives or concerted efforts were being made to place the child with relatives. Relative searches were completed to seek appropriate relative placement for the child.

Fifteen cases (or 24%) were rated as areas needing improvement.

- In 11 cases, concerted efforts were needed to pursue identified relatives for placement after EPIC had returned the results of their family finding search. In several of these cases, the family finding search results were not in the case file and the current caseworker was unaware of the status.
- In 4 cases, a formal family finding search was not done for maternal and/or paternal relatives.

iii. Discussion

When compared to other states, relative placement is a great strength of Hawaii's CWSB. Hawaii continues to have more relative placements than nonrelative placements and continues to make concerted efforts at family finding, engaging both maternal and paternal relatives whenever possible to place children with family members and keep them in their communities to the extent possible.

e. CFSR Item 11: Relationship of child in care with parents

SFY 2016: 56 Cases Reviewed

38 STRENGTHS, 18 ANI

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

i. Purpose

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

ii. Summary

In 38 of 56 cases (or 65% of applicable cases reviewed), efforts were made to promote, support and/or maintain positive relationships between the children and parents through activities other than just arranging for visitation. Ohana Conferences were helpful to coordinate activities to maintain relationships with parents and children. Activities included attending children's doctor visits and extracurricular activities, informal resource caregiver mentorship, and participating in family therapy.

Eighteen cases (or 32%) were rated as needing improvement. Better documentation about barriers or efforts may have improved these ratings.

- In 5 cases, efforts were needed to support the children's relationships with their *mothers*.
- In 5 cases, efforts were needed to support the children's relationships with their *fathers*.
- In 8 cases, efforts were needed to support the children's relationships with *both their mothers and fathers*.

iii. Discussion

Hawaii's Engaging Fathers and Engaging Families initiatives began in SFY 2012 and are ongoing. CWSB partnered with the Family Court and the Child Support Enforcement to provide staff trainings and information on different types of legal fathers and how to establish paternity. Ohana Conferences also continue to engage and include fathers and mothers in the planning, reunification, and/or placement process with their children by convening as many members of the family unit and supportive extended family as possible and appropriate.

SECTION V. FAMILY ENGAGEMENT AND CHILD WELLBEING

A. PROGRAM AND SERVICE DESCRIPTIONS

1. Monthly Caseworker Visits

CWSB understands and acknowledges the importance of frequent caseworker visits with the family and child for engagement and progress toward the desired goal for the family. CWSB's procedures require caseworkers to make at least monthly face-to-face visits with children in foster custody and family supervision, parents, and resource caregivers. During face-to-face visits, caseworkers focus on the safety, permanency, and well-being needs of the child, and review and discuss case plan services and goals with the parents and resource caregivers.

CWSB and staff continue to strive to meet departmental and federal expectations for monthly caseworker visits with families and children. Unfortunately, trite as it may seem, the factors that have historically been challenges and barriers in this situation persist: understaffing and heavy caseloads. CWSB had a vacancy rate of approximately 24% in March 2017. Although, these are not the only factors that have caused difficulty in meeting the national standards and successfully implementing the previous action steps, these have had the most impact.

Refer to the Data Booklet, Figures 40 – 43, for information regarding the Title IV-B, Subpart II monthly worker visit survey for FFYs 2013 - 2016. Frequency of visits peaked in FFY 2015 at 86% and declined slightly to 80% in FFY 2016. By CWSB caseworker self-report, the main reasons why clients were not visited on a monthly basis were workload and scheduling problems. The most frequent reason, lack of documentation to confirm that a visit occurred, is a result of the understaffing and high caseloads that prevent the accurate and timely documentation.

CWSB recognizes the barriers caseworkers face in meeting their monthly face-to-face contact with the child(ren) in their respective cases and continues to work toward meeting the performance standards. Accordingly, CWSB continues to use the CQI case reviews to identify barriers that hinder monthly contacts being made. Below include some contributing factors:

- Insufficient staffing, particularly in East Hawaii and East Oahu;
- Higher caseloads;
- More demands and requirements of caseworkers, including tools, family findings, Ohana Conferences, and Youth Circles;

- Frequent court hearings, particularly on Maui where hearings may be as often as every two to three months;
- Increase in transient and homeless families; thus, caseworkers spend more time attempting to locate such families;
- Scheduling conflicts in arranging visits;
- Large geographical area covered by sections, particularly on Hawaii Island where the area covered by each section is so massive that it often requires caseworkers to travel up to three hours roundtrip from the office for a home visit; and
- More children in foster care compared to previous years, particularly in East Hawaii. Please see Data Booklet, Figure 13 and Figure 14.

The identification of the above highlighted problems provides CWSB with an opportunity to develop and implement targeted strategies to address such problems and improve overall performance. To address the above mentioned identified barriers, CWSB is working on the following strategies:

- Staff recruitment efforts at local colleges and universities, and local job fairs;
- Section and/or unit briefings at which time the section administrator or supervisor reviews a monthly contact record with his/her staff (in certain geographical areas);
- Creating a workgroup to streamline the required CWSB forms;
- Assigning cases by geographical area;
- Adding a secondary worker;
- Assigning a contracted worker to see the child(ren) every other month; and
- Analysis of the reasons behind the rise of the foster care population in East Hawaii.

In addition, to those listed above, CWSB is working on four specific initiatives to assist caseworkers to complete their monthly visits. First, in order to increase the number of caseworkers and reduce caseloads, CWSB is working in partnership with the DHS personnel office and the DHS to streamline and expedite the current somewhat laborious and extended hiring process. While applicants are waiting to be hired, applicants often accept offers for positions in other agencies or departments. During this past year, CWSB staff partnered with the DHS personnel office at a job fair in which CWSB was able to conduct interviews with applicants and offer positions to qualified applicants on the same day. This job fair led to the hiring of multiple positions.

Second, the rise in the foster care population in East Hawaii is concerning to CWSB, and accordingly, CWSB intends, through its partnership with CQI, to identify the root of the problem. CWSB also intends to review the assignment of caseworker positions to determine if any positions may be shifted to positions that will assist existing caseworkers with their caseloads.

Third, to increase the number of caseworkers and reduce caseloads, CWSB, in partnership with the University of Hawaii, School of Social Work, through the Hawaii Child Welfare Education Collaboration, provides stipends to students in the Master of Social Work program. Upon graduation, in exchange for such stipend, the student works for CWSB for the next two years. The first cohort graduated this last fiscal year resulting in eight new staff members, including staff on the neighbor islands.

Fourth, over the reporting period, CWSB continues to provide mobile technology to field staff to enhance the quality, quantity, and timeliness of documentation and logging visits. As of September 30, 2016, CWSB has spent \$61,992 of the Monthly Caseworker Visit Formula Grant.

Starting in December 2016, Section Action Plans that result from each section's case reviews began to be discussed and monitored for progress at monthly Branch Meetings. At the Branch Meeting in June 2017, the CWSB administrative team identified four performance priorities to track as a Branch. One of these priorities is the frequency and quality of monthly face-to-face caseworker visits with children in foster care. It is clear from Hawaii's case review data that every Section needs to improve here. The goal is for each Section to improve in this area by 10% each year until the Section reaches the national standard of 95%. Progress toward each Section's goal will be measured by hand by each section independently and then discussed at the monthly Branch Meetings. Branch Meetings will also be an opportunity to analyze and examine the efficacy of action steps toward the goal and modify approaches to the challenges, as needed. Annual progress will be measured through the case review system.

2. Health Care Services

CWSB provides a variety of health care services to youth in care and parents including oversight of psychotropic medications and medical coverage for youth and psychological evaluations or mental health assessments for youth and parents.

The over-prescription of mood altering medications to children in foster care is a national and local concern. While Hawaii trends under the national average for prescription of psychotropic medication to youth in foster care, CWSB is continuing efforts to strengthen its healthcare oversight plan by developing a comprehensive strategy to address, track, and monitor youth for whom psychotropic medications are prescribed, and to ensure the provision of trauma-informed services to children in foster care. Because Hawaii feels strongly that the youth in care will benefit from additional oversight, CWSB has worked with focus groups, interviewed medical professionals and CWSB staff to determine the best course of action. CWSB has incorporated the additional information and

perspectives, obtained as a result of this collaboration, into the implementation a new plan which is imbedded into services contracts beginning in July 2017.

Since early 2012, CWSB has been convening a multi-disciplinary action team to address the issue of over medication in Hawaii. During 2016, an equivalent to a psychiatric advanced practice registered nurse (APRN) was added to oversee children in CWSB care who are on a psychotropic medication. At any given time in Hawaii, there are approximately 75 children in care receiving prescription psychotropic medications. This added service will help to monitor these youth, and look for the prescription/use of contraindicated medications, appropriate use of the medication, level of understanding of the family, resource family and other supports for the youth regarding the medication(s), and when appropriate work with the young person themselves. The liaison position will also work with providers, as needed, when there is a change in placement and will assist in coordinating services with new prescribers or obtaining a new prescriber, if needed.

During the past year, CWSB has increased the emphasis on approaching potential mental health issues in a thoughtful and sensitive way to minimize the number of added stressors placed on individuals and families. This was implemented in the assessment practices through the mental health contracts, with the increased use of mental health assessments, as opposed to psychological evaluations. CWSB has historically had an overreliance on the psychological evaluation process, which can be very stressful and sometimes re-traumatizing for the subject of an evaluation. CWSB is moving toward more frequent use of the less invasive mental health assessment to establish whether there is a need for a more comprehensive psychological assessment or if issues can be resolved at a lower level of intervention. Full psychological evaluation services are still available when the nature of the child abuse or neglect necessitates a full psychological battery, as well as for cases identified as serious harm or with unknown perpetrators.

Additionally, shared policies and procedures between MedQuest and CWSB regarding the provision of medical coverage in accordance with the Interstate Compact on the Placement of Children (ICPC) were also revised to accommodate recent changes in the ICPC forms as requested by the ICPC Association of Administrators.

Lack of CWSB's staff understanding and facility with the MedQuest KOLEA on-line portal/data system was identified as an issue that impacted on the timely provision of medical coverage for children in foster care. To address this barrier, MedQuest worked with CWSB to ensure training for CWSB staff on the KOLEA system.

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

1. Providing for Children's General Needs

a. CFSR Well-Being Outcome 1

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

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

SFY 2016: 99 Cases Reviewed
54 Strengths, 45 ANI

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

1) Purpose

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

2) Summary of Data

In 54 of 99 cases (or 55% of applicable cases reviewed), efforts were made to assess the needs of children, parents, and resource caregivers or to identify the services necessary to achieve case goals and adequately address the relevant issues, and provided the appropriate services.

Forty-five cases (or 45%) were rated as needing improvement. Assessments of needs or provision of services were needed for children (20 cases), mothers (37 cases), fathers (41 cases) and resource caregivers (18 cases). Irregular monthly caseworker contacts negatively impacted this performance item; without contact, the caseworker could not properly assess the clients' ongoing needs and progress in services. In most cases, the individuals were referred to some services, but ongoing assessments were not evident to ensure the services met his/her needs and that progress was being made toward case goals.

3) Discussion

With the continued use of and automatic referral to Ohana Conferences, the implementation of monthly Ohana Time, trainings, procedures clarifications, and the multiple collaborations with DOH, DOE, and service providers, Hawaii expects continued growth and improvement in this item.

ii. CFSR Item 13: Engagement of Child & Parent in Case Planning

SFY 2016: 96 Cases Reviewed

55 Strengths, 41 ANI

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

1) Purpose

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

2) Summary of Data

In 55 of 96 cases (or 57% of applicable cases reviewed), concerted efforts were made to involve parents and children in the case planning process on an ongoing basis. Caseworkers discussed case direction, through quality monthly visits, which allowed families to express their feelings and have a voice in their plan. Ohana Conferences were used in many of these cases as an avenue for engagement. Efforts to locate parents and children when they were not readily available contributed to strength ratings.

Forty-one cases (or 43%) were rated as needing improvement.

- In most of these cases, the infrequency of contact did not allow for the client to be engaged in case planning. Clients in these cases were not seen for several consecutive months (commonly 3-7 months). Although Ohana Conferences occurred in some cases, in many of these cases, Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents.
- Fifteen of the 41 cases are in-home.
- In several cases, the children and/or parents resided in another state or on a neighboring island and there was no designated authority making contact with them for all or part of the PUR.
- In 22 of these cases, children were not engaged in case planning.
- In 23 of these cases, mothers were not engaged in case planning.

- In 25 of these cases, fathers were not engaged in case planning.

3) Discussion

CWSB believes that the following factors contributed to the improvement in involving parents and children in case planning from SFY 2012 to present, as reflected in the Data Booklet, Figure 94: Consolidated CFSR Items SFY 2012 – 2015 & CFSR R3 SwSA. First, all court involved CWSB cases statewide are now automatically referred for an Ohana Conference. Second, in September 2012, all CWSB staff statewide were trained on new efforts and strategies to engage fathers and families. This training included information on how to locate and work with non-custodial parents addressing the issues identified in the CFSR data in Data Booklet, Figure 94: Consolidated CFSR Items SFY 2012 – 2015 & CFSR R3 SwSA. The lack of consistent monthly visits by the caseworker with the family contributes to a lack of engaging the family in case planning; however, as described in this APSR, Hawaii is making great efforts to improve the frequency of worker visits.

Third, CWSB increased family and youth involvement in decision making through Ohana Conferences and Youth Circles. Ohana Conferencing involves the family and extended family members, and assists in developing service and action plans to support the child and family and discuss case planning. With children in relative placements, Ohana Conferencing can also help support role clarification and communication, which will support stable placements.

iii. CFSR Item 14: Face-to-face contact with Children

SFY 2016: 99 Cases Reviewed
55 Strengths, 44 ANI

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

1) Purpose

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

2) Summary of Data

In 55 of 99 cases (or 56% of applicable cases reviewed), the frequency and quality of visits between caseworkers and children/youth were sufficient to ensure their safety, permanency, and well-being and promote achievement of

case goals. In these cases, caseworkers met with children alone, as appropriate for their age and development, and discussed safety, permanency, and well-being in a way appropriate for that specific child. In many of these cases, the caseworker had built good rapport with the child/youth and saw them in a variety of settings—home, school, community, etc. Caseworkers often noted observing interactions of the child with parents and/or siblings as part of their monthly contact. In some of these cases, the monthly contact record was used to capture and document information.

Forty-four cases (or 44%) were rated as needing improvement. In some sections, there were a number of inactive cases that were kept open well beyond the caseworkers' identified case closure dates; if court jurisdiction was revoked, safety assessed as being mitigated and/or a case closing summary approved by the supervisor, the case was considered closed. The cases captured as needing improvement were those open in CPSS in which families thought their case was still opened, there were pending caseworker activities, and/or there was no case closing report or court's dismissal of the petition. Timely closure of VCM cases and timely consultation by DHS on VCM cases, as required by policy, caused delays in case closure and coordinated responses.

- In 39 cases, the frequency of contact with the child(ren) was less than monthly, with contact occurring in at least half of the months the case opened during the period under review. It was often difficult to tell why contact was not made in other cases, but case transfers (from investigator to permanency worker; from worker leaving DHS to the receiving worker; from DHS to VCM and VCM to DHS) and delayed case closures appeared to be account for several cases. In some sections, there were a high number of cases that experienced multiple case transfers during the period under review while the case was in permanency (case management).
- In some of these cases, when children were seen, quality was good. In other cases, although children were seen, documentation and interviews were often not reflective of high quality visits.
- Fifteen of these cases were in-home.
- In several court-involved cases, the children lived out-of-state and there was no face-to-face contact throughout the PUR.
- In 1 case, the youth was on the run and ongoing efforts were needed to locate them for several months during the PUR.

- In 5 cases, visits were of sufficient frequency but the quality of the visits was inadequate. In these cases, the children were not seen alone throughout the PUR.

3) Discussion

CWSB views face-to-face contact as the cornerstone of quality case management and crucial to successful family outcomes. Accordingly, CWSB administrators and supervisors put great energy into improving the frequency and quality of caseworker visits with children and parents. In February-March 2017, as a part of CWSB's Pono for Families initiative, CWSB held an Engagement Training to assist workers in gaining a better understanding of engagement with different cultures and families within the child welfare system, empower CWSB staff to become more confident, effective, and comfortable engaging the families involved in child welfare, and learning practical and tangible engagement skills to help increase effectiveness and create positive outcomes. This training was offered in all geographic regions in the State and to all CWSB staff, including administrators, section administrators, supervisors, case workers, office assistants, and secretaries.

See Section V. Family Engagement and Child Well Being, A. Program and Service Descriptions, 1. Monthly Caseworker Visits for information on monthly face to face visits. For improvements made from 2012-2015 and a description of Maui Child Welfare Services Section' internal chart for tracking visits, please see APSR FFY 2017. Due to the efforts described and referred to above, CWSB is optimistic that Hawaii will continue to see improvement in many CFSR items.

iv. CFSR Item 15: Face-to-face Contact with Parents

SFY 2016: 89 Cases Reviewed

41 Strengths, 48 ANI

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

1) Purpose

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

2) Summary of Data

In 41 of 89 cases (or 46% of applicable cases reviewed), the frequency and quality of visits between caseworkers and mothers and fathers were sufficient to ensure the safety, permanency, and well-being of the children and promote achievement of case goals. In these cases, both the mothers and fathers were contacted, involved, and engaged in case planning.

Forty-eight cases (or 54%) are rated as needing improvement. A combination of turnover and no documentation resulted in much information unknown.

- In 43 cases, there was a lack of regular monthly contact with parents. Also, in most of these cases, parents' whereabouts were known (i.e. they attended visits with their children regularly) but they were not responsive or easily engaged. In two cases, contact was not made with incarcerated fathers.
- In 35 of these cases, contact with the mother was not monthly.
- In 33 of these cases, contact with the father was not monthly.
- In 5 cases, caseworker visits were made; however, the quality was not sufficient.

3) Discussion

CWSB continues its training on effective strategies for engaging families, including fathers. For trainings on engagement with families involved in child welfare in 2017, see CFSR Item 14 above. For trainings prior to 2016, please see the APSR FFY 201.

2. Child's Educational Needs

a. CFSR Item 16: Educational Needs of the Child

SFY 2016: 76 cases reviewed
59 strengths, 17 ANIs

i. Purpose

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

ii. Summary

In 59 of 76 cases (or 78% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs. Assessments and services included: caseworker interviews, speech therapy, monitoring of academic performance, special education testing and services, caseworker conferences with school teachers and attending Individualized Education Plan meetings.

Seventeen of the cases (or 22%) were rated as needing improvement.

- In 13 cases, initial and/or ongoing assessments were not made of children's educational needs.
- In 3 cases, information was gathered to determine educational services were needed but they were not provided.
- In one case, concerted efforts were needed to locate the child on the run.

iii. Discussion

Through the collaboration of CWSB, DOE, the Judiciary, the CIP, and HCWCQI, concerted efforts are ongoing to keep children in their school of origin after entering foster care. DOE and CWSB staff meet approximately bimonthly on this project. Hawaii CQI case reviews now include a question on whether any placement change resulted in a change in school for the subject child. In SFY 2016, 54 children/cases in the statewide case reviews were applicable for this item. Of these 54 children, only three experienced a change in school after foster placement and 94% of the children remained in their school of origin.

In March 2012, DHS began partnering with the DOE to ensure educational stability for Hawaii's foster children. This work is still ongoing, spurred on by the recently enacted Every Student Succeeds Act. Education stability practices are in place in certain districts on Oahu, CWSB is currently tracking students who are displaced after being taken into care and is making efforts to reduce such displacements when not in the child's best interests.

Recognizing the unique needs of children in foster care, Title I section 1111 (g)(1)(E) of the Elementary and Secondary Education Act (ESEA), as amended by the Every Student Succeeds Act (ESSA), outlines new protections for foster children in an effort to increase educational stability and improve academic outcomes and collaboration among public child-serving agencies. The spirit of the legislation emphasizes collaboration between the DOE and DHS including a

shared vision, shared policy-making efforts, and shared financial expenditures in order to increase access and reduce barriers created when the two systems operate independently of each other. CWSB, DOE, and other shareholders worked collaboratively to develop streamlined procedural guidelines to serve foster children in the educational system. Through federal guidance and a shared vision of positive student outcomes for foster youth, DOE and CWSB established an unprecedented and meaningful collaboration in order to efficiently provide services and greater insight into the lives of foster children whom the agencies serve in common; however, final approval by DOE of the process has not been achieved.

Currently, CWSB sends data to DOE every month identifying the school age children in foster care and the school they attend. DOE is in the process of creating a “flag” in their online student information system that will identify a student as a child in foster care. This early identification of a child in foster care will assist the DOE in tracking progress and outcomes of children in foster care and to accurately capture indicators such as student achievement on assessments, graduation rates, discipline, school attendance, enrollment, transfers, and preschool and college enrollment for students in foster care. Such data is also critical in raising public awareness about the unique educational needs of children in foster care.

This past year, CWSB worked with Maui College to add data capture forms in SHAKA. At the end of December 2016, CWSB and Maui College trained supervisors from an Oahu section to pilot inputting educational stability data in SHAKA. Initially identified challenges with the new process have been resolved, and monitoring will continue to ensure that future challenges, if any, are quickly addressed.

3. Children’s Physical and Mental Health Needs

a. CFSR Item 17: Medical and Dental Health of Children/Youth

83 Cases Reviewed

68 Strengths, 15 Areas Needing Improvement

i. Purpose

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

ii. Summary

In 68 of 83 cases (or 82% of applicable cases reviewed), children were assessed and provided with services to address their physical and dental health needs. PPE's were common. In many cases, resource caregivers, unit aides and assistants are credited for initiating and following up on much of the work needed to meet children's medical and dental needs. Assessments and services included: physical and dental exams, pre-placement exams, well-baby check-ups and immunizations, EPSDT, vision exam and glasses, physical therapy, TB tests, transportation to medical appointments, medication management, Easter Seals, and Kapiolani Medical Center services.

Fifteen of the cases (or 18%) were rated as needing improvement.

- In 11 of these cases, there was no medical or dental appointment for the children after their initial appointment at the time of placement.
- In several of these cases, documentation and lack of medical records in the file was a factor; newly assigned caseworkers did not know about the child's physical/dental health.
- In 1 case, monthly quality contacts may have helped to assure that the children's medical and dental needs were met.
- In 5 cases, the child's physical health was assessed, but services were not provided.
- In 2 cases, the child's medical health needs were addressed but the dental health needs were not.
- In 4 cases, appropriate agency oversight of prescription medications was needed.

iii. Discussion

The slight increase of strengths in this area compared to the previous year is an encouraging indicator that caseworkers are better addressing the physical and dental health needs of children in foster care. To continue improvement in this area, the CWSB has procured a new contract to include a medications APRN or doctor to have oversight of children who are on psychotropic medication. Any child in foster care should have this additional level of oversight to ensure that prescription medications are not only appropriate but are being taken as prescribed as well as educating case workers, caregivers and children, as age appropriate, on the medications they are taking.

b. CFSR Item 18: Mental Health Assessments and Services for Children/Youth

82 Cases Reviewed

54 Strengths, 28 ANI

i. Purpose

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

ii. Summary

In 54 of 82 cases (or 66% of applicable cases reviewed), children were assessed and provided with services to address their mental/emotional health needs. Resource caregivers contributed greatly in setting up appointments and transporting children. Assessments and services included: caseworker interviews, psychological evaluations, individual therapy, family therapy, contact with service providers, cognitive therapy, substance abuse treatment, Department of Health services, psychiatric services, therapy to address sexual abuse, and Early Intervention Services.

Twenty-eight cases (or 34%) were rated as needing improvement.

- In 17 cases, assessments were not provided but were necessary for children who experienced abuse and/or neglect, or who exhibited a need for mental health screening.
 - Two of these cases involved confirmed victims due to domestic violence exposure.
 - Seven of these cases were in-home.
- In 1 case, there was no contact and no efforts made to contact the child so that ongoing assessments could be made.
- In 4 cases, agency oversight was needed for administering of the child's psychotropic medication. In this case, regular communication with the child's resource caregiver was needed.
- In 5 cases, concerted efforts were needed for the caseworker to communicate with the mental health provider and or resource caregiver about the child's mental health.
- In 10 cases, mental health services were needed for the youth in foster care. In these cases, there was acknowledgement for the needed services; however, it was not provided.

iii. Discussion

CWSB procedures require that foster children are referred for a mental health assessment or screening within 45 days of placement. Confirmed child victims of abuse or neglect, and children served in their homes must be referred within 60 days of the intake or sooner, if appropriate.

CWSB continues to improve awareness and practice by providing information on children's mental health needs to the sections. For example, in September 2015, *Supporting Youth in Foster Care in Making Healthy Choices*, a companion guide to Making Healthy Choices: A Guide on Psychotropic Medications for Youth in Foster Care was circulated to serve as a resource, promote awareness, and increase communication. Following their case review in January 2016, West Oahu Supervisors also recently completed a refresher training on the monthly face to face worker contact record and on the mental health requirements including the need of psychotropic medication oversight.

As mentioned, CWSB recently procured for a contract to include an APRN or doctor to have oversight of medications that children in foster care are on. This position, starting with the new contract on July 1, 2017, will be responsible for monitoring all youth in care who take psychotropic medication as well as for educating those involved with the youth on medication, and keeping everyone informed and making themselves available to answer questions from staff and the youth's supports about medications they may be taking and how those may affect the young person.

SECTION VI. SYSTEMIC FACTORS

A. STATEWIDE INFORMATION SYSTEM

1. Item 19: Statewide Information System

Hawaii uses a statewide information system called CPSS (Child Protective Service System). CPSS is fully operational and available to staff 24 hours a day, seven days a week, except for brief periods of routine maintenance downtime. CPSS is utilized primarily by CWSB support staff, caseworkers, supervisors, managers, administrators, and other staff and is the official system of record from which child welfare data and reporting is sourced. The system is used for readily identifying the status, demographic characteristics, location, and permanency goals of each child in foster care. CPSS also houses historical CWSB foster care data.

CWSB's Adoption and Foster Care Analysis and Reporting System (AFCARS) files consist of data extracted from CPSS. AFCARS data quality reports show the number of records with missing information. CWSB's FFY 2015A, 2015B, and 2016A AFCARS submissions had no elements with error rates above 10%, which is the threshold for an AFCARS penalty. The FFY 2016B data quality report provided the following error rates on AFCARS elements that are pertinent to Statewide Assessment Item 19:

- FC-06 Date of Birth: 0 missing records
- FC-07 Sex: 3 missing records (0.14% failing)
- FC-08 Race: 0 missing records
- FC-09 Hispanic Origin: 0 missing records
- FC-18 First Removal Date: 0 missing records
- FC-20 Last Discharge Date: 0 missing records
- FC-21 Latest Removal: 0 missing records
- FC-41 Current Placement: 27 missing records (3.97% failing)
- FC-42 Out of State: 0 missing records
- FC-43 Most Recent Goal: 58 missing records (2.99% failing)

"Missing records", as used above, means that the data is not entered in the field from which the AFCARS data is extracted, not that it is unknown to DHS.

To further assess the accuracy of the information in CPSS, Hawaii collected and examined data during the State's annual case reviews in calendar year 2016. All children that were selected as part of the foster care sample for the case reviews were also

included in this targeted review process. Reviewers compared the data from the designated field in CPSS to other available information (e.g., physical case file notes, records, and reports; court reports; interviews with staff; narrative data in CPSS logs of contact; etc.). Reviewers documented their findings on a review tool that was then verified by CQI staff. The CPSS data was determined accurate when the information was consistent with narratives, interviews, or documentation in the child's case file; the CPSS data was determined inaccurate when it was inconsistent. The review results were:

a. Date of birth

Of the 65 foster care cases that were reviewed statewide, 65 cases (100% of the cases) were confirmed accurate. No cases were deemed inaccurate.

b. Sex

Of the 65 foster care cases that were reviewed statewide, 65 cases (100%) were confirmed accurate. No cases were deemed inaccurate.

c. Race

Of the 65 foster care cases that were reviewed statewide, 61 cases (94%) were confirmed accurate. Four cases (6%) were deemed inaccurate.

d. Ethnicity

Of the 65 foster care cases that were reviewed statewide, 59 cases (91%) were confirmed accurate. Six cases (9%) were deemed inaccurate.

e. Latest removal date

Of the 65 foster care cases that were reviewed statewide, 57 cases (88%) were confirmed accurate. Eight cases (12%) were deemed inaccurate.

f. Most recent address

Of the 65 foster care cases that were reviewed statewide, 53 cases (82%) were confirmed accurate. Twelve cases (18%) were deemed inaccurate. In these cases, although the address field in CPSS was not current, the child's most recent address and current caregiver information could be readily and accurately identified in other screens of the child's electronic file in CPSS, or in the Safe Family Home Report.

g. Most recent placement type

Of the 65 foster care cases that were reviewed statewide, 59 (91%) were confirmed accurate. Six cases (9%) were deemed inaccurate.

Additionally, in January 2017, Hawaii conducted a special targeted review for accuracy of permanency goals and legal statuses. A random sample of 65 children who were in foster care as of December 31, 2016 were selected. Reviewers compared the data from the designated field in CPSS to other available information (e.g., physical case file notes, records, and reports, court reports, interviews with staff, narrative data in CPSS logs of contact, etc.). Reviewers documented their findings on a review tool that was then verified by CQI staff. The CPSS data was determined accurate when the information was consistent with narratives, interviews, or documentation in the child's case file; the CPSS data was determined inaccurate when it was inconsistent. The review results were:

a. Most recent permanency goal

Of the 65 foster care cases that were reviewed statewide, 58 cases (89%) were confirmed accurate. Seven cases (11%) were deemed inaccurate.

b. Legal status

Of the 65 foster care cases that were reviewed statewide, 61 cases (94%) were confirmed accurate. Four cases (6%) were deemed inaccurate.

Moving forward, Hawaii has incorporated the targeted reviews into its annual case review process.

Although the Division's Management Information and Compliance Unit was decimated during a major Reduction in Force in late 2009, numerous staff and new processes have worked to fill the gap, ensuring the quality of data. The Department's Office of Information Technology creates hundreds of data reports that are distributed regularly (some monthly, some quarterly, some annually) to CWSB supervisors and administrators to assist in data corrections and accuracy. The Department's Audit, Quality Control, and Research Office (AQCRO) analyzes trends and meets with CWS Branch and Program Development administrators monthly to identify and discuss data issues of concern. Over the past couple of years, State auditors, CWSB administrators, supervisors, and CQI staff have identified specific data issues that Hawaii has been able to resolve through adding new logic into CPSS.

New CWSB employees receive CPSS training as part of New Hire Training requirements. New Hire Training includes education on critical data elements required

by AFCARS to be accurately documented in CPSS, such as case goals, legal status, review type, special needs, etc. Hawaii provided an AFCARS refresher training course in March 2015 to all eight geographic sections (four on Oahu, one in Hilo, one in Kona, one on Maui, and one on Kauai). The refresher training was well received by staff, including Section Administrators, unit supervisors, caseworkers, and support staff. Since the refresher training held in March, Hawaii has worked to finalize a process to track disabilities and behavioral issues in foster children. Hawaii plans to continue annual AFCARS refresher training for all CWSB sections. In addition, some units/sections receive targeted refresher trainings if the administrator, who is designated to regularly review AFCARS data, identifies it as having challenges with data accuracy.

In 2004, in preparation for the development of the Comprehensive Child Welfare Information System (CCWIS), CWSB had an external consultant analyze Hawaii's CWSB practice and identify areas for growth. The goal was to design the new CCWIS to support and record best practices and eliminate outdated or flawed procedures and routines. CWSB took the consultant's feedback seriously and in 2014 and 2015 created a set of initiatives that focused on five areas: assessment, child protection, permanency, family engagement, and organizational empowerment. These initiatives were brought together under the umbrella of one project, Pono for Families (PFF). The Hawaiian word *pono* translates into English as "uprightness, balance, wellbeing, prosperity, goodness, or morality." The work on PFF has involved over 100 people, including CWSB direct service staff, community partners, foster youth, resource caregivers, and sister agencies. This effort demonstrates Hawaii's commitment to data quality and improvement, especially in how it relates to serving children and families.

For more information on AFCARS, please see *Section VIII.CAPTA, J. Continuous Growth*.

B. CASE REVIEW SYSTEM

1. Item 20: Written Case Plan

In Hawaii, the combined Safe Family Home factors and the service plan or permanent plan is referred to as the case plan, and is defined in Hawaii Administrative Rules 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4. The rule requires that all children and families under the jurisdiction of the department and assessed as needing ongoing child welfare casework services have a written case plan, which must be developed with the family sometime after the day of the receipt of the report of abuse or neglect or an out-of-home placement, but no later than 60 days from the date the child was removed from the home. The Safe Family Home Report (SFHR) discusses each of the safe family home factors that are applicable to each family and, unless otherwise ordered by the court, must be filed, along with the service plan, with the petition for jurisdiction and

within 15 days of the scheduled return hearing, periodic review, permanency hearing, and termination of parental rights hearing, HRS §587A-18.

Hawaii has two methods, statewide, to assess whether each child has a written case plan that is developed jointly with his/her parents. Through the statewide case review process, the reviews determine whether efforts were made to engage both parents and children in the case planning process. The second method is a targeted review that assesses whether children had a current written case plan and that it was jointly developed with each parent.

Hawaii's case review data for SFY 2016 shows the following:

- The percentage of cases in which concerted efforts were made to actively involve the mother in case planning (Item 13, B) was 66%, or 44 of 67 applicable cases.
- The percentage of cases in which concerted efforts were made to actively involve the father in case planning (Item 13, C) was 56%, or 31 of 55 applicable cases.

To further assess whether case plans were developed jointly with parents, additional data was collected and examined as part of the State's annual case review during SFY 2016. All children selected as part of the foster care sample were included in this targeted review process. Reviewers had to first determine if there was a current case plan in the child's file. Reviewers then had to determine if that child's parents (if applicable) were involved in case planning through evidence documented in the case file, narratives, or interviews. They documented their findings on a review tool, which was then verified by CQI staff.

The targeted review results for SFY 2016 were:

- Of the 53 applicable cases, 46 cases files (87%) contained a current Safe Family Home Report. The remaining cases did not contain a case plan.
- Of the 49 applicable cases, 29 case plans (59%) were developed with the mother.
- Of the 38 applicable cases, 17 case plans (45%) were developed with the father.

Hawaii has incorporated this targeted review into its ongoing case review process.

Written case plans are not coded in CPSS or in the Court's database; however, it is in CWSB's long-term plan to include this tracking function in CCWIS. Also, the Family Court's Child Protective Act Benchbook includes judicial inquiry into whether parents understand and agree with their service plan, but the Benchbook does not include inquiry

into whether the case plan was prepared jointly with the parents. To help ensure that parents understand and agree with their case plan, the Family Courts began sanctioning parties who submitted late court reports in SFY 2016, which ensures that parents and their attorneys have adequate time to review and respond to a proposed SFHR before their court hearing.

In an effort to gain further insight as to the reasons for success and struggles regarding case plan engagement with parents, CWSB surveyed caseworkers statewide. Approximately two thirds of all caseworkers statewide responded. Sixty-eight percent of those who responded to the survey said that they either “usually” or “always” develop case plans jointly with the parents. Many stated in the comments that it was often hard to find and meet with parents in order to create the plan together, or that parents are sometimes unwilling to engage with the worker. Several other comments implied that some workers do not have a clear understanding of how to develop the case plan jointly with parents. Some staff have identified that high caseloads and turnover are barriers to effectively engaging parents in case planning and developing written case plans timely. This data informs how CWSB may be able to improve in this area, pointing to methods, such as mentoring or coaching caseworkers, that may be successful here.

2. Item 21: Periodic Reviews

Periodic reviews are conducted by Family Court at least once every six months, pursuant to federal and Hawaii statutes. This requirement is also memorialized in the Judiciary’s Child Protective Act Benchbook, which all Family Court judges receive and have access to through the Judiciary’s internal website. Family Court judges, judicial clerks, CWSB’s attorneys (Deputy Attorney Generals), guardians ad litem (GALs), court appointed special advocates (CASAs), parent counsel, and CWSB staff have been trained on statutory timelines for dependency hearings.

During a November 2016 interview about the timeliness of periodic review and permanency hearings, the Deputy Attorneys General Family Law Division assigned to Child Protective Act cases stated that deputies in the Family Law Division are instructed to request periodic reviews within five months, in order to ensure that the six month maximum is not exceeded. The lead judge for Oahu’s juvenile division stated that, at the end of each periodic review hearing, he requests that his court clerk set the next hearing date for a maximum of five months out, to ensure timely occurrence of these hearings. Short-setting these hearings allows time for unexpected scheduling conflicts and continuances, without exceeding the six month maximum.

Each periodic review hearing includes a discussion and/or decisions about:

- the child's receiving appropriate services and care;
- proper implementation of the case plan;
- the Department's work toward permanent placement for the child;
- the child's current safety;
- the necessity of continued out-of-home placement;
- the extent to which each party has complied with the case plan;
- the family's progress in making the home safe for the child;
- the family's progress in resolving the problems that caused the child to be harmed or threatened with harm; and
- a projection of a likely date for reunification or permanent out-of-home placement.

Hawaii's Adoption and Foster Care Analysis and Reporting System (AFCARS) data, which is extracted from CPSS, has been reviewed. The last three submissions for AFCARS Data Element 5, Date of Last Periodic Review, show no missing data and that 98% of all children receive a periodic review once every six months (2016A submission 0.88% failing; 2015B submission: 2.08% failing; 2015A submission: 0.82% failing).

Hawaii also conducted a targeted review of a statewide sample of cases to assess if periodic reviews were occurring no less frequently than every six months. The State's Family Court statistician extracted cases from all circuits. In each case, the child's date of entry into foster care occurred between September 1, 2015 and November 1, 2015. A total of 81 cases statewide were reviewed. Court Improvement Project staff reviewed court hearing data in physical court files and calendars and, when available, electronic copies of court orders. Of those cases reviewed, 74 cases (or 91%) had a periodic review court hearing within six months of the child's date of entry into foster care. One-hundred percent (100%) of these cases had a periodic review within six months of the first periodic review. The median number of days to the first periodic review hearing was 130, 145 to the second review hearing, and 87 to the third review hearing. The mean number of days was 130, 119, and 100 for the first, second, and third reviews, respectively.

3. Item 22: Permanency Hearings

The same circumstances described in Item 21 above for periodic reviews pertain to permanency hearings, except for their timing, which for permanency hearings is within twelve months after a child's date of entry into foster care, and every six months for children in permanent custody. After the initial permanency hearing, permanency hearings are usually held simultaneously with periodic reviews.

Hawaii conducted a targeted review of a statewide sample of cases to assess if permanency hearings were occurring within twelve months from the date the child entered foster care, and within every twelve months thereafter. The State's Family Court statistician extracted cases from all circuits. In all cases, with the exception of five neighbor island cases, the child's date of entry into foster care occurred between September 1, 2014 and November 30, 2014. A total of 101 cases statewide were reviewed. Court Improvement Program staff reviewed court hearing data in physical case files, court calendars, and electronic court documents, when available. Of those cases reviewed, 86 cases (85% of cases) had a permanency hearing within twelve months of the date the child entered foster care and no less frequently than every twelve months thereafter. 100% of reviewed cases had a second permanency hearing within twelve months. The median number of days from date of entry into foster care to the first permanency hearing was 334 and 169 to the second permanency hearing. The mean number of days from date of entry into foster care to the first permanency hearing was 328 and 177 to the second permanency hearing.

4. Item 23: Termination of Parental Rights

The timelines for filing a motion for termination of parental rights (TPR) are set forth in HRS §587A-31 and HAR §17-1610-36. In addition to the data provided by the Hawaii State Judiciary (Judiciary), Hawaii CWSB has two additional methods, case reviews and a targeted review, to assess whether the filing of TPR proceedings occur in compliance with the required provisions. The case review and targeted review focus on a slightly different time period. While the case review considers the filing or joining of TPR before and during the period under review (PUR), the targeted review focuses on performance during the PUR only.

In case record reviews, whether motions for TPR are timely filed is evaluated using the Onsite Review Instrument in Item 5 and represent cases from all circuits in the State. The filing of TPR motions is tracked by the UH Maui College HCWCQI Project via case reviews. Since Hawaii began using the Online Monitoring System (OMS) for case record reviews in SFY 2015, qualitative data is more easily extracted. In SFY 2016, reviews of Items 5d, 5e, 5f, and 5g show that of all the cases reviewed, 25 children had been in foster care for at least 15 of the most recent 22 months. Of those 25 children, the agency filed or joined a motion for TPR for 14 children or 52%. Of the remaining 11 children, a judicial exception to the requirement to file or join a motion for TPR existed regarding two of the children or 18%, resulting in 64% of the children reviewed meeting the ASFA requirements (16 of 25 children either had a filed TPR within the requisite period of time or there was an approved exception in his/her case).

Hawaii conducted a targeted review during the State's annual case reviews in SFY 2016 to further assess its performance in timely filing of motions to TPR. All children that were selected as part of the foster care sample for the case reviews were also included in this targeted review process. This review targeted children where a motion to TPR was filed or joined during the PUR. Of the 23 applicable children, 78% (18 children) were filed timely or documented a compelling reason.

Although CPSS is currently unable to calculate whether motions for termination of parental rights are timely filed, the Judiciary tracks and shares this data with CWSB at least annually. Since CPSS and the Judiciary's reporting system do not provide the information necessary to determine whether CWSB documented a compelling reason not to file a motion for TPR, a reviewer would have to read the SFHRs in individual cases to determine whether a compelling reason was documented. CWSB plans to enhance its capabilities to track this data by creating a code to document the filing dates for motions for TPR, and include provisions in the design of its CCWIS for interfaces with the Department of the Attorney General and the Judiciary.

To address cases for which a compelling reason not to file for TPR was undocumented, CWSB will be working with their attorneys at the DAG to ensure motions are filed timely or that compelling reasons, when appropriate, are documented in the SFHRs. The State's next permanency planning training will include clarification on the circumstances under which motions for TPR should be filed, and necessity of the documentation of compelling reasons, when appropriate.

Also, Family Court judges, court clerks, DAG attorneys, and CWSB staff receive training on statutory deadlines in dependency cases, and the Child Protective Act Benchbook also includes this information.

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

Applicable laws regarding the right of resource caregivers to notice of hearings can be found in the Child and Family Services Reviews Statewide Assessment 2017.

PIDF, on behalf of CWSB, annually administers a resource caregiver survey requesting information and feedback on several areas pertinent to the role of a resource caregiver, including whether resource caregivers received notices of review hearings regarding children in their care and how that notice was provided. Over 900 resource caregivers are queried statewide. In 2016, 33% of resource caregivers participated. The survey shows that a high number of resource caregivers are given verbal notice by the worker or the GAL, or are receiving written notice. The survey further showed that of the 247 resource

caregivers who responded to a question regarding court hearing notification in the 2016 survey, 73.7% received notice.

For results of this survey from 2013-2016, see Data Booklet, Figure 47: Notice to Families for 6-month Review Hearing.

Independent of PIDF's annual resource caregiver survey, resource caregivers were surveyed again in December 2016 to gain more insight into this issue. In this smaller and targeted survey, 115 caregivers responded, and 68% of applicable respondents indicated that they had received notice of a court hearing in the past year. Of those that received notice, 45% received the required written notice.

This targeted survey also asked resource caregivers if they were aware that they had a right to be heard at family court hearings involving children in their care, and also if they were given the opportunity to be heard, if applicable. Of the December 2016 survey respondents, 63% were aware of their right to be heard at court. Of those who attended court hearings, 68% stated that they were given the opportunity to be heard.

Consistent with applicable Hawaii laws and court rules, CWSB Procedures Manual, Part III, Sections 4.8.3., and 4.10.3.H. require that resource caregivers be given notice of court hearings. Notices of hearings and reviews to resource caregivers are sent by the assigned Child Welfare Services unit by letter, and a hard copy of the notice is kept in the case file. A log of contact is entered by the caseworker indicating that the notice was given. Although these methods support the notice of hearings to resource caregivers, data for such activities is just starting to be collected. Beginning in November 2016, the HCWCQI began checking case files for copies of the notices to caregivers and asking caregivers, during case review interviews, if they recall receiving written notice of hearings; the results of these inquiries will be included in future case review reports.

In addition to these efforts, CWSB is collaborating with the Department of the Attorney General to ensure that proper notice of court hearings is being given to resource caregivers. Beginning in 2017, CWSB will require all caseworkers to submit documentation to court of caregiver hearing notices, and judges will add a finding to the court order regarding whether or not formal notice of the hearing was properly provided to the resource caregiver.

C. QUALITY ASSURANCE SYSTEM

1. Item 25: Quality Assurance System

The DHS CWSB quality assurance (QA) and continuous quality improvement (CQI) system meets the five requirements in the following ways:

a. Operating in jurisdictions where services included in the CFSP are provided

i. Overview of Foundational Administrative Structure

Hawaii's QA and CQI system is centrally administered and operating in all jurisdictions of Hawaii by the University of Hawaii, Maui College (UHMC); this includes targeted reviews of CWSB's procedures and services, and regular reviews of child welfare contracts.

i. QA Process

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

- 1) 48-Hour Tracker Meetings occur bi-weekly with CWSB administrators and supervisors to facilitate timely responses to active CWSB intakes;
- 2) 5-Day Tracker Meetings occur bi-weekly with VCM providers to facilitate timely responses to active VCM intakes;
- 3) Branch Administrators and Section Administrators Meetings occur monthly, Management Leadership Team Meetings (that include CWSB supervisors, administrators and CQI staff) occur quarterly, Unit Morning Briefings occur daily, and Unit Staff Meetings occur approximately bi-monthly (these allow for communication about case, contract, and targeted review results);
- 4) Court hearings, including periodic reviews and permanency hearings, where judges review all aspects of the service plan to ensure that reasonable efforts are being made to resolve issues pertaining to child safety, permanency and well-being;
- 5) Data reports are provided to administrators at all levels and supervisors statewide to provide information on application of measured standards; some reports are provided weekly, some monthly, some quarterly, and some annually;
- 6) Committee on Projections and Expenditures (COPE) meetings occur monthly that include representatives from DHS Fiscal Management Office, Research and Statistics Staff, and Social Services Division Administrators to review funding allocations and expenditures, and aggregate data measures over time, including the number of children entering and exiting foster care and placement types;
- 7) Administrative review hearings of appealable reports when the confirmed perpetrator requests a hearing;

- 8) Outcome-Based Management Reports compiled by each Section Administrator monthly and submitted to Branch Administrators;
- 9) Performance Appraisal System (PAS) for every employee, at least once per year, and Corrective Action Plans for employees with areas in need of improvement;
- 10) Reviews of all contract compliance and service delivery, timed with procurement schedules, and as needed, and Corrective Action Plans for contractors with areas in need of improvement;
- 11) Case Reviews that are modeled after the CFSR, are conducted in each Section statewide, once per year;
- 12) Targeted Reviews are conducted as needed on application of practices and procedures; and
- 13) Continuous Quality Improvement Council Meetings (that include DHS and non-DHS statewide members) occur quarterly to review CFSR-related data, including case review findings. CQI Council plays a crucial role in community partnering and cross-agency engagement, and has been used as a forum to gain insight into CWSB's strengths and areas in need of improvement.

ii. CQI and QA Staff

CWSB has one staff position within Program Development designated to cover CQI/QA duties. In addition, CWSB contracts with the HCWCQI Project to conduct case reviews to promote consistency in the quality of practice and adherence to practice standards. The HCWCQI serves all jurisdictions in Hawaii, and engages in other QA projects as needed and requested by CWSB. The Project now has nineteen staff members; twelve are assigned to Child Welfare CQI and seven are assigned to SPAW. Of the CQI staff, two are managers; two work solely on the CFSR/CQI Case Review process, and provide reviewer and DHS new hire training; two are assigned to targeted reviews and data analysis of practice, procedures and systems; two focus on QA work with the Social Services Division's POS unit and CWSB Program Development unit regarding CWSB's contracts and providers; and the three other staff provide data collection, analysis, and administrative support.

iii. HCWCQI Additional Activities

In order to strengthen Hawaii's QA/CQI efforts, in addition to the work described above, the Project has also been involved in the following activities:

- 1) Integrating the new federal CFSR requirements into Hawaii's CFSR system;
- 2) Implementing the new federal requirements;
- 3) Increased CWSB POS contract monitoring;
- 4) Tracking and gathering feedback on the consistent implementation of new CWSB initiatives and forms; and
- 5) Enhancing the case review process by adding new areas of inquiry, such as notice to resource caregivers.

b. Standards to evaluate the quality of services (including standards to ensure that children in foster care are provided quality services that protect their health and safety)

i. Written Policies

CWSB has written procedures for all program areas from intake to permanency, consistent with federal laws, and State laws and rules. Procedures are available at <https://shaka.dhshawaii.net>. Case Review procedures were updated in 2016. Procedures are also written for some QA processes. Case reviews, contract reviews, and targeted reviews processes have been developed or updated in SFY 2016. Also, all standard community service provider contracts include requirements for ongoing QA, mandating that providers commit to using formal measurement tools, specific frequency of QA activities, and follow-up plans.

c. Identifies strengths and needs of the service delivery system

CWSB identifies strengths and needs through conducting administrative reviews, implementation reviews, targeted reviews, contract reviews, case reviews, and ongoing analysis of process and outcome data. These promote consistency in the quality of practice and adherence to practice standards. Data is shared and discussed internally with staff at all levels and externally with child welfare partners and stakeholders to identify progress towards goals.

i. Administrative Review Processes

Administrative Review Panels and Licensing Review Panels are held as needed when unusual and challenging situations arise on active cases. A team approach is taken to promote learning, consistent application of policies and procedures, clinical assessment, and good practice. A formal process is followed when convening such a panel.

ii. Implementation Reviews

Regular workgroup meetings for new programs, services and initiatives, that include design members, occur to ensure fidelity to models and contracts. In SFY 2016, these meetings occurred for programs such as SPAW, Wrap, CRT, IHBS, Maili Receiving Home, and Project First Care. This provides an opportunity for unexpected problems to be resolved quickly.

iii. Targeted Reviews

The purpose of a targeted review is to gather data to address a specific need, issue or problem. The targeted review begins with identifying a need, issue, or problem and defining the current situation; then assessing and analyzing the problem using various methods of data gathering to identify the root causes of the problem. In SFY 2016, the HCWCQI Project led several targeted reviews, including ones on placement stability in foster care and rates of re-entry into foster care.

iv. Contract Reviews

Contract reviews are conducted on a regular basis throughout the year to gather information on:

- 1) Provider conformance with contract requirements;
- 2) Successful approaches currently used by agencies to effectively engage and deliver services to families;
- 3) Challenges and barriers that impact effective engagement and service delivery to families;
- 4) Achievement of desired outcomes for families; and
- 5) How to improve contract requirements and service delivery processes to families.

The cycle of a contract review begins with CWSB identifying the service area or contract to be reviewed, the review team, the purpose of the review, any areas of concern, and a timeline with dates and geographic locations. Although CWSB may initiate a contract review, a calendar has been created to ensure that all contracts statewide are regularly monitored with this process. The review team is led by the HCWCQI staff. Preparation for the review includes reading the contract, reviewing expenditure reports, creating a review instrument, and establishing an interview schedule. A case/client selection methodology is chosen and the contract provider is notified of the cases selected and the review schedule. Once the review is completed, an exit conference is held with the provider's agency. A Summary of Findings Report is sent to the Provider within 10 working days. The HCWCQI staff then develops a final report, in consultation with the review team.

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

v. Case Reviews

The HCWCQI staff attends DHS trainings related to procedure and practice, and other pertinent trainings and conferences offered to DHS staff to stay abreast of changes to child welfare procedures and practice. The CQI staff also participates in CWSB workgroups, which facilitates sharing of information gathered in the CQI reviews, such as the CQI Training Academy. The HCWCQI staff also participate in webinar trainings and other related trainings offered in the community.

1) What is Reviewed and How Often

Onsite case reviews are conducted once every fiscal year in seven Child Welfare Services sections across the state including a random sample of cases from Child Welfare Services and Voluntary Case Management. In preparation for the CFSR Round 3, updates were made to Hawaii case sampling process in late 2016. A total random sample of 99 cases is selected, following criteria documented in Hawaii case review procedures.

2) Review Teams

For each CWSB section review, six or eight review teams are recruited; each review team consists of two reviewers. A balance of Child Welfare Services Branch staff and Child Welfare community partners are utilized as reviewers. In addition to strengthening the CQI review process, using community reviewers helps create awareness among community partners who serve CWSB families and children/youth. Reviewers attend a one-day training to prepare for the onsite review. The HCWCQI staff provides leadership, QA, and support to all the review teams, throughout the case review process.

3) Case Preparation and Selection

Approximately six weeks before the on-site review, the HCWCQI staff begins preparing cases to ensure that all the information and caseworkers needed for the review are available during the review. In 2016, the case selection methodology was updated, in consultation with the Children's Bureau. While onsite, cases are rated based on activities that occurred during

the identified period under review. The identified time period coincides with the corresponding AFCARS submission period.

4) Collecting Quality Data and Sharing/Documenting Findings

In SFY 2016, Hawaii began using the Online Monitoring System (OMS). The onsite case reviews include interviews with key participants, such as caseworkers, supervisors, biological parents, resource caregivers, children, service providers, GALs. Review findings incorporate the feedback of these participants in addition to the information documented in the case file. The HCWCQI staff provides on-site coordination and assistance, and review and approve all case review instruments to ensure accuracy and completeness. Each review team debriefs the cases they reviewed to assure consistency in ratings. Reviewers are asked to note effective case practices as well as concerns, as they review the cases. More effort and attention is being placed on capturing strategies used in cases that lead to strength ratings. Information gathered is shared with the Section under review as well as with other Sections.

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

vi. Ongoing Analysis of Process and Outcome Data

As discussed above in *I.B. QA Processes*, there are numerous meetings and forums where data trends are discussed, and where the teams develop plans to address emerging needs and build on agency and community strengths to adapt to the changing child welfare landscape. For examples see Child and Family Services Reviews Statewide Assessment 2017.

d. Provides Relevant Reports

The Hawaii DHS is open with its data evidenced by CWSB posting several data-rich reports, including the APSR and CFSP on its website (<http://humanservices.hawaii.gov/ssd/home/child-welfare-services/>). In addition to making data publicly accessible in this way, since CWSB uses its data to inform decision-makers before policies are written, CWSB Administrators disseminate data to stakeholders and community partners at committee and workgroup meetings, and conferences, such as the CQI Council, Court Improvement Project Advisory Committee, and the Citizens' Review Panel.

Reports to inform QA and CQI processes are developed and distributed for internal and external use. Examples of reports include:

i. Case Review Section Reports and Annual Reports

Case review results are compiled and distributed by the HCWCQI Project for each Section and annually for the State. Case review results by Section are shared internally and with the CQI Council. Annual case review results are aggregated and widely shared.

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

ii. CPSS Report of Investigations without Dispositions

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

iii. CPSS Report of Children's Length of Stay in Foster Care

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

iv. CPSS Report of Worker's Caseload

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

v. CPSS Data on All Children in Foster Care

DHS' research staff, ROSES Systems Solutions, LLC, and CWSB PD staff collaborated to create a user-friendly monthly list of all children in foster care. The data file contains lots of useful information about the children in care. This data is easy to sort. Supervisors and administrators are able to manipulate the file to gather data to manage practice within their units and sections. Examples of use include monitoring referrals to appropriate services, ensuring timely case closure, and targeting community outreach.

e. Evaluates implemented program improvement measures

DHS evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, review of administrative data, and contract and targeted review processes. Regular workgroup meetings, as mentioned above, utilize data reports to assess performance and progress, and make modifications to initiatives, as the data suggests.

Based on case review findings and other available information, Section Administrators, with technical assistance from the HCWCQI staff, develop action plans to address key areas needing improvement. These action plans are developed 45 – 60 days after the Section’s case review ends. The creation of the section-specific action plans begins at the results conferences, post-case review. (Time allowing, on the last day of a case review, HCWCQI staff meet with the Section Administrator and Section Supervisors for a debrief from the case reviews. Within 30 days of the last day of the case review, a fuller results conference is held with all of the Section’s staff, CWCQI review team, and Branch Administrators.) These action plans and progress are overseen by the Section Administrators. In SFY 2016, progress on action plans did not have regular oversight of Branch Administrators; however, to rectify this situation, beginning December 2016, at monthly Branch meetings, attended by Branch and Section Administrators, case review findings and action plan development and progress are discussed. This new system allows not only for greater, systematic Branch-level oversight of the section action plans, but also creates a peer-learning environment among Section Administrators who share similar challenges.

In SFY 2016, 100% of Sections had action plans developed following their case reviews. For an example of such action plan from the Maui section, the East Hawaii section, and the Kauai section, please see the Child and Family Services Reviews Statewide Assessment 2017.

The HCWCQI staff also designs and implements targeted reviews of new CWSB programs and initiatives to gather data, which is shared with CWSB staff and stakeholders to assist in adjusting practice direction and related policies.

Based on the results of a targeted review on the placement stability of children in foster care in SFY 2016, several sections were successfully able to clean up data regarding the coding of foster placements. More significantly, the results of the review gave CWSB staff insight into which types of children are experiencing multiple placements, allowing CWSB to hone efforts to increase stability, with focus on placement matching and support to resource caregivers. The results

showed that some young children who were initially placed with relatives ended up moving to a non-relative placement, because of behavior issues. This finding helped Hawaii provide the necessary training, information, and support to relative resource caregivers to stabilize placements. Although there is some positive anecdotal evidence, these efforts are too new to have data to indicate if new placement stability efforts have been systematically successful.

Feedback Results – Guiding Collaborative and Administrative Efforts

DHS administrators, who have the authority to make decisions about changes in policy and practice, regularly attend collaborative meetings where they can hear feedback directly from stakeholders, community partners, and other State agencies. CWSB ensures that the data and information gathered reaches people with the ability to create true change, and that those people take appropriate action. Hawaii CWSB understands that this is essential to quality assurance.

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

D. STAFF AND PROVIDER TRAINING

1. Item 26: CWSB Initial Staff Training

CWSB New Hire Training is mandatory statewide for all newly employed CWSB case managers, including supervisors, and contracted community-based DRS staff, VCM workers, and is expected to be completed within six months of the caseworker's hire date. New Hire Training is provided quarterly; during SFY 2016, trainings were held in July 2015, October 2015, January 2016, and April 2016.

For data about the participation of staff (caseworkers and supervisors) in New Hire Training, see Data Booklet, Figure 48: CWSB New Hire Training SFY 2016. All reasons for staff not attending New Hire Training have been or are being addressed to ensure all new staff participate New Hire Training.

To assist Section Administrators ensure their new staff complete required training and further improve Hawaii's tracking of training data, in collaboration with UHMC HCWCQI and SHAKA, a new database was recently developed to electronically store training records. Data is recorded for all CWSB staff and VCM caseworkers and supervisors. Since the database stores a comprehensive list of active CWSB employees, including staff's assigned program area, there are mechanisms to identify attendance and non-attendance at mandatory trainings, compliance with the annual training requirement, and training completion at both an aggregate and individual level. Reports for each of these categories are accessible in real-time. All staff and their respective supervisors and

administrators are able to access staff's records. The database has been tested, was implemented on November 30, 2016, and continues to be refined.

For many years, Staff Development has gathered feedback from training participants through the use of evaluations. During SFY 2016, the July, October, January, and April cohorts who completed New Hire Training participated in a moderated debrief session and/or survey to determine how well this initial training program addressed basic skills and knowledge they needed to carry out their duties. For participants' rating of key items, see Data Booklet, Figure 49: Participant Assessment of New Hire Training.

Additionally, in January 2016, at the request of DHS, HCWCQI implemented a QA process to assess whether New Hire Training is providing staff with the basic skills and knowledge required for their positions. Data from this QA process is provided to Staff Development on an ongoing basis, so continuous improvements and changes can be made.

2. Item 27: CWSB Staff Ongoing Training

All CWSB and VCM staff with case management responsibilities and their supervisors are required to annually complete 15 hours of training relevant to their job duties. This is accomplished through a combination of mandatory and optional training and conference opportunities offered through a collaborative network of State agencies, and national and community organizations. For a summary of mandatory and optional trainings in SFY 2017, see the Child and Family Services Review Statewide Assessment 2017.

At the end of November 2016, CWSB surveyed CWSB and VCM case managers and supervisors statewide. There was a 71% response rate, 101 staff (80 CWSB and 21 VCM) responded out of a possible total of 143 staff (111 CWSB and 32 VCM). Of those who responded and attended in-service trainings, 91% replied that "the ongoing trainings address skills and knowledge that they need to carry out their CWS/VCM duties" "very well" or "somewhat well."

To assist Section Administrators ensure that his/her staff meet the training requirements, as described above, a database was developed in collaboration with UHMC HCWCQI and SHAKA to electronically store training records for new hire training, mandatory trainings, and optional trainings.

See Data Booklet, Figure 50: CWSB Staff Ongoing Training, Data Booklet, Figure 51: Percentage of CWSB Workers Who Attended Mandatory Training, and Data Booklet, Figure 54: Attendees for Ongoing Training SFY 2016 for statewide data of caseworkers and supervisors who attended training in SFY 2016.

3. New and Ongoing Training for Supervisors and Section Administrators

CWSB supervisors and administrators continue to participate in quarterly Management Leadership Team (MLT) Meetings. Leadership continues to use this opportunity to collaborate on measures to accomplish Child Welfare priorities and goals. Supervisors also participate in Supervisor Quarterly Convenings, where trainings are identified and delivered specific to the unique CWSB supervisor role. During SFY 2016, there were four MLT meetings and four Supervisor Quarterly Convenings.

Additionally, in SFY 2016, training for CWSB supervisors, Section Administrators, and Branch Administrators addressing issues of CWSB organizational empowerment commenced. Nine training modules were offered to CWSB Supervisors, Section Administrators, and Branch Administrators during SFY 2016, as described below:

Module 1	Strength-Based Supervision: the Big Picture	September 2015
Module 2	The Challenge of Change: “Super Worker” to Supervisor	October 2015
Module 3	Best Practice Approaches	November 2015
Module 4	Courageous Conversations	December 2015
Module 5	Coaching Through the Best Practice Approaches	January & February 2016
Module 6	Coaching and Diversity	March 2016
Module 7	Using CQI Data and the Performance Evaluation for Improvement	April 2016
Module 8	Leadership & Self-Care (for Administration, Program, and CQI/evaluation)	May 2016
Module 9	Transfer of Learning: Conclusion & Wrap-Up	June 2016

Each module was a full day of training for approximately 6 hours. For the topics covered under the above referenced model, see the Child and Family Services Review Statewide Assessment 2017.

Thirty-four supervisors were employed in the period that the training was offered (September 2015 through June 2016) with all supervisors completing five or more modules for a minimum of 30 supervisory training hours, more than the required 15

hours. Nine out of thirty-four supervisors completed the full training course, equaling 54 training hours. CWSB supervisors and administrators who were unable to attend all sessions due to schedule conflicts and unanticipated crises will be able to participate in 2017 when the module is offered again.

Written surveys collected from supervisory training participants will be used in the development and delivery of the next supervisor training in 2017. See Data Booklet, Figure 53: Supervisory Training Evaluation for SFY 2016 for information regarding the supervisors' rating of the objectives. The method used to track Supervisor training is the same as that used to track staff training.

4. Item 28: Resource Caregiver and Adoptive Parent Training

Pre-service and ongoing training for resource families and Child-Caring Institution staff is provided through a contracted provider, Partners in Development Foundation (PIDF) - Hui Hoomalu in collaboration with Catholic Charities Hawaii (CCH) and Family Programs Hawaii (FPH).

a. Pre-Service Training

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

All potential resource caregivers in Hawaii are required as part of the licensing process to take the H.A.N.A.I. (Hawaii Assures Nurturing and Involvement) training, which was developed in collaboration with CWSB staff, stakeholders, providers, cultural consultants, and University of Hawaii partners to help ensure that all foster children are placed in safe and nurturing homes. Of the initial 606 families, 381 (63%) completed the training. PIDF had an 86% (166/193) completion rate, while CCH had a 52% (215/413) completion rate.

Participants complete evaluation forms after each training session and a survey at the very end, to provide feedback on the H.A.N.A.I. training. These surveys ask participants to rate the training site, training methods, and trainers' approach, and effectiveness in teaching the material. Results are compiled and reviewed annually with PIDF and CCH staff. See Data Booklet, Figure 58: Overall Satisfaction Rating for H.A.N.A.I. Training SFY 2016.

Independent of these evaluations, CWSB surveyed resource caregivers and active on-call shelter (licensed facility) staff in December 2016 regarding their initial training. Approximately 96% of respondents rated the initial training as "very well" or "somewhat well" in teaching the skills and knowledge needed to competently care for children in foster care.

b. Ongoing Training

Resource caregivers are required to participate in a minimum of six training hours per family per year, or 12 hours over a two-year period. See Data Booklet, Figure 54: Attendees for On-going Training SFY 2016.

In SFY 2016, a total of 406 unduplicated families received training, compared to 424 families in SFY 2015, a decrease of 4%.

Following are descriptions of ongoing training opportunities in SFY 2016:

i. Hui Hoomalu

In SFY 2016, Hui Hoomalu helped to plan and implement numerous resource family trainings, including: *Bridging the Gap*, presented by Denise Goodman, Ph.D., ACSW, LISW, on the benefits of building and maintaining relationships with birth families; and *Addiction in Foster Care*, presented by Bernie Strand, MSW, LCSW, CSAC, and the Bobby Benson Center, which addressed addiction as a disorder from a medical standpoint and offered practical solutions for interacting with those suffering from addiction.

ii. Quarterly Trainings

In SFY 2016, three quarterly trainings were provided in six locations statewide (East Oahu, West Oahu, East Hawaii, West Hawaii, Maui, and Kauai). Families provide input on planning and implementation to maximize participation. Quarterly trainings are held in locations most convenient for resource caregivers, in the evening or on weekends, when caregivers are most often available, and are delivered in a family-friendly atmosphere in which child care, meals, and other incentives are provided.

SFY 2016, 1st quarter trainings

The Uphill Battle of the Missed Diagnosed, presented by Gigi Davidson, addressed FASD. She shared personal experiences of an adoptive mother of a child with FASD. Attendees also viewed a documentary, *Moment to Moment* by Dr. Ira Chasnoff, about the effects of prenatal exposure to alcohol on children and how to help.

Oahu families were offered a training presented by Scream, Run, and Tell, a non-profit organization that helps parents, teachers, and children break the chains of sex abuse.

SFY 2016, 2nd quarter trainings

Giving Grief Guidance: Navigating Loss and Trauma, presented by Cynthia Rollo-Carlson, MSW, MA, LCSW, LADC, CT, addressed grief, loss, and trauma. The training focused on: 1) The types of experiences considered as childhood trauma, loss, and how grief and loss are connected to various types of loss; 2) environmental stressors that may exacerbate childhood trauma; 3) “What parents can do” tools to help foster children process and navigate their own grief; 4) Understanding responses to loss, how behaviors can be adaptive to trauma, and how caregivers can react differently to challenging behaviors; 5) Enhancing family well-being and resilience through grief education and support to foster children; and 6) techniques to enhance the psychological safety of caregivers, their children, and foster children during periods of transition.

SFY 2016, 4th quarter trainings.

Bullying and Suicide: Implications for Prevention, presented by Dr. Deborah Goebert. This training focused on: 1) types of bullying; 2) supporting families through the adversities of bullying; 3) resources on bullying; 4) suicide in Hawaii; and 5) suicide prevention.

iii. Annual Trainings on Molokai and Lanai

Annual trainings were conducted on Molokai and Lanai in SFY2016. DHS hopes to provide greater access to trainings by providing material online and through other means.

Annual Lanai Training, February 2016

Lanai’s 7th Annual Conference, *Successful Futures: Helping Children, Adolescents, and Young Adults Thrive*, by Dr. Steven Choy, was made possible through FPH. The program addressed: 1) the effects of trauma on the development of children, adolescents and young adults; 2) ways to help transition young adults into adulthood; and 3) how to develop an environment that promotes healthy development. In attendance were five families, 10 individual resource caregivers, and two service providers.

iv. Annual Conference for Resource Families

The 2016 annual resource caregiver conference, *Learning by Doing: Encouraging emotional and developmental growth through life experiences*, was held in seven locations statewide (Kauai, West Hawaii, Oahu, Maui, East Hawaii, Lanai, and

Molokai). Although, not generally feasible to provide a conference on Molokai and Lanai, DHS was able to sponsor this conference in response to and in support of the local resource caregivers' request for onsite training.

Key presenters were by Kimo Alameda, Ph.D. and Laurie Jicha, MSW. Through this conference, attendees learned:

- What “normalcy” and “prudent parenting” mean and their importance in the lives of children and young people in foster care;
- How to encourage emotional and developmental growth for children and young people in foster care by creating experiences and opportunities for them to participate in extracurricular, enrichment, and social activities;
- How to expand partnerships with other resource caregivers for support and to maintain the health, safety, and well-being of the child or young person in foster care;
- How to develop strategies to empower caregivers and the child or young person in foster care; and,
- Different perspectives on “Normalcy and Prudent Parenting” from a young person, social worker, and resource caregiver(s).

DHS and FPH collaborate on planning for the Annual Conference, which is held in locations that are easily accessible to families and which include child care, meals and other incentives to encourage participation. The conferences, free of charge to all resource, adoptive, guardianship, and kinship families, were well received with over one thousand attendees. See Data Booklet, Figure 55 for detailed information on the number and types of attendee by location.

v. Skills for Success

In 2016, this program included a six-week curriculum presented in February/March and June/July. *Skills for Success* focuses on strengthening the relationship between resource caregivers and foster youth, so that resource caregivers can better support the youth as they transition into adulthood. *Skills for Success* provides hands-on learning to resource caregivers and foster youth, age 14 to 18 on employment soft skills, including goal planning, budgeting, resume building, and even preparing healthy meals.

vi. Online Trainings

Online training is available through *Foster Parent College* as coordinated by FPH. FPH continues to expand online training opportunities and an online video/book library as a means of supporting resource families who are not able to attend “live” trainings due to conflicting schedules, childcare, travel distance, and other factors. See Data Booklet, Figure 56: Foster Parent College Online Trainings SFY 2016.

In SFY 2016, 69 individuals (65 new and four continuing enrollments) used the Foster Parent College online trainings, completing a total of 297 training hours. While the number of training hours increased by 11% from SFY 2015, the number of participants decreased by 5%.

In SFY 2016, FPH began offering training opportunities through the Foster Care & Adoptive Community online training site (www.fosterparents.com) for credit hours. These trainings provide families with written materials on a variety of topics. After reading the material, resource caregivers take a test to obtain training credits. In SFY 2016, three families (five individuals) signed up for eight courses on fosterparents.com.

vii. Lending Library

In SFY 2016, 79 resource/permanency families borrowed 188 DVDs from the lending library equal to 388.25 training hours. This resulted in a 43% increase in training hours from the prior fiscal year. See Data Booklet, Figure 57: Resource Caregiver Lending Library SFY 2016.

FPH maintains an updated list of the DVDs in the lending library. This list is made available to families at support groups and trainings, and is provided in a resource packet distributed to families during H.A.N.A.I. trainings. Families can also call the FPH Warm Line for more information and/or have the list sent to them.

viii. Book Club

It Takes An Ohana (ITAO), a non-Hui Hoomalu program of FPH, hosts a book club for interested resource families with books from the DHS-Approved Ongoing Training List. In June 2016, the book club had 42 members. DHS assigns each book a training credit value and resource caregivers receive training credits by reading the books and attending meetings in person or through video conference. Due to fiscal constraints, meetings are only scheduled when funding

is available. ITAO recently applied for a grant to support the book club activities and is awaiting a response. Nine of eleven registrants attended the most recent meeting.

c. Resource Family Evaluation of Training Efforts

FPH surveys families after each training session and compiles the results to identify areas of strengths, areas for improvement and future training needs. The results for all presentations were overwhelmingly “Excellent” to “Good”. See Data Booklet, Figure 59: Overall Satisfaction Rating for the Annual Conference & Quarterly Trainings SFY 2016.

In addition to the evaluations, in December 2016, CWSB electronically surveyed resource caregivers and on-call shelter staff regarding their training experiences. Of respondents, 96% indicated that the initial training they received addressed the skills and knowledge needed to care for children in foster care “very well” or “somewhat well.”

d. Annual Resource Family Survey

Partners in Development Foundation (PIDF) surveys all licensed resource families statewide annually. The compiled results are shared with DHS and partner agencies, Catholic Charities Hawaii (CCH) and FPH. The Annual Resource Family Survey covers the H.A.N.A.I. pre-service training and ongoing training opportunities including the online FosterParentCollege.com. Resource caregivers asked to comment on the trainings, including how helpful they found the training, what was most helpful, suggestions for changes and future trainings. Families are also asked for suggestions that could help encourage and support other families to attend trainings.

PIDF, CCH, and FPH will continue gathering feedback from resource families on trainings and other areas as requested by DHS.

e. Ongoing Training for On-Call Shelter (Licensed Facility Staff)

CWSB contracts with several providers for on-call shelter services statewide for teens and younger children. Each contracted provider’s staff is required to complete 12 hours of training annually that promotes an understanding of the clients that CWSB serves and good practices. Results from contract reviews in SFY 2014 and SFY 2016 show that most staff received training relevant to their job duties and exceeded the training hours minimum requirement. In SFY 2016 all on-call shelters statewide had staff that participated in the annual conference on normalcy and prudent parenting. Follow-up training is sometimes provided to on-call shelter staff who were unable to attend the training. The SFY 2016 review identified “normalcy and prudent parenting

standards” as an area of need, so a team of DHS and HCWCQI staff visited on-call shelters statewide to provide that training and facilitate discussion about implementation. DHS and HCWCQI have continued to meet with On-call shelter staff to discuss the challenges they have experienced with prudent parenting in a shelter setting and to offer ideas and support in their continued effort to improve implementation of prudent parenting.

On-call shelter staff have access to most trainings offered to resource caregivers; however, due to conflicting work schedules, it is difficult for many of them to attend. DHS will be more consistent and timely in notifying providers of training opportunities so providers can better plan for staff to attend trainings. DHS is also willing to provide on-site training to increase staff attendance.

f. Adoption Training and Preparation

Adoptive parents have access to trainings offered to resource caregivers, and may have received many of the trainings as resource caregivers. In addition, adoptive parents receive support through FPH’s Wendy’s Wonderful Kids (WWK) program, which uses a comprehensive training and preparation model for adoption. WWK services focuses on: 1) the child or youth to be adopted; 2) the prospective adoptive families; and 3) the team of service providers who work with the child or youth. Utilizing an evidence-based model for adoption preparation, the Wendy’s Wonderful Kids program provides a consistent and supportive navigator for all parties involved in the adoption process.

Data for SFY 2016: 27 children and youth were served by the WWK program in 2016. 11 new children and youth were enrolled in WWK during 2016. At the conclusion of 2016, the WWK program served 12 children in "active status", six children in "monitoring status" and one child in "inactive status". Of the eight children discharged from the program in 2016, two were adopted, one placed in guardianship, two were removed from the caseload per social worker's request, two were discharged when they aged out of foster care, and one was on the run for a long period.

g. Community Trainings Foster and Adoptive Parents Are Invited to Attend

i. Annual Child Welfare Law Update Conference

This conference is made possible through the collaborative efforts of CWSB, Family Court, Hawaii Court Improvement Project (CIP), and the University of Hawaii, William S. Richardson School of Law (Law School). This conference provides resource caregivers the opportunity to learn about a variety of topics

including but not limited to recent case law and statutory changes, agency updates, and new agency and program initiatives.

For more information on the Annual Child Welfare Law Update Conference, please see Section VI.D.5 Local Conferences and Training through The William S. Richardson School of Law and the Judiciary below.

ii. Teen Day

Teen Day, sponsored by the CIP in collaboration with DHS, EPIC, Family Court, and the Geist Foundation, is held twice a year at Family Court on Oahu and one to two times a year on Maui and Hawaii Island.

For more information on Teen Day, please see Section VI.D.5 Local Conferences and Training through The William S. Richardson School of Law and the Judiciary below.

iii. Ohana Is Forever

Ohana Is Forever is a foster youth-focused conference convened through the collaborative effort of CWSB, CIP, the Family Court, and the Law School. Resource caregivers are invited and often attend.

For more information on Ohana Is Forever, please see Section VI.D.5 Local Conferences and Training through The William S. Richardson School of Law and the Judiciary below.

iv. Zero to Three Court Workshops

Biological parents, resource caregivers, and foster youth/children in the Zero to Three (ZTT) Court program attend monthly workshops on a variety of topics including but not limited to appropriate parenting, ways of communicating with your child, and child care.

For more information on ZTT workshops, please see Section VI.D.5 Local Conferences and Training through The William S. Richardson School of Law and the Judiciary below.

5. Local Conferences and Training through the William S. Richardson School of Law and the Judiciary

CWSB worked in collaboration with Family Court, through the Hawaii Court Improvement Project (CIP), and the University of Hawaii Law School Task Order, to

plan and convene the following conferences, events, and workshops: Ohana Is Forever conference, IVAT (Institute on Violence and Trauma) Conference workshops, Annual Child Welfare Law Update conference, Family Court Symposium, Teen Day events, Zero to Three Court monthly workshops, and monthly training support for Imua Kakou CWSB staff and service providers.

In addition, a representative from Family Court on Oahu is a member of the CWSB Strategic Planning Committee whose purpose is to identify and explore current and timely issues related to CWSB. Also, the Physical Abuse Task Force was developed between CWSB, the Attorney General's office, the Honolulu Prosecutor's office and the Honolulu Police Department to improve the processing of serious physical abuse cases between civil and criminal proceedings.

a. Ohana is Forever

Ohana is Forever is a youth focused conference that provides relevant information and inspirational stories to foster youth, former foster youth, the adults that support them, resource caregivers, Family Court judges and court staff, CWSB and VCM workers, Deputy Attorney Generals, and other CWSB service providers. For approximately half of the day, the youth and adults hear from the same speakers. During the second half of the day, the adults, former foster youth, and current foster youth participate in workshops specifically targeted to each group's needs and experiences. Among other things, former and current foster youth attendees are inspired by various speakers, including former foster youth, learn their rights and how to advocate for them, learn about programs available to them, and learn ways to positively express their emotions. Adult attendees learn how to support youth through presentations from former and current foster youth on their perspectives of various topics related to being in foster care, and through speakers presenting on issues related to youth in care.

Each year the Ohana Is Forever planning committee picks a new theme with input from current and former foster youth. The theme for the 2016 Conference, which was held in July 2016, was RefleXtions: Honoring Our Past, Present, and Future. During this conference, all age groups heard from a writer/youth mentor on "Flex Your X"; from former foster youths about normalcy and well-being; and from a former foster youth who shared his story of being in care, his college football career, and how he adopted his foster siblings after he aged out of care. The adult workshops also included a presentation on Renewal for Helping Professionals and Systems, and a story from a woman who was raised by her grandmother after her parents were unable to care for her.

b. Annual Child Welfare Law Update Conference

The CIP and Law School also assist in presenting the Annual Child Welfare Law Update Conference. In 2016, this conference was held on August 12 and speakers presented on a variety of legal and social work topics pertaining to child welfare. At each conference, a panel of representatives from the DHS CWSB, DOH Child and Adolescent Mental Health Division, DOE, and Family Court of the First Circuit provide updates on current and new policies and initiatives regarding their respective agency. And representatives from the Attorney General Family Law Division provide updates on recently enacted federal and state statutes and recently decided case law pertaining to child welfare and child abuse. Additionally, at the 2016 Conference, CWSB presented its recently developed unidentified perpetrator protocol, and presenters provided an overview of current LGBTQ issues including pertinent legal developments. A panel of former foster youth also discussed the recently enacted “Prudent Parenting” statute, which promotes well-being and normalcy for foster youth, and the statute’s impact on foster youth and resource caregivers. As the keynote speaker, Gary Shimabukuro presented an overview of current national and local drug trends impacting families with a particular focus on drug trends in Hawaii.

c. Teen Day

Teen Day, sponsored by the CIP in collaboration with DHS, EPIC, Family Court, and the Geist Foundation, is held twice a year at Family Court on Oahu and up to twice a year on Maui and Hawaii Island. At Teen Day, current foster youth and former foster youth who entered legal guardianship or were adopted after their 16th birthday, in the 14 -17 year age range, hear foster youth alumni share their stories, “talk story” with Family Court Judges, connect with other foster youth, and observe a mock hearing. Foster youth are also informed of their rights while in care and learn about resources available to them now and after they exit foster care, directly from numerous service providers. Along with the foster youth, resource caregivers, legal guardians, adoptive parents, and service providers of youth attendees are encouraged to attend.

d. Zero to Three Workshops

Through a collaboration with CWSB, Family Court, CIP, and the Law School, biological parents, resource caregivers, and foster youth/children in the Zero to Three (ZTT) Court program attend monthly workshops. These workshops cover a variety of topics including but not limited to appropriate parenting, ways of communicating with your child, and child care. During some workshops, biological parents also are allowed to share their experiences as a form of support for one another. These workshops also assist resource caregivers in building and maintaining communication with biological parents.

e. Building Competency in Service Lesbian, Gay, Bisexual, and Transgender Youth Conference

The LGBT Youth conference has been held every two years since 2015 and is sponsored by the Family Court's Committee on LGBT Youth in Hawaii's Juvenile Justice System, which is a collaboration of the Family Court of the First Circuit, Office of Youth Services (OYS), Office of the Public Defenders, Attorney General Family Law Division, DHS CWSB, Child and Adolescent Mental Health Services Division (CAMHD) and Suicide Prevention Program of the Emergency Medical Services & Injury Prevention Systems Branch, the DOE, and the Honolulu Police Department (HPD). In 2017, this all day conference was held on April 28, 2017. At the 2017 conference, presentations included the following: a presentation by a doctor from the University of Hawaii School of Medicine on Terminology, Sexuality, and Pediatrics; a panel with representatives from the Family Court, OYS, DOH CAMHD, and the Honolulu Police Department on policies and procedures of their respective agencies regarding LGBTQ youth; a panel with representatives from the DOH, the Suicide Prevention Task Force, Domestic Violence Action Center Teen Alert Program, and the Lavender Clinic on health concerns and support for LGBTQ youth; a clip of a documentary on a transgender woman in Tonga; a panel with representatives from DOE, a local high school on Oahu, a private school on Oahu, and a parent of a LGBTQ youth on LGBTQ support in Hawaii's schools; and a panel discussing faith and family culture in LGBTQ issues.

6. Partners in Development: Hui Hoomalu Staff Training

Partners in Development Foundation - Hui Hoomalu staff have access to external trainings or conferences related to their positions. Staff attend all mandatory trainings as required by DHS and/or PIDF. Continuous development of skills and knowledge that will enhance staff's job performance is also encouraged. Approval to attend trainings considers those trainings that are deemed beneficial to quality service delivery as determined by DHS, PIDF and/or Project Director and the availability of funds. Free training opportunities are offered regularly in the community and are shared with staff, as appropriate.

All full-time staff (statewide) and part-time staff (on Oahu) participate in a one day PIDF orientation provided by the Human Resource office that gives an overview of the Foundation, it's mission, and programs. Human Resource policies and procedures, safety/risk management program and PIDF's Hawaiian cultural platform are shared and discussed with the new staff.

New PIDF Hui Hoomalu staff are provided with an overall orientation to the Hui and either the Administrative or General Licensing unit. This orientation is coordinated and adjusted to meet the needs of the actual position being filled.

Orientation: There is a two-week orientation period for all full time staff (unless otherwise noted). The following core items are covered:

- Client Grievance Procedure;
- Conducting a home study with supervision (supervisor or assigned mentor staff at all interviews) (Only for: APD, PC-I, PC-II, CCM, CL-II);
- Conducting a recruitment presentation with direct supervision or mentoring (Only for: Family Liaisons (FL), Community Liaisons (CL), Administrative Assistant, Assistant Project Director (APD), PD, PC-II);
- Conducting an initial visit with supervision -- Only for: FLs, CLs, Licensing Specialist, APD, Community Relations Manager (CRM), Program Coordinator I (PC-I), Program Coordinator II (PC-II);
- Conducting an intake with supervision;
- Crisis Prevention Intervention;
- General Licensing Policies and Procedures manual;
- Home Study template and expectations for a home study (Only for: APD, PC-I, PC-II, Clinical Case Manager (CCM), Community Liaison II (CL-II);
- Introductory time with each staff member;
- Language Access and Civil Rights Compliance;
- Mandatory Reporting;
- Overview of an initial visit;
- Overview of an intake;
- Overview of Child Abuse and Neglect;
- Overview of Child Specific Licensing;
- Overview of Foster Care;
- Overview of H.A.N.A.I.;
- Overview of Resource Family recruitment;
- Overview of Support Services;
- Overview of the collaboration and contract;
- Overview of DHS;
- Overview of the General Licensing specific licensing process;
- Shadowing of a recruitment presentation;
- Shadowing of an initial visit;
- Shadowing one or two home studies;
- Shadowing several intakes;
- Specific training on processing licensing documentation;
- Train the Trainers for H.A.N.A.I.;
- Utilization of the database; and
- Visit and introduction to key individuals in partner agencies including DHS.

On-call, part-time staff are trained in the above areas as pertinent to the specific position they are filling. Neighbor island staff receive some of the training via video conferencing and conference calls. This is supplemented by shadowing a mentor on their island and direct and in-person training by their supervisor or designee.

Cultural Training: Through PIDF, staff is offered ongoing cultural trainings and learning opportunities with an emphasis on Hawaiian values and traditions. This includes an all-day annual cultural in-service for all staff, program specific training and individual consultation on specific case issues.

Hawaii Employers Council (HEC) Training: Partner in Development Foundation supervisors have the opportunity to attend a series of training sessions aimed at increasing their supervisory knowledge and skills, as funding permits. Eight, two and a half hour sessions cover the following topics:

- a. Basic Employment Laws;
- b. Basic Supervision and the New Supervisor;
- c. Correcting Poor Performance;
- d. Interviewing;
- e. Investigation and Documentation;
- f. Performance Appraisal, Parts I & II; and
- g. Sexual and Other Harassment Avoidance.

Leadership Works Training: This workshop, created for supervisors, focuses on enhancing leadership skills, building teamwork, and program development. With a facilitator that was born and raised on the Big Island, the training blends Eastern and Western business practices, allowing one to easily incorporate the concepts into Hawaii's cultural framework. The following topics are covered over eight days:

- a. How to develop personal patterns of great leaders that includes leading "island style";
- b. How to establish a clear sense of purpose;
- c. How to apply principles that bond;
- d. How to implement and sustain smooth-running, high performance processes; and
- e. How to create an organization of empowered and committed people.

Partners in Development Foundation supervisors are sent to this training as funding permits.

An offshoot of the Leadership Works Training is a condensed, half-day workshop aimed at all levels of staff to increase their skills and knowledge in service delivery. Recognizing the value of this training, PIDF previously offered this free training to all staff and will continue to send staff to this training if it is available in the future.

Case Reviews: Five PIDF staff participates in CQI Case Reviews each fiscal year to increase their understanding of CWSB cases and enhance their skills and knowledge base.

Various staff attended the following trainings in SFY16 – 5/26/17:

- Qualitative Content Analysis Using Microsoft Access;
- Targeted Recruitment;
- Retaining Resource Families;
- Recruitment Consultation Training;
- Dynamics of Human Trafficking Minors;
- Safety Trainings;
 - Slips, Trips & Falls;
 - Globally Harmonized System for Hazard Classification and Labeling;
 - Materials Handling & Storage;
 - Bloodborne Pathogens;
 - Basic Electrical Safety;
 - Workplace Violence Pt 1 & 2;
 - Ergonomics;
 - Bungee Cords;
 - Driver Safety;
 - Stretch & Flex;
 - Mindfulness;
 - Ladder & Stair Safety; and
 - Fire Safety;
- Civil Rights Annual Awareness Training;
- Calling for the Village: It Takes an Informed, Involved Village to Raise a Child;
- Nurturing as a Way of Life;
- Cross-systems Training;
- Family Violence Summit;
- Protective Factors;
- The Children of Aloha: West Hawaii Child Abuse and Neglect Prevention Conference;
- How to Get Your Story Out;
- Design Thinking;
- HIPPA Texting and Emailing Security Issues;
- Foster and Adopted Children in the Schools;
- HIM Conference;
- Learning by Doing;
- Hooulu Lahui;
- Managing Multiple Priorities, Projects and Deadlines;
- Trauma Informed Care;
- Sex Trafficking 101;
- Healthy from Head to Toe;

- Identifying and Responding to Sexual Exploitation of Children;
- Nurturing as a Way of Life;
- Professional Ethics and Living Your Personal Values;
- AUW Speakers Bureau;
- Case Consultation with Dr. Wayne Duehn;
- Recruitment Consultation and Training with Denise Goodman;
- 12th Annual Nonprofit Organizations One Day Seminar;
- LGBTQ Training;
- Child Welfare Law Update;
- FCTC Training: Bridging the Gap;
- FPH Training: Creating Sexual Safety in Foster Care;
- FPH Annual Conference: Learning by Doing: Encouraging Emotional and Developmental Growth Through Life Experiences;
- FPH Annual Conference: What is a STABLE Home: Stability, Trauma-informed, Age-Appropriate Activities; Buoyancy, Linked, Education;
- The Leadership Works Experience;
- FPH Training: The Uphill Battle of the Missed Diagnosed;
- HAPA & FCTC Conference: Brains, Beasts and Behavior: Healing Trauma from the Inside Out;
- Hawaii Child Welfare Quality Assurance Training;
- Hawaii Employers Council (HEC) Fundamentals of Supervision Workshops;
- IVAT conference;
- PIDF Cultural In-Service;
- Selecting Safe Families: Multisystem-Multilevel Assessments;
- Trauma Informed Care in Placement: Safety as a Prerequisite for Healing;
- SPAW Training;
- Creating Sexual Safety in Foster Care; and,
- Ohana is Forever X: RefleXtions: Honoring Our Past, Present and Future

National Conferences: Over the past several years, PIDF obtained grants to assist the program in meeting its goals through staff development training and consultation.

While PIDF was not able to acquire any grants for this reporting period, PIDF recognizes the value of having staff attend national conferences. PIDF will continue to seek and apply for grants in an effort to provide staff with this learning opportunity.

Documentation of Trainings

All trainings attended are documented in individual personnel files as well as included in the QAR reports for DHS.

7. Catholic Charities Staff Training

a. Training Structure

Pre-service training includes the following topics:

- i. Administrative issues, documentation requirements, reporting requirements;
- ii. CCH and Statewide Resource Families policies and procedures;
- iii. De-escalation Training;
- iv. Cultural characteristics and orientation to the population served;
- v. DHS performance standards and monitoring;
- vi. Language Access and Civil Rights Review;
- vii. Laws and policies regarding confidentiality (HIPAA);
- viii. Mandated reporting re: child abuse and neglect;
- ix. Orientation to CCH, its mission, values, and goals;
- x. Risk management and health issues (i.e., Blood borne Pathogens, First Aid/CPR);
and
- xi. Working with collaterals and families.

b. Ongoing/in-service training

Ongoing in service trainings build on what staff has learned in pre-service training, addressing other training needs as they come up. All direct staff receives annual refresher trainings in De-escalation, HIPAA, First Aid/CPR, and Blood borne pathogens.

In addition to training sponsored by Statewide Resource Families (SRF), staff are encouraged to attend external training and conferences on topics related to their work. The staff on Oahu has a greater number of training opportunities in the community than their neighbor island counterparts. However, through collaboration among agencies, the social service community has increased the number of workshops and conferences available over the last several years. Training costs and staff coverage are other barriers.

SRF uses a multi-media approach to training which employs lectures, power point presentations, discussion, video presentations, live demonstrations, role plays, and quizzes. Training modules are periodically updated to include new research data or procedures when appropriate (statistics, trends, interventions). All training is documented in individual personnel training files as well as included in the quarterly training report for DHS.

Seven CCH staff participated in CQI Case Reviews each fiscal year to increase their understanding of CWSB cases and enhance their skills and knowledge base.

Various staff attended the following trainings in SFY16 – 5/26/17:

- Building Competency in Serving Lesbian, Gay, Bisexual and Transgender Youth.
- Case Contacts and Documentation;
- Civil Rights Awareness Training;
- Commercial Sexual Exploitation of Children;
- Cultural Competency;
- De-escalating Hostile Clients;
- Docuware Training;
- Financial Assistance for childcare agencies or providers for children who are Native Hawaiian;
- FPH Annual Conference;
- General Dynamics of Sexual Abuse;
- Genograms and Ecomap;
- H.A.N.A.I. Refresher;
- Harassment;
- Hawaii Administrative Rules;
- Hawaii Conference on Language Access;
- Hawaii Revised Statutes;
- HIPPA and Confidentiality Annual Review;
- Interview and Selecting;
- LGTBQ Awareness;
- Mandated Reporting and Child Abuse and Neglect Annual Review;
- Overview of Child Welfare;
- Protective Factors;
- Quality Improvement: The Basics;
- Safety in The Workplace by HPD;
- Selecting Safe Families: Multisystem Multilevel Assessment;
- Sexual Attitudes;
- Trauma Informed Care in Placement Safety as a Prerequisite for Healing; and
- Workplace Emergencies and Natural Disaster: An Overview;

8. Family Programs Hawaii (FPH) Staff Training

Training focuses on supporting and developing FPH staff's ability to carry out the requirements of their job with the highest quality possible.

a. Training

All staff participate in orientation training during the first three months of employment, which includes both agency and program specific information. Training is provided by the Human Resource office as well as supervisors and other Management Team staff. The general training includes the following:

- i. Agency's mission, goals and services;
- ii. Confidentiality, including security of privileged information;

- iii. Enhancement funds;
- iv. Finance training and expense reporting;
 - v. HR (including organizational chart)/Employee Handbook;
- vi. In-depth cultural training: On-line course, video and two full-day in-person training (Knowing Who You Are);
- vii. Language Access and Civil Rights Review;
- viii. Mandatory reporting laws; and
- ix. Technology training.

In addition to general training, each employee receives additional training in clinical areas related to their program. The program-specific training is provided by the program supervisor, VP of Programs, or Executive VP. This training includes:

- i. Program-specific procedures;
- ii. Documentation requirements;
- iii. Dynamics of working with a child/family who are exposed to Child Abuse and Neglect;
- iv. Domestic violence;
 - v. Working with youth in out-of-home placement;
- vi. First aid/CPR;
- vii. Crisis Prevention Intervention;
- viii. Safety procedures;
- ix. Clients' rights and responsibilities;
 - x. Client grievance procedure;
- xi. State language access compliance; and
- xii. Other program-specific training.

FPH strongly encourages staff training on a regular basis. Resource Family Support Services staff will attend all the training provided for resource caregivers and other relevant training in the community to increase their knowledge and skills and better support resource caregivers. While funds for training are very limited, a plethora of free trainings as well as webinars can be found.

In an effort to increase their understanding of CWSB cases and enhance their skills and knowledge base, two FPH staff participates in CQI Case Reviews each fiscal year.

Various staff attended the following trainings in SFY16 – 5/26/17:

- i. PIDF Training: Creating Sexual Safety in Foster Care;
- ii. PIDF Training: Assessment;
- iii. Ohana is Forever: Beyond a Label;
- iv. Ohana is Forever X: RefleXtions: Honoring Our Past, Present and Future;
- v. HAPA Conference: Brains, Beasts, and Behavior: Healing Trauma from the Inside Out;

- vi. HAPA Conference: Ages and Stages: the Influence of Adoption;
- vii. FPH Conference: What is a S.T.A.B.L.E. Home? Stability, Trauma- Informed, Age-Appropriate Activities, Buoyancy, Linked, Education;
- viii. FPH Conference: Learning By Doing: Encouraging emotional and developmental growth through life experiences;
- ix. FPH Training: Giving Grief Guidance: Navigating Loss and Trauma FPH Training: The Connection Between Relationships and Behavior;
- x. FPH Training: The Uphill Battle of the Missed Diagnosed;
- xi. FPH Training: Successful Futures: Helping Children, Adolescents, and Young Adults Thrive;
- xii. FPH Training: Mindfulness: How to Support Youth that Display Challenging Behaviors FPH Training: Understanding and Responding to Youth’s Challenging Behaviors—Kailua;
- xiii. FCTC Training: Bridging the Gap;
- xiv. FCTC Training: Addiction in Foster Care; and
- xv. Department of Human Services Case Review Training.

E. SERVICE ARRAY (Item 29) AND RESOURCES (Item 30)

1. Array of Services

Since 2009, Hawaii provided and maintained an extensive service array through child welfare agency caseworkers, the use of Purchase of Service (POS) contracts, coordination with other State departments, and partnerships with community-based agencies. Since that time, CWSB has improved its service offerings significantly. Please see the table below which lists numerous statewide services and enhancements since 2009.

Table 1: Examples of Changes in Hawaii’s Service Array since 2009

Service	Changes since 2009
Aha -- Community Gatherings	Did not exist in 2009
Ohana Conferencing -- Family Decision Making	Automatic referrals for all children upon entering foster care
Ohana Time -- Supervised Family Visitation	Visitation was redesigned as Ohana Time, a time for parents and their children to do meaningful, everyday activities together, like homework, preparing/eating meals, bath time, attending dance rehearsals and sports practice, etc.
48-Hour Tracker System (for CWSB investigations)	Did not exist in 2009
5-Day Tracker System (for VCM cases)	Did not exist in 2009
Child/Adolescent Needs and Strengths Assessment (CANS)	Did not exist in 2009
Child Care Connection Hawaii -- Child Care Assistance	MOU to reduce wait-time for resource caregiver enrollment
Comprehensive Counseling & Support Services (CCSS)	Waitlists reduced

Service	Changes since 2009
Criminal History & Background Check Services	Increased staff training on regulations; Preparations for Rapback program
Crisis Response Team (CRT)	Did not exist in 2009
DV Services for Families	Did not exist in 2009, funded by CWSB
DV Shelter Services	Did not exist in 2009, funded by CWSB
Engaging Families Practices and Guidelines	Guidelines did not exist in 2009
Family Connections Services	Automatic referrals for all children upon entering foster care
Family Finding Services	Automatic referrals for all children upon entering foster care
Family Wrap Hawaii (Wrap)	Redesigned and expanded
Human Trafficking Services	Did not exist in 2009
Identifying & Engaging Fathers Practices and Guidelines	Did not exist in 2009
Imua Kakou (Young Adult Voluntary Foster Care Program)	Did not exist in 2009
Independent Living Program Services for Youth (ILP)	Merged with Imua Kakou; Statewide Collaborator began
Intensive Home Based Services (IHBS)	Homebuilders model adopted
Legal Services for Immigrants Experiencing DV	Did not exist in 2009
Legal Services in DV Shelters	Did not exist in 2009
LGBTQ Efforts	Did not exist in 2009
MedQUEST Health Insurance	Extended coverage to age 26 without re-enrollment for young adults who emancipated from foster care
Mental/Behavioral Health Services	Improved collaboration between CWSB and the Department of Health, Child and Adolescent Mental Health Division
Notification to Relatives of Children in Foster Care	New system: a contracted community provider finds family members and mails the notifications. Notification letters have increased more than ten-fold.
On-Call Shelter Services for Children (ESH)	Movement on Hawaii Island, Maui, and Kauai toward on-call resource homes in place of shelters
Parent Education	More in-home services, hands-on opportunities, and culturally-based options for families
Permanency Support Services	Standardization; statewide expansion; inclusion of services before permanency is achieved
Resource Caregiver Training	Has been updated
Safety Permanency and Wellbeing Meetings (SPAW)	Did not exist in 2009
Vocational Assessments	Greater collaboration between CWSB and the Department's Vocational Rehabilitation Program
Women, Infants and Children (WIC)	Improved tracking of foster children receiving these benefits; increased use among resource caregivers

In addition to 17 service improvements, Table 1 demonstrates that there are eight new services, as well as seven new service-related initiatives, since 2009.

CWSB's policy and commitment is to ensure that appropriate and effective services are available to families throughout the State. On the frontline, CWSB and VCM caseworkers assess family needs and identify appropriate services and supports to reduce risk of harm so children can safely remain in the family home or be reunified with parents when children are placed out of the family home. The strengths and needs of each client are further assessed through the client and provider's collaborative development of the Individualized Program Plan (IPP). The IPP is unique to each client and is a contractual requirement for each service contracted by CWSB. A parent's progress on the IPP is reported to CWSB on a regular basis and adjustments are made as necessary.

The Department supports appropriate and effective services statewide through the collaborative efforts among the Department, other State agencies, POS providers, and the community. Department representatives receive ongoing feedback regarding services from CWSB staff, stakeholders, community members, and provider agencies through meetings, convenings, workgroups, councils, conferences, committees, and caucuses held daily on various CWSB-related topics throughout the State. CWSB Sections and Program Development (PD) staff also meet regularly (minimally quarterly) with their local State and community partners statewide to identify existing and needed resources to support families and improve service provision and the service array.

Another part of the continual assessment of the efficacy of the service array is data-focused meetings. In an effort to ensure that CWSB staff are making data-informed decisions at all levels, CWSB has made a commitment to include data discussions at all regular CWSB meetings: monthly Branch Meetings (with statewide administrators), quarterly Management Leadership Team Meetings (with statewide supervisors and administrators), monthly Brain Trust Meetings (with Branch Administrators and CQI Project Director), and monthly Title IV-E Waiver Demonstration Project Meetings. The Department's Audit, Quality Control, and Research Office (AQCRO) analyzes trends and meets monthly with CWSB and Program Development administrators to identify and discuss data issues. These data discussions assist CWSB in identifying areas of concern and addressing those concerns with service array adjustments. For example, when CWSB noticed a steady rise in children in foster care statewide, staff examined the data further to evaluate the trend. With data analysis help and support of AQCRO, CWSB discovered that the majority of the rise was due to newborns with substance-using parents in two specific regions of Hawaii (East Hawaii and Maui Island). Armed with this knowledge, CWSB's PD staff set forth to enhance and tailor substance abuse services and early childhood services in those regions.

Additional review of the service array is also provided by the Social Services Division (SSD) POS Unit. The PD and POS staff examines the provision of services by reviewing

quarterly provider reports for service delivery numbers and client outcomes for each contract. HCWCQI Project, PD, and POS staff also conducts contract reviews, including periodic site visits with agencies to assess contract performance. This process involves input from CWSB staff at all levels and from the service providers to address individual and systematic issues on an ongoing basis. When appropriate, clients are also interviewed as part of the review. In collaboration with PD and POS staff, the HCWCQI Project created a calendar of contract reviews to ensure that every CWSB contract is reviewed at least once every three years through this formal and comprehensive process.

All of the methods discussed above, and summarized below: [I also indented the following list]

- Feedback from staff, stakeholders, community members, and provider agencies at meetings, convenings, workgroups, councils, conferences, committees, caucuses, and hui;
- Collaborative efforts among DHS, other State agencies, and POS providers;
- Meetings among CWSB Administrators and local community partners to evaluate the service array;
- Data-focused meetings;
- Reviewing contract reports; and
- Contract reviews, including client interviews

are used to systematically examine the changing needs of Hawaii's children and families and to adjust resources, as indicated. Examples of those adjustments are provided in Table 1 above.

In SFY 2016, CWSB CQI Council, representing stakeholders statewide, convened to provide feedback on the strengths and gaps in Hawaii's service array. The Council assessed that Hawaii provides an array of services and resources that:

- a. Assesses the strengths and needs of children and families and determines other service needs;
- b. Addresses the needs of families as well as the individual children in order to create a safe home environment;
- c. Enables children to remain safely with their parents when reasonable; and
- d. Helps children in foster and adoptive placements achieve permanency.

Refer to Data Booklet, Figure 45: Hawaii's Service Array Organized into the Four Primary CFSR Service Categories, a chart of statewide services for families, which shows how services fall into the four categories above.

Focus groups were conducted to gather feedback on the strengths and gaps in Hawaii's service array. Service array feedback from the CQI Council and a December 2016 survey of CWSB and VCM staff (with 101 respondents) has been discussed and compiled by CWSB Administrators, the UH School of Law, and UH Maui College HCWCQI Project. The major trends that were identified are listed in Table 2.

Table 2: Strengths and Gaps/Challenges in Hawaii's Service Array

Hawaii CWSB Service Array	
Strengths	Gaps/Challenges
<ul style="list-style-type: none"> • All primary services are available in all geographic areas of the State • Providers are located in the communities that they serve • Extensive collaboration among providers • Training on new and emerging social service issues is provided statewide to providers • Resources are shared among service providers • Client feedback surveys are overwhelmingly positive • Providers are open to feedback and service modifications • Services are regularly modified to meet the changing needs of the target population • Community members are active advisors for service providers • Referrals to services are generally timely • Local community awareness of available services • A great variety of social services available to children and families throughout the State • Respect and collaboration among providers • Strength-based and trauma-informed service provision • Service providers' commitment to the health and safety of their communities • Multidisciplinary approaches to working with families 	<ul style="list-style-type: none"> • For some services, providers must fly into Molokai and Lanai (Hawaii's islands with the lowest populations), and therefore the providers are not members of the local community. • Fewer choices of service providers in rural communities • Maintaining adequate funding for services • Obtaining funding for rigorous research to help establish evidence-based, culturally-enriched services for the Native Hawaiian community • Reliable and valid evaluation of outcomes for the services provided • Service accessibility in rural areas, due to factors such as, high gas prices, long distances, and little or no dependable public transportation • Maintaining program staffing in rural areas, due to the cost of housing, the uncertainty of ongoing funding, and lack of qualified applicants • Identifying and utilizing appropriate existing community resources (non-contracted by CWSB) • Waitlists for some services • Substance abuse programs for youth are limited • Insufficient placement options for youth with serious behavioral or mental health issues • Lack of affordable housing

DHS is using the information gathered to refine and improve Hawaii's services to families. For example, during the Request for Information (RFI) contract meetings in

January and February 2017, Hawaii CWSB is exploring these gaps and challenges with community stakeholders and providers to identify collaborative solutions to address these challenges. In response to the challenge of finding qualified staff for services in rural areas, DHS has revised the mandatory qualifications to allow greater opportunities for relevant experience to replace formal education, so that talented community members are able to fill the vacant positions more easily. At a January 2017 RFI meeting for a Drop-In Center on Kauai, DHS staff invited community providers to submit written feedback and suggestions regarding minimum qualifications for staff and volunteers for consideration to be incorporated into the Request for Proposal and contract.

The following are examples of services provided statewide, unless otherwise indicated. Please note that some of the services easily qualify to be listed in several categories, but are listed only once below.

2. Assesses the strengths and needs of children and families and determines other service needs

a. CWSB Assessment Tools

Tools are utilized by CWSB caseworkers in their initial and ongoing assessments of children in their family homes and in foster care. These tools assist in evaluating the needs and strengths of the family. Some examples are:

- *Child Safety Assessments* are completed at critical junctures for children in their family homes.
- *Safety of Placement Assessments* are completed quarterly for children in foster care.
- *Comprehensive Strength and Risk Assessments* are completed for children in their family homes.
- *Child and Adolescent Needs and Strengths (CANS)* tool is used for SPAW and WRAP cases on Oahu and Hawaii Island.

b. CWSB Face-to-Face Visits

CWSB caseworkers meet with every child, parent, and resource caregiver on their caseloads regularly. A key component of these meetings is the ongoing assessment of everyone's needs. In addition to the tools mentioned above, Hawaii CWSB has a *Monthly Face-to-Face Worker Contact Record* that guides the worker to ensure that safety, permanency, and wellbeing issues are being assessed at every child visit.

c. Psychological Evaluations and Mental Health Assessments

Psychological Evaluations and Mental Health Evaluations/Assessments for children and parents are available statewide from private providers, other State agencies

(including Department of Health, Child and Adolescent Mental Health Division), and CWSB contracted providers. Mental health screenings are mandatorily completed for foster children within 45 days of entering foster care. When indicated, psychological evaluations are provided to all biological parents in foster care cases statewide, at no cost to the parent.

d. Medical Evaluations

- Pre-placement examinations are medical evaluations that are completed before a child's placement in any foster home.
- EPSDT (Early and Periodic Screening, Diagnosis and Treatment) provides Medicaid-eligible infants, children and youth with quality comprehensive health care through primary prevention, early diagnosis, and medically necessary treatment of conditions.

e. Vocational Assessments

These assessments are provided statewide by Department of Human Services, Division of Vocational Rehabilitation to parents who are experiencing barriers to employment due to a physical or cognitive disability.

f. Domestic Violence Family Services Initial Assessment

Domestic Violence contracted providers complete initial assessments before services are provided to the client.

g. Shelter Entry Assessment

On-call Youth Shelter services are provided to youth who need short-term shelter due to unexpected placement disruption or other emergency situations. An initial assessment occurs upon the youth's entry into the shelter to address his/her immediate safety, risk and well-being needs.

h. CWSB Policies, Procedures, and Protocols

CWSB has numerous policies, procedures, and protocols to codify ongoing quality assessments. One example is CWSB's Unidentified Perpetrator Protocol. Implemented statewide in late 2014, this protocol helps CWSB staff to focus on addressing the harm and behavioral changes, instead of focusing on admission by the alleged perpetrator. The protocol supports staff efforts to gather information, understand the family, complete formal assessment tools, analyze the need for in-home services, determine appropriate services, create safety and service plans, identify measurements for behavioral change, and monitor parents' progress in services.

3. Addressing the needs of families as well as the individual children in order to create a safe home environment

a. Comprehensive Counseling and Support Services

These family-centered, strength-based services focus on addressing risk factors and safety issues for CWSB families. Services include: in-home parenting support and education, counseling for parents and children, communication coaching, behavior management assistance, crisis intervention, role modeling, parent life skills building, and group classes.

b. Home Visiting Services

These services are available to serve CWSB families with children ages 0-3 in need of individual parenting support and education through home visits. Provider staff includes paraprofessionals, nurses, and clinical specialists, who help families understand early childhood development, assist with obtaining community resources, and promote violence-free family interactions.

c. One Board, One Stone in Every Home

This Native Hawaiian, culturally-based, hands-on parenting education program is available through Keiki o ka Aina Family Learning Centers on Hawaii Island, Oahu, Maui, Kauai, and Molokai.

d. Family Advocacy Program (FAP)

FAP is provided by the military to active duty members and their families. It is offered with or without CWSB involvement, which helps for continuity of services after case closure. FAP offers a great range of services to families, including parenting support, substance abuse education, counseling, family advocacy, stress reduction, and violence prevention.

e. Healthy Mothers, Healthy Babies

This community, non-profit agency offers workshops, a care line, and free health care text messages statewide to parents and moms-to-be.

f. Comprehensive Case Management and Disability-related Services

These services are provided through the Department of Health, Developmental Disabilities Division to clients with developmental disabilities who meet criteria.

CWSB clients with Fetal Alcohol Spectrum Disorder and Autism diagnoses are often able to receive these support services.

g. Women, Infants, and Children (WIC)

The Department of Health provides WIC services and resources statewide to low-income families and to resource caregivers to help ensure the health and wellbeing of infants and toddlers.

h. Federal Lifeline Assistance

This community service is available through cellular companies statewide. Low-income families can receive one free cellular phone with 350 minutes of phone service and 350 minutes of texting each month. Applicants must have valid photo identification and proof of being a recipient of a low income benefit, such as SNAP benefits, Section 8 housing, Federal Lunch Program, etc.

i. Early Intervention Services

These helpful services address developmental delays in toddlers, through federal IDEA Part C.

j. Language Interpreter Services

For adults or children with LEP, free interpreters and translators are provided statewide for all State services and for all court-related matters.

k. Transportation Assistance

The DHS provides older foster youth and CWSB-involved parents with bus passes or taxi vouchers to assist them in getting to necessary services and/or visitations. In addition, resource caregivers can be reimbursed for mileage for transporting foster children to appointments.

l. Substance Abuse Treatment

Day treatment programs are available statewide and residential programs are available only on some islands. Funding is often available to assist individuals to travel to a neighbor island for residential treatment, if needed.

m. Domestic Violence Shelter Services

Shelter services are provided to victims affected by domestic violence and their children. Shelters have a no-turn away policy and motel vouchers are offered to victims, if the shelter cannot accommodate the family for any reason. All shelters statewide offer enriched programming in the shelters to support healing from domestic violence, as well as addressing the concrete and immediate needs of the survivors, e.g. clothing, medical attention, or restraining order application.

n. Salvation Army Relief

This community non-profit offers disaster relief services, children and youth programs, and services for the aging, homeless, and/or poverty stricken population.

o. Healthy Youth Programs

The Department of Human Services, Office of Youth Services provides prevention programs and supportive services statewide for youth who are at risk for truancy, teen pregnancy, delinquency, substance use, dating violence, and gang membership. Services aim to maximize opportunities for youth to become productive, responsible citizens.

4. Enabling children to remain safely with their parents when reasonable

a. In-Home Safety Plans

When a threat to a child's safety has been identified, the CWSB caseworker develops an in-home safety plan jointly with the family, to allow the child to remain safely in the family home.

b. Crisis Response Team (CRT)

Available on Oahu and Hawaii Island, CWSB CRT responds within two hours to reports of abuse and neglect for children who are at risk of being removed from their family homes. By sending a trained CWSB caseworker out to engage the family in the time of crisis, the caseworker is often able to assess the situation and determine that removal is unnecessary, sometimes by arranging for immediate in-home services.

c. Intensive Home-Based Services (IHBS)

IHBS offers the Homebuilders model of IHBS to Oahu and Hawaii Island families to help keep children safely in the family home when they are at high risk for removal.

d. Women's Way (Oahu), and Aloha House (Maui)

Women's Way and Aloha House are residential substance abuse treatment facilities where mothers can reside with their young children. These services provide mothers with parenting classes in addition to traditional substance abuse treatment services.

e. Homeless Shelter

These shelters are available for families with short-term housing challenges.

f. Multi-Systemic Therapy (MST)

The Department of Health, Child and Adolescent Mental Health Division (CAMHD) offers in-home therapists statewide to families with children diagnosed with mental health challenges. These therapists follow the MST model, working to stabilize the family unit and its behavioral responses.

5. Helping children in foster and adoptive placements achieve permanency

a. Ohana Conferences

These family meetings are facilitated and structured to ensure the family's voice is fully reflected in the case plan and that parties are working collaboratively toward achieving a common goal. The family's extended family, friends, and community supports attend and participate in these conferences. At these meetings, family members determine among themselves who could best care for the child(ren) short-term and long-term, and who can support the parent(s) in the reunification process. Parents often report great satisfaction with the conference process, and understanding more fully what they need to do to have their children returned home to them.

b. Safety, Permanency, and Wellbeing meetings (SPAW)

This intervention, modeled after Casey Family Programs' Permanency Roundtables, is available on Oahu and Hawaii Island. SPAW facilitates the development of permanency plans and breaks through systemic barriers that may have been blocking movement toward permanency. In SFY 2016, a total of 71 SPAW meetings were held on Oahu and Hawaii Island.

c. Resource Caregiver Training

Training is available statewide through contracted provider Partners in Development Foundation (PIDF), e.g. Skills for Success (soft skills training) for foster youth 14 to 18 and their resource caregivers.

d. Department of Health, Child and Adolescent Mental Health Division (CAMHD)

CAMHD is a State agency that provides direct mental health services, therapeutic and residential treatment services, oversight, and care coordination to youth with a qualifying mental health diagnosis. CAMHD provides services to families of the youth to enhance their skill level specific to the child's needs.

e. Independent Living Program Services (ILP)

ILP provides case management, life skills assistance, some financial assistance, and housing support for foster youth over age 14.

f. Opportunity Passport

This Annie E. Casey program is available statewide with Molokai and Lanai applicants traveling to Maui to attend Financial Literacy classes in order to qualify. This program matches savings for foster youth and allows them to learn how to earn, save, and spend money wisely.

g. Ohana Time

Meaningful family time with foster children and their parents, siblings, and family members is facilitated by DHS staff, contracted providers, and resource caregivers, as arranged by the caseworker. Regular and meaningful visits are key to maintaining connection between parents and their children and to a smooth reunification.

h. Project Visitation

This program provides fun and structured group activities in a supervised environment for siblings in foster care who are placed in separate resource homes.

i. Family Finding

This work begins the moment a child enters foster care and does not end until the child exits care. Hawaii embraces family finding work, not only to help CWSB locate relatives that may be interested in fostering or adopting, but also to aid in the creation and maintenance of lasting family connections and supports.

j. Youth Circles

These youth-centered meetings provide a supportive group process for youth to plan for their transition from foster care into successful adulthood.

k. MedQuest to 26

This medical coverage allows youth exiting foster care to maintain medical insurance to age 26, without having to re-apply.

l. Adoption/Matching Hui

This is an active and resourceful group of social workers from various community agencies and CWSB who meet monthly to match children in need of permanent homes with prospective adoptive homes.

m. Wendy's Wonderful Kids

This project provides adoption services tailored to the individual needs of foster youth in long-term care.

n. Permanency Support Services

These contracted community services are offered to families both before and after adoption and guardianship. The purpose is to solidify the permanent placement and ensure its success.

6. Individualizing Services

In addition to assessing and monitoring its service array, as discussed above, CWSB's services are also organized to ensure that each child and family receives a service program that is individually tailored to their needs.

The services provided by Hawaii's statewide service system are designed with the goal of providing services to every individual according to his/her strengths and needs. Despite significant challenges, the service delivery system individualizes services to meet the needs of children and families.

To ensure that children and families receive appropriate services, each client served by CWSB is provided with two levels of individualized service planning based on the agency's assessment, contacts with the family, and other relevant information.

- The first level of individualized service planning is the Family Service Plan (FSP) which is developed jointly with the family and the CWSB caseworker, and used with families receiving voluntary services and those involved with the Family Court. The caseworker and client create the FSP based on information that is available when the FSP is drafted, such as psychological evaluations, input from the Multi-Disciplinary Team, personal contact with family members, and recommendations from community and service providers. The FSP consolidates and explains the services CWSB believes will resolve the safety issues in the family home to the parents.
- The second level of individualized service planning is the Individualized Program Plan (IPP). A separate IPP is created for each service the parent participates in, which becomes part of the original FSP. IPPs are created by program staff in collaboration with the parent participating in the program after reviewing the FSP, consulting with the assigned CWSB caseworker, and reviewing any assessments,

evaluations, or other information available when the case is referred to the program. The IPP identifies for the parent the specific program goals, objectives, and desired outcomes. IPPs are used to facilitate and focus service delivery, and to assess a parent's progress in the applicable service.

The State also takes steps to ensure that services are provided in a client-friendly manner by providing a comprehensive service array that is seamless and varying in intensity to better meet the service needs of individuals. This means that a client need only be referred once to a comprehensive service. Thereafter, depending on the client's progress or needs, services can be provided by different components within the overall program. Statewide examples of these comprehensive and bundled services are: Comprehensive Counseling and Support Services, Home Visiting, Intensive Home-Based Services, and Domestic Violence Services for Families.

This method of service delivery has proven to have the following benefits:

- Confidentiality within the comprehensive program is not a barrier to service transition, as would be the case if a client transferred from one service provider to another during the duration of their services.
- Receiving a variety of services under one umbrella reduces confusion for the client.
- Transition between different services within a program is accomplished in a more client-friendly manner because program personnel can communicate easily and collaborate on planning for smooth transitions.
- The State and providers can work together on adjustments to services and funding within the program to meet emerging service needs and to maximize funding availability.
- In Hawaii, the consolidation of services has led to a system of collaboration and cooperation between service providers. Providers will often form "hui" or partnerships to submit proposals for services that include several providers under one organization that are able to focus on the services they provide best.

To ensure that services are running smoothly, Section Administrators in each geographic region of the state hold regular meetings (either monthly or quarterly, depending on the region and need) with local service providers to discuss trends, resolve communication issues, and modify services, as appropriate. On Hawaii Island, meetings resulted in changing the physical location and service focus of Title IV-B-2 contracted services in that region.

As described above, CWSB Administrators also review, analyze, and discuss data regularly. Based on the data analysis and related discussions, CWSB makes decisions

about modifying contracts with service providers and reallocating resources to best serve families in each region of the State. For example, Hawaii's foster care data shows that approximately half of all children in foster care are part Native Hawaiian, which is disproportionate to the general population in Hawaii. After examining and discussing statewide and regional foster care ethnicity data, CWSB invested in Native Hawaiian culturally-based parenting programs and Native Hawaiian cultural awareness trainings for staff, and directed resource caregiver recruitment efforts to Native Hawaiian communities. CWSB Administrators are also working with the Capacity Building Center for States and local entities on getting to the heart of the Native Hawaiian disproportionality issue in order to serve all CWSB families in a culturally appropriate and enriched fashion without bias.

The delivery of culturally appropriate services in Hawaii is uniquely complicated. CWSB recognizes its duty to acknowledge and honor an individual's cultural identity and his/her need to maintain ties and connections to those cultures. Part of CWSB's Practice Model is providing culturally-competent services to families in a collaborative, child-centered, and family-focused manner. These values are concretely manifested through services in some areas of Hawaii; however, they are not available in all areas. An example of these services include the Kamalama Parenting Program, Aha, Keiki o ka Aina Family Learning Centers, and EPIC Ohana Men's Circles. Because many families in Hawaii are multi-cultural, it is not sufficient to merely refer a child or family to a service that has a cultural label such as Hawaiian, Samoan, Filipino, or any of the many cultures here in Hawaii. There is also the need to ensure that those culturally specific services are able to positively and effectively link those services with Hawaii's universal or "local" culture. The "local" culture binds Hawaii's community together; it is based on, and blends elements from the many different cultures that have contributed their diversity to Hawaii. To address the complexities, CWSB has included in procured services contracts, the requirement of providing culturally-based services, unique to the needs of each family. This means that despite the number of providers and services that have become and are becoming more available in Hawaii, the agency must ensure that children and families receive services that acknowledge, prioritize, and promote an individual's primary cultural identity.

Further, CWSB worked at and had success in meeting the multi-linguistic needs of the English as a Second Language population by encouraging the hiring of bilingual staff and maintaining robust contracts with interpreters who are available 24 hours a day. Interpreters are available for the following languages: Japanese, Cantonese, Mandarin, Vietnamese, Tagalog, Ilocano, Chuukese, American Sign Language, Yapese, Visayan, Portuguese, Russian, French, German, Spanish, Hawaiian, Korean, Marshallese, Tahitian, Samoan, Tongan, Maori, Hiri Motu, Italian, Fijian, Chamorro, Pohnpeian, Kosrean,

Malay, Khmer, Hindi, Urdu, and Thai. In SFY 2016, approximately 103 families took advantage of interpreter services (approximately 10-15% of all families receiving this service) while participating in the Comprehensive Counseling and Support Services, the primary service offered to families statewide with children in foster care. Among the families who received interpreter services, the five most commonly utilized languages were, in order of highest volume: Chuukese, Mandarin, Tagalog, Ilocano, and Cantonese.

Additionally, CWSB continues to maintain successful partnerships with key agencies and programs like the Department of Health, Developmental Disabilities Division; DHS, Division of Vocational Rehabilitation, Services for the Blind Branch, Deaf Services Section and Disability Determination Branch; the Arc of Hilo, Disability Services; and Learning Disabilities Association of Hawaii. Representatives from these agencies are part of CWSB workgroups, are invited speakers at CWSB Management Leadership Team meetings, and function as consultants to CWSB on relevant cases. CWSB's relationships with these key partners help to ensure that appropriate resources and services are available for clients with a variety of disabilities and challenges. CWSB caseworkers can respond to individuals with disabilities and other special needs by tapping into the statewide resources listed above.

Hawaii has a service delivery system that is capable of providing individualized, appropriate, and culturally-relevant services to children and families. There have always been challenges and a constant need to reassess and revise the service array; however, CWSB is committed to ongoing improvements to its service delivery system.

F. AGENCY RESPONSIVENESS TO THE COMMUNITY

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

Community partnership has been and continues to be a focus and strength of CWSB, particularly since the first CFSR/PIP. CWSB engages in ongoing consultation with foster youth, parents, families, staff, service providers, resource caregivers, juvenile court, and public and private child welfare agencies. It also integrates its ideas and concerns into programs and policies, the CFSP, and APSR. Additionally, Hawaii has ongoing consultation with the appropriate tribes and complies with ICWA when children are identified as having Native American ancestry or registry. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all of its initiatives and ongoing processes. CWSB engages its stakeholders and community partners at all levels of decision-making. Full collaboration is not only CWSB's policy, it is the priority of CWSB's practice.

For a list of CWSB's collaborators and examples of CWSB's agency and community collaborations, see the 2017 APSR and 2017 CFSR Statewide Assessment.

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

CWSB continues to collaborate successfully with other federal programs both at the administrative and case level to best ensure that children and families are served in the most integrated manner possible. For some examples of statewide collaborations, see the 2017 APSR and 2017 CFSR Statewide Assessment.

G. FOSTER/RESOURCE AND ADOPTIVE FAMILY RECRUITMENT AND RETENTION

1. Item 33: Standards Applied Equally

Licensing rules apply uniformly to all licensed and approved foster family homes (resource family homes) and Child Caring Institutions receiving Title IV-B or IV-E funds. HAR §17-1625 Licensing of Foster Family Homes for Children (resource caregivers) and HAR §17-1627 Licensing of Child Caring Institutions memorialize Hawaii's licensing requirements. CWSB does not permit waivers of these licensing requirements.

While CWSB does not give waivers or exemptions for a potential caregiver's criminal history, it may grant waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms, and the number of beds, provided the waiver does not compromise the health and safety of the child. Although waivers can be requested for all homes, space and bed waivers have recently been authorized only for relative placements. In one example, although the resource caregiver did not have a sufficient number of beds at the time of placement, CWSB allowed the foster youth to sleep on the couch until the resource family was able to purchase a bed for the youth. A waiver for the bed requirement is often resolved during the home study process as the contracting agency and CWSB assist the resource caregiver to locate additional beds, if cost is an issue.

After an agency completes a home study, if a waiver is needed, a request is sent to the CWSB licensing unit, describing the circumstances, and what is being done to resolve the situation. The waiver request is then approved or rejected by a section administrator. Statewide, there were six bed or space waiver requests completed from January 1, 2015 to July 30, 2016, and all were for relative placements.

2. Item 34: Requirements for Criminal Background Checks

CWSB has procedures to ensure compliance with federal requirements for criminal background clearances related to licensing and approving foster care and adoptive placements.

HAR and policy and procedure requirements remain the same as reported in the 2017 ASPR.

Hawaii is revising its criminal background check procedures to ensure consistent statewide compliance and to standardize processes and documentation of expectations with federal security requirements and criminal background clearances related to licensing and approving foster care and adoptive placements. Checklists are used to ensure compliance with the criminal history rules and procedures. For example, the New Application Resource Home Licensing Checklist assists the CWSB worker in ensuring that all forms are submitted and all clearances are completed for a *child-specific* placement. The checklist requires: Hawaii State criminal history (CJIS) check, Child Abuse and Neglect (CA/N) check, sex offender (state and national registries) checks, and the Adam Walsh Consent form. This checklist has been implemented on Oahu, and is pending implementation on neighbor islands. For *general licensed homes*, the Resource Family File Checklist is used, which has the same requirements for criminal records checks prior to licensing a home. Before any home receives an *unconditional* certificate of approval, the supervisor reads the home study and all supporting documents, including background clearances, were completed. The supervisor signs off on the home study and authorizes the issuance of the certificate of approval, only after a complete review and verification that all requirements are met.

Hawaii State Criminal clearance is completed for the resource caregiver and all household members annually or biennially depending on whether the home is licensed for one year or two years. Hawaii will be participating in Rapback, which is anticipated to begin in early 2017 to ensure automatic arrest notification on all participants who completed fingerprinting.

Hawaii recognizes that improvements are needed. In December 2016, proposed revised procedures were routed to Administrators for comment. Feedback will be reviewed by a team of CWSB staff with licensing expertise and needed revisions will be integrated in 2017. Beginning December 2017, DHS through the UH Maui College HCWCQI Project, will conduct a statewide targeted review to assess the implementation of procedures and functioning for this systemic factor. Reviews will be conducted annually thereafter.

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

Hawaii has a fully functional statewide process for the diligent recruitment of potential foster and adoptive families who reflect the ethnic and racial diversity of children for whom foster and adoptive homes are needed. CWSB continues to put forth targeted efforts to recruit and license Native Hawaiian resource homes, as the largest ethnic population of children in care continues to be Native Hawaiian. In SFY 2016, 49% of all children in foster care had Native Hawaiian ancestry. Hawaii has also enhanced efforts to partner with other ethnic community leaders to help their families and communities, and to recruit resource families.

CWSB's primary focus continues to be placement with relatives, which is reinforced through legislation, policy and procedural clarifications, trainings, case reviews, enhanced family finding and relative notification efforts, and Ohana Conferencing. As described in the 2017 APSR, CWSB continues the contract with Partners in Development Foundation (PIDF) Hui Hoomalu to provide targeted recruitment for Native Hawaiian general-licensed homes and general recruitment for resource caregivers, as well as providing support services for CWSB resource and permanency families. These contractors continue to partner with other agencies, stakeholders, and community partners for recruitment, trainings, and support services. Hawaii CWSB also continues in its partnership with Casey Family Programs and Native Hawaiian community resources.

CWSB understands that maintaining positive relationships with resource caregivers is an important way to reduce turnover.

Although the total number of licensed resource homes statewide has dropped significantly since SFY 2006, the number of children in foster care has also dropped significantly during this period; thus, the decrease in licensed resource homes does not reflect a reduced capacity to properly care for foster youth. One way to know if CWSB is meeting its need for resource caregivers is to directly compare the number of children in foster care to the number of licensed resource homes. Understanding the dynamics of these placements: that Hawaii generally places sibling groups together in one home and that some resource homes have space for several foster children; that some youth in foster care are in alternative placements; and, that children enter and exit resource homes throughout the year, is important when looking at this ratio. Hawaii does not need a 1:1 ratio. During SFY 2016, the monthly average number of children in foster care was 1,391, and the number of licensed resource caregiver families was 1,317. This yields an excellent foster child to resource caregiver ratio of 1.06:1.

Each month, the State reviews foster care data and related expenditures in its COPE meetings. (For a description of COPE, see Item 25, B.vi.) Each quarter, Hawaii reviews

resource caregiver recruitment data in quarterly activity reports from PIDF, and also reviews CWSB outcome data, compiled by Department data analysts. Annually, CWSB examines aggregate data in efforts to understand what has happened and what may happen next. CWSB Administrators are continually evaluating data to understand the changes in the foster care population. Once changes are recognized, CWSB shares this information with the contracted recruitment provider to direct the recruitment efforts.

Each year, shortly after PIDF has compiled its annual report, based on surveying all resource caregivers statewide, CWSB Administrators meet with PIDF staff to review data jointly and make plans for the coming year. CWSB brings data to the meeting regarding children in foster care (ethnicity, geographic areas of removal, special needs, placement stability, etc.) over the past year. Trends, concerns, successes, gaps, and strengths are discussed. Determinations are made regarding where and how to focus efforts and resources. For example, CWSB ethnicity data showed a growing population of Micronesian and Marshallese families in the Hawaii's child welfare system. In order to best serve these children in foster care, CWSB and PIDF examined the data and created plans to recruit resource caregivers from within these communities. Also, when PIDF's survey results indicated that resource caregivers were not receiving enough information about the children upon entry into their homes, CWSB instituted the Child Information Folder which holds documents and important information about each child and travels with the child to the resource home.

In addition to these annual meetings, approximately monthly, CWSB administrators communicate with PIDF staff, through email, phone calls, and live meetings regarding data trends and potential needs for immediate adjustment in efforts. When CWSB was experiencing challenges with its on-call shelters, CWSB reached out to PIDF to recruit families who would be able to take children 24-hours a day to help fill the gap. When the unmet needs of minor victims of human trafficking came to CWSB's awareness, again, CWSB contacted PIDF to jointly come up with a plan to train and recruit specialized resource caregivers to properly support these children and youth.

The strong collaborative relationship between CWSB and PIDF facilitates communication, allowing for resource adjustments with celerity.

a. Faith-based efforts

Faith-based recruitment continues to be an integral part of the overall recruitment and awareness plan, and CWSB continues the relationships and activities described in the 2017 APSR and the 2017 CFSR Statewide Assessment.

b. Native Hawaiian efforts

There is serious concern about the disproportionality of Native Hawaiians in the foster care system. Considering the current high percentage of Native Hawaiian resource caregivers, and the great efforts put forth to recruit and maintain these families, CWSB has decided that it is critical to focus on reducing the number and percentage of Native Hawaiian youth in foster care. Thus, Hawaii's preferred method to decrease the disparity between the percentages of Native Hawaiian resource caregivers and Native Hawaiian foster youth is to decrease the number of children and youth entering foster care.

As described in the 2017 APSR, CWSB continues to maintain a regular presence at Native Hawaiian community events and organization meetings.

These efforts are supported by Partners in Development Foundation's (PIDF) Hawaiian Cultural Specialist's continued support of their recruitment to assist in further developing connections with Native Hawaiian communities, and quarterly consults through in person meetings, teleconferences or video conferencing.

Dr. Denise Goodman, recruitment consultant and trainer, came to Hawaii to work with all PIDF recruiters and staff with a focus on key strategies involved in conducting targeted recruitment. Dr. Goodman trained staff on utilizing demographic data to determine the need vs. the current resources, and how to address the deficits by developing targeted recruitment plans. PIDF and DHS worked closely to obtain detailed information about the children in care, and the current resource caregiver pool. One outcome of this of this collaboration was a detailed plan, developed by each recruiter, which identified business/organizational/individual contacts within the specific cultural/ethnic community they would engage to help increase the community's awareness of the need for resource caregiver families.

The need for more licensed Native Hawaiian resource caregiver families was also identified as an area for targeted recruitment. Specific strategies identified included: engagement of the recruitment team with the PIDF Cultural Consultant to obtain advice on how best to approach and engage Native Hawaiian churches and organizations to help identify avenues to communicate with the Native Hawaiian to keep key stakeholders in these communities abreast of the need for more families.

The relatively equal percentages of children in care and caregivers of Native Hawaiian heritage is a sign of the success of targeted recruitment efforts to the Native Hawaiian community. This can be seen in the *Multi-Ethnic Report on Children in Foster Care and their Resource Caregivers for SFY 2016*, following this narrative.

c. Utilization of Resource Caregivers, Alumni Foster Youth and Birth Families

CWSB has continued efforts to engage resource caregivers, alumni foster youth, and birth families in recruitment and retention efforts, as described in the 2017 APSR.

Partners in Development Foundation (PIDF) also continues to have former foster youth and resource caregivers on staff who bring a wealth of experience to their roles as recruiters. In SFY 2016, PIDF expanded so that a majority of the statewide recruitment activities include a former foster youth and/or resource caregiver. The full-time former foster youth Family Liaison and licensed resource caregiver East Hawaii Community Liaison hired in SFY 2015 continue to remain on staff. In March 2016, a West Hawaii Community Liaison with resource caregiver experience was added to the staff. Kauai and Maui sites have also engaged resource caregivers in their recruitment team.

In SFY 2016, PIDF began a pilot project in which the Family Liaison, a former foster youth, conducts inquiries by phone and subsequently conducts the initial home visits. This pilot project provides two benefits for the youth in care, continuity of staff contact through the initial steps of the process, and an opportunity to learn about the Family Liaison's personal experiences of being in care. During SFY 2016, PIDF licensed more than 29 families in Hawaii, in part due to these broad efforts.

PIDF staff maintain contact with all HI H.O.P.E.S. youth boards statewide. These boards provide former foster youth with a venue to spread awareness about foster care and share their vision/goals with the larger community.

d. Word of mouth referrals

As described in the 2017 APSR, word of mouth referrals continue to be one of the highest sources of referrals. The Ohana Rewards program that rewards individuals with a \$200 gift card for referring a family that becomes general licensed has continued to exceed original expectations.

During SFY 2016, PIDF licensed 24 families referred through its Ohana Rewards program. Based on this success, PIDF looked to capitalize and expand on the resource caregiver referrals. For the first time, during the 2016 Statewide FPH Annual Conferences, PIDF recognized all resource caregivers who referred licensed families, bringing more attention to this program and encouraging additional referrals from resource caregivers.

e. Web-based media

As described in the 2017 APSR, internet searches remained a frequent source of referrals. During SFY 2016, web search continued to be the most common method of referral with 40% of inquiries coming from web search. In response to this, PIDF made a concerted effort to increase web presence and maximize exposure. Google ads were purchased to maximize search engine optimization and drive people who searched for any variation of “foster care Hawaii” to the Hui Hoomalu homepage, “http://www.pidf.org/programs/hui_hoomalu/about”, for additional information and to start the application process, if desired.

Social media outlets like Facebook and twitter were maintained and enhanced to help direct visitors to PIDF’s website, increase exposure, and provide more avenues for information on foster care to potential resource families.

f. Recruitment of LGBT Resource Families

Despite challenges in finding homes willing to care for LGBT youth, DHS remains determined to find homes and increase resources for these youth. PIDF will focus on expanding recruitment within the Lesbian, Gay, Bisexual, and Transgendered (LGBT) communities throughout the State. PIDF will also follow up on LGBT secular and faith-based connections already made in the present contract.

g. Child-Specific Recruitment Based on Ethnicity

One CWSB goal is to have a pool of resource homes that reflects the ethnic diversity of youth in foster care in Hawaii. Refer to Data Booklet, Figure 63: Multi-Ethnic Report on Children in Foster Care and their Resource Caregivers for SFY 2016 for information on the number and percentage of youth in foster care and that of their potential resource caregivers.

Excluding “Unable to Determine,” and “Mixed,” there are 20 ethnic groups listed in the report. Comparison of the percentages in these two populations suggests that Hawaii likely has enough resource caregivers of these ethnic backgrounds to meet the needs of the foster child population. Throughout the year, there were approximately two children in care for each resource caregiver home. Since each child does not stay in care for a year, Hawaii has enough resource caregivers to meet the demand for homes.

There are eight ethnic groups where the percentage of resource caregivers is lower than the percentage of children in care: Chuukese, Kosraean, Hawaiian or Part-

Hawaiian, Mixed (not Part-Hawaiian/Not Part-Hispanic), Marshallese, Palauan, Tongan, and Vietnamese. Since most resource homes have more than one child, and children enter and exit care throughout the year, it is definitely possible for a lower percentage of resource caregivers in a particular ethnic category to be able to meet the needs of all the children in care of the same ethnic background, assuming those placements meet the individual needs and best interests of the children.

CWSB is not currently focusing specific recruitment efforts on the “mixed” ethnic background group although there appears to be a lack of resource families. It is likely that the difference in percentages between children in foster care and resource caregivers is due to the data collection process: whether one is asked their primary ethnicity or with which ethnic group he/she identifies most versus being asked to state one’s ethnic background. Workers who collect and report this data feel that many individuals who choose just one ethnicity, are actually of mixed ethnic backgrounds.

As previously described in the 2017 APSR, there is some concern about the lack of Chuukese, Kosraean, Palauan, and Tongan resource families. PIDF continues to make concerted recruitment efforts to these communities, as well as to the Native Hawaiian community and other Pacific Island groups. As an example, PIDF recruiters on each island have been reaching out to the Micronesian populations, to develop relationships with key leaders in the Micronesian community who can assist in sharing information on becoming resource caregivers. In addition, PIDF’s recently developed program, We Are Oceania, provides valuable contacts in the community that PIDF can consult with on how to best approach the growing need for additional Micronesian resource caregivers.

Recruiters also developed specific targeted strategies for communities, including teens, large sibling groups, and medically fragile children.

For more information on the Diligent Recruitment Plan, please refer to the 2017 CFSR Statewide Assessment.

4. Item 36: State Use of Cross-Jurisdictional Resources for Permanent Placements

Hawaii has a statewide process for the effective use of cross-jurisdictional resources to facilitate permanent placements. Hawaii is an active participant in the Interstate Compact for the Placement of Children (ICPC) which generally functions well in Hawaii. . Hawaii’s ICPC Administrator is on the staff of CWSB’s Program Development Office and Hawaii contracts with Catholic Charities Hawaii to process incoming ICPC requests. Data for incoming and outgoing referrals is collected and deadlines are monitored by the ICPC Administrator.

In SFY 2016, Hawaii processed 81 new requests for placements to other states and completed 74 home studies through ICPC. Thirty-seven Hawaii children were placed with resources in other states, while 84 children from other states were placed in Hawaii. Of the 74 home study requests received from other states via the ICPC, 94% were complete or a preliminary home study was completed within 60 days. Challenges to timely completion include missing or pending documentation, and delays due to trials, appeals, and objections from relatives or resource caregivers.

Given Hawaii's unique demographics of multiple islands within the State, Hawaii has implemented functioning procedures and processes for inter-island placements and between sections on Hawaii Island. This process covers all jurisdictions in Hawaii. A formal request for a "courtesy assessment" (equivalent to home study) or "courtesy supervision" is made by the unit with jurisdiction to the Section where the child, parent, or relative resides or intends to reside. The procedures dictate that contact by the receiving unit is required within 30 days of the request by the unit with jurisdiction. These courtesies are reserved for children, parents, or relatives residing on different islands, or in different sections on Hawaii Island.

For each jurisdiction in a courtesy assessment or supervision case, Section Administrators work together to address any challenges that arise that cannot be resolved at the worker or supervisor level. The CWSB Program Development Office has an assigned Assistant Program Administrator to assist field staff with any questions regarding such placements.

SECTION VII. PROGRAM SUPPORT

A. TRAINING AND TECHNICAL ASSISTANCE

1. Current Situation

CWSB's previous relationships with the National Child Welfare Resource Centers and Child Welfare Implementation Centers have assisted CWSB in its practice and supported many of CWSB's programs and initiatives. Hawaii is working on building similar relationships with the three national technical assistance centers. These centers are designed to build the capacities of local agencies and courts to meet federal standards and requirements, improve child welfare practice and administration, and achieve better outcomes for children, youth, and families. Since the end of SFY 2015, CWSB has been working with the Capacity Building Center for States. Hawaii completed the on-site assessment process, which helped to determine priority areas to enhance CWSB capacity. Such priority areas include:

- a. Rebuild and reorganize Hawaii's Management Information and Compliance Unit (MICU);
- b. Examine the disproportionality of Native Hawaiian children in the foster care system;
- c. Improve recruitment and retention of CWSB staff; and
- d. Make a succession plan for the large number of upcoming CWSB staff retirements.

Hawaii Child Welfare Services Branch (CWSB) is concerned with insuring that IV-E Waiver related services to Native Hawaiian children are not being offered in a way that creates or reinforces disparities. The IV-E Waiver targets two populations; children who are removed to short term placements of 5 days or less, and children who have been in placements for over nine months and who have not achieved timely permanence goals.

The tailored service is to address two areas of CWSB capacity. The first concerns the review and modifications to CWSB policies that address the ethnicity classification of children with the goal of improving definitions and consistency of classification. The second concerns the development of CQI data to monitor the impact of the Waiver interventions on the target populations of children.

In 2016, the workgroup made progress on the following:

- Drafted the policy and procedures update on collecting racial and ethnic data of children and families. It is in the finalization phase after receiving feedback from the field staff.

- Reached out to the Vital Records Office of the Hawaii Department of Health (DOH) and Hawaii Health Data Warehouse (HHDW) to collect baseline and historical demographic data. The SFY2015 data which is the most recent data set became available in February 2017 and the HHDW will provide the data report to CWSB by the end of April 2017. The IV-E Waiver evaluators also assisted the baseline racial and ethnic data of the CWSB involved children and families at the point of intake.

The State requested training and technical assistance from the Capacity Building Center for States to revise procedures on Initial Contact to be in compliance with CAPTA Section 106(b)(2)(B)(xviii): “provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant.”

CWSB began working with the Capacity Building Center in November 2016 to access technical assistance on a CAPTA requirement related to initial contact with individuals who are the subject of a child abuse/neglect report. Through this technical assistance, CWSB was able to incorporate practice from other states to develop a draft procedure for initial contact. CWSB is in the process of receiving feedback on the draft procedure from Region IX and making necessary revisions and clarifications.

The initial contact procedures have been finalized and incorporated into the CWSB procedures manual. An ICF was completed and distributed to staff on June 29, 2017. The clarified practice will also be incorporated in the new hire training. The completed PIP was submitted to ACF on June 30, 2017.

2. Anticipated Requests

CWSB has also identified other areas in need of outside support and assistance and may request Capacity Building Assistance in the following areas:

- a. Implementing Services for Trafficking Survivors;
- b. Early Childhood (0-5) Mental Health Assessment and Treatment;
- c. Creating a Culturally-Informed Service Array; and
- d. Runaway youth.

B. STRATEGIC PLANNING COMMITTEE

1. Overview

Since 2007, DHS has collaborated with Casey Family Programs to provide on-going support to CWSB through the Strategic Planning Committee (SPC). The mission of the SPC is to safely reduce the number of children in foster care. The savings realized from a decrease in the foster care population are reinvested into programs designed to strengthen and support vulnerable families. The objectives of the additional support improved education, employment, and mental health outcomes.

The SPC meets quarterly and has designed and supported the initiatives described below.

2. Community Gatherings (Aha)

Since July 2010, the SPC has worked with local cultural communities on all islands to facilitate cultural community gatherings, known as aha, to increase collaboration, partnership and shared knowledge. These gatherings will continue in SFY 2017.

Hawaii's ongoing aha activities focus includes community engagement strategies such as Men's Circles, domestic violence and sexual abuse in the native Hawaiian community, an aha with the military family advocacy programs, and parent engagement training for Native Hawaiian families.

Oahu

Waianae Coast: The Oahu Aha Hui reached out to the Department of Education (DOE) staff on the Waianae Coast, meeting with Superintendent, principals and staff to discuss mandated reporting and various CWSB initiatives with the goal of reducing the number of children that come into foster care from the Waianae Coast. One planned outcome of these meetings is enhanced cooperative relationship between DOE and DHS.

The Oahu Section Administrators also met with providers, community partners and school principals on Waianae Coast develop a common goal of keeping the children in their home schools.

Future meetings will also be scheduled with the Waianae provider community for this summer (2017). Continued outreach to birth parents and new parents will include new parents/participants from West Oahu. These sessions will run from July through August 2017, and consist of six sessions with parents, and additional individual/family sessions as needed for families.

Oahu: Hooponopono, birth parent continued during SFY2016, with 15 families and 16 children participating. The last event will also include CWSB staff.

East Hawaii & West Hawaii

Men's Circles continued during SFY 2016, five in East Hawaii (Hilo) and one in West Hawaii (Kona). Aha were held in each island throughout 2016. Each island/section prepared a work plan and presented it at the monthly SPC/Waiver Meeting.

East Hawaii

"Off Your Rockers" - 30 grandparents raising their grandchildren were invited to attend the event presented by Dr. Kimo Alameda. Many of these grandparents are Native Hawaiians. The topics presented were on child development, parenting, self-care, and services/resources to support family preservation.

East Hawaii Section was invited to participate in Tropic Care in Kau, which is a training program by the U.S. Department of Defense that provides free medical, dental and eye care to citizens living in rural communities. Section staff and community partners volunteered their services to help with the site preparation, and childcare/ child-engagement, while they and their parents waited in long lines to receive medical services. CWSB and community partners collaborated on a booth to provide information about services and to network with other community partners and service providers. The Tropic Care event also served as recruitment of prospective resource caregivers.

Another aha held in July 2016, as a Meet & Greet event with the partner providers and general public, had the goals of: facilitating networking between the various providers serving the Kau district; informing the community about the social services available to them to assist with issues such as substance abuse, parenting, domestic violence; and other services to promote family preservation, prevent out of home placement, and move children to permanency. Over 200 Kau residents attended the event, including members of the Hawaiian, Filipino Chuukese, and Marshallese communities. As an outcome of this event, 3 Hawaiian families were linked with specific support services.

West Hawaii

West Hawaii Section hosted the "Building Bridges: Honoring Our Resource Caregivers" event to share information about the CWSB role/responsibilities and practice. This event incorporated sharing the new prudent parenting training with the resource caregivers and provided an opportunity for the RCGs to request information and address

their concerns. The feedback from the RCGs as well as the service providers and community was very positive.

Resource Caregivers Open House held in December 2016, was a follow-up community engagement activity for the “Building Bridges” Event. Over 75 people including children and their resource families attended.

Maui

Maui had its first AHA event of the year on Molokai during the Child Abuse Prevention Month in April 2016. Maui section began working with EPIC staff to develop a curriculum focusing on maintaining connection and engagement from cultural perspectives.

Engagement training was held for two separate groups to improve community and family engagement: in July 2016 for CWSB and differential response staff from Maui, Molokai, and Lanai; and in August 2016 for service providers and resource caregivers. Future plans included the provision of similar training to the legal professionals including the Court, GALs and CASAs. This training focused on understanding family engagement through the Hawaiian values and cultural lens. The evaluation and feedback were positive.

Kauai

The same engagement training held in Maui is being provided on Kauai for the CWSB and differential response staff, resource caregivers, and legal professionals.

Although not funded by Casey, Kauai also holds Fathers Hui events, similar to Men’s Circle, which utilizes the Hawaiian values to reconnect them with the community.

3. Child Welfare Waiver Demonstration Activities (Title IV-E Waiver Demonstration Project)

The SPC’s larger purpose includes educating state and local policy makers regarding existing fiscal barriers and flexible funding strategies that can contribute to positive outcomes for children and families. The award of the Title IV-E Waiver in SFY 2014 was the impetus for this new initiative for the SPC which intends to be central to the planning and smooth implementation of the waiver demonstration projects.

During a collaborative effort with the Casey Family Programs, Casey field supervisors from the Child and Family Services office trained staff on the practical use of CANS. This refresher training on CANS served two purposes: 1) Help Hawaiʻi social workers

become certified as many workers did not pass the certification exams; and 2) Learn how CANS can be used in real-life case planning

Please see the description of the proposed Title IV-E Waiver for a more complete understanding and desired outcomes in *Section III. Program Overview, Part 4. Systemic Factors, F. Collaboration and Responsiveness to the Community, 3. Child Welfare Demonstration Projects* of this report.

C. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION

Hawaii's Title IV-E eligibility determination unit continually works to determine eligibility accurately and expeditiously. Over the past year, the unit focused on the following projects to improve their work.

Federal Payment Programs Eligibility Unit (FPPEU) has worked with Office of Information Technology (OIT) on the reports received to ensure the reasonable efforts to finalize a permanent plan language is captured more timely. The report was cleaned up to only list those children needing the language, and to list them chronologically to ensure timeliness.

The unit has also created an error report to provide feedback to the CWSB Section Administrators on the reasons why we lost Title IV-E claiming on specific children. The error report includes efforts made by the FPPEU Eligibility Worker to obtain necessary documents and language, and the reason why we are not coding a child IV-E if it was due to an error on the part of the CWSB unit or worker.

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

A. OVERVIEW

CAPTA funding has been and will continue to be used in the upcoming fiscal year to carry out Hawaii's CAPTA State Plan by supporting Family Strengthening Services (FSS). FSS is part of Hawaii's Differential Response System (described above in *Section III. Programs Supporting Safety*), consistent with the goals and objectives of the CFSP.

There are no significant changes from Hawaii's previously submitted CAPTA plan. The State CAPTA Liaison Officer remains the same. Her contact information is below:

Hawaii State CAPTA Liaison Officer
Kayle Perez
Child Welfare Services Branch
Social Services Division
Department of Human Services
810 Richards Street, Suite 400
Honolulu, HI 96813
kperez@dhs.hawaii.gov

There were two new changes to the previously submitted CAPTA plan. First, to meet the amendments made to CAPTA by P.L. 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA), CWSB submitted the Governor's Assurance verifying that CWSB and its contracted providers removed the term "illegal" as applied to substance abuse affecting infants and that service plans are to address the health and substance use disorder treatment needs of both infants and their families or caretakers. See Section VIII.G. Substance Exposed Infants & Children for a more detailed explanation of the FASD plan for safe care of children, and treatment for these infants and families or caretakers.

Second, P.L. 114-22, the Justice for Victims of Trafficking Act of 2015, amended CAPTA with two primary provisions. See Section VIII.H Human Trafficking for a detailed explanation of the changes in the law and CWSB's implementation of this law.

B. STATEWIDE CITIZEN REVIEW PANEL

The Hawaiian name for the Hawaii CRP is Na Kupa Alo Ana O Hawaii. Na Kupa Alo Ana O Hawaii representatives work and live in different communities throughout the State. The nine Representatives come from Hawaii Island, Maui, Lanai, Oahu, and Kauai.

Na Kupa Alo Ana O Hawaii had two panel members “retire” from the panel this past year, Dawn Slaten and Ruthann Quitiquit. Both of these individuals started with the Statewide CRP five years ago and contributed to the success of Na Kupa Alo Ana O Hawaii. The panel members are currently looking to bring on two new members, one possibly from the island of Lanai. The panel would still like to bring on a resource caregiver.

CWSB actively supports the CRP and flies the neighbor island CRP members to Oahu every other month for meetings at the Office of Hawaiian Affairs. Teleconferences are held on the months the CRP does not meet face-to-face. These teleconference are one hour in length and the focus on various work group updates and activities to be completed prior to the next face-to-face meeting.

This year CWSB will send two CRP members to the 16th National Citizen Review Panel Conference in Anchorage, Alaska on May 10-12, 2017. For the last several years the DHS liaison has been unable to attend the national conference due to prior commitments. CWSB would like to move toward once again funding and supporting the attendance of one panel member and the DHS CRP liaison.

Na Kupa Alo Ana O Hawaii completed the analysis of the results of the survey of child welfare staff regarding the Father Engagement Project. Their analysis and recommendations will be included in next year’s annual report. Although, the panel drafted a Memorandum of Understanding, they are still uncertain if they really want or need one. CWSB will support an MOU if the CRP decide to pursue one. The most recent CRP product is the printing of the “*Help Guide for Families of Those Serving Time*” as a resource for staff to help families affected by parental or caregiver incarceration. CWSB provided this to the CWSB sections statewide and to the licensing unit/staff for inclusion in the informational packet provided to new resource homes and distribution to other resource families during their biannual visits. The brochure was also provided to Family Programs Hawaii to distribute at their statewide quarterly trainings for resource caregivers and was available at the resource caregiver conference held April 24-29, 2017.

C. CHILD FATALITIES

1. Deaths in Hawaii CWSB Cases

Hawaii DHS reports CPSS data to NCANDS on child deaths that only includes those cases in which child abuse and neglect or threat of abuse or neglect has been confirmed that were active during the reporting period. The Department of Health (DOH) Child Death Review data compiles child fatality data from the State’s Vital Statistics Department, Child Death Review Teams, law enforcement, and the State’s Medical Examiners’ Office to report all deaths in the State. For these reasons the DOH and CWSB NCANDS data differ. DOH Child Death Review reports include child deaths as

defined by the National Center for the Review and Prevention of Child Deaths. Child deaths are categorized as follows: 1) Child Abuse and Neglect, 2) Homicide, 3) Natural, 4) Suicide, 5) Undetermined, and 6) Unintentional Injury.

Historically, the DOH has produced three Child Death reports that are inclusive of their data sources and cover the period from 1996-2006.

In 2013, due to limited funding for the nurse coordinator position, Hawaii's Child Death Review was suspended. In 2016, the Hawaii State Legislature passed Senate Bill 2317 which recognized the need for a child death review system and appropriated for DOH to conduct child death reviews and to implement a program for maternal death reviews.

The Child Death Reviews have resumed on Oahu, Hawaii Island and Kauai. Oahu began reviewing 2015 child deaths due to SUID/SIDS. By December 2016, 15 child death reviews had been completed. Some of the recommendations to prevent further child deaths include:

- Addition of safe sleep education to school health or sex education classes
- Notification of the infant's pediatrician regarding child's death
- Inclusion of a standing *ad hoc* member from the home visiting network to the CDR team meetings
- Utilization of churches, PCPs, and schools to provide culturally sensitive information on safe sleep practices to parents and extended family members.
- Provision of baby boxes for all newborn as a safe sleeping arrangement and to discourage bed sharing.

Follow up on recommendations is crucial to ensuring preventable deaths from occurring. The Medical Director of a local hospital has followed implemented the recommendation to provide baby boxes and established a pilot project on Oahu with 500 donated baby boxes, making one box available to any parent who agrees to accept one.

2. CAPTA Fatality and Near Fatality Disclosure Policy

Currently, when public release of information about a child fatality or near fatality is requested, and the harm was due to abuse or neglect as confirmed by CWSB, Hawaii at a minimum discloses:

- a. Age of the child;
- b. Gender of the child;
- c. The cause and circumstances regarding the child fatality or near fatality surrounding the incident;

- d. Information about previous reports of child abuse or neglect that is pertinent to the abuse or neglect that led to the child fatality or near fatality;
- e. Information describing any previous investigations pertinent to the abuse or neglect that led to the child fatality or near fatality;
- f. The results of any such investigations, and
- g. The services provided by the state and actions of the state on behalf of the child that are pertinent to the child abuse or neglect that led to the child fatality or near fatality.

D. CHILD WELFARE SERVICES WORKFORCE

1. Overview

To provide an accurate portrait of our workforce, CWSB conducted a survey of all its staff members in May 2017. This section presents the results of this survey.

2. Numbers

a. Staff

As of March 2017, CWSB had 403 funded positions, 306 employees and 97 vacant positions. Based on these figures, CWSB is currently functioning with only 76% of the authorized staff. Refer to the Data Booklet, Figure 65: CWSB Staff Positions and Vacancies – 2013-2017, for point-in-time details on data for the past five years [SFY 2013 - 2017].

b. Caseload

Based on the June 2016 active case assignments in CPSS, the average caseload per assessment worker is approximately 25 cases. However, there is a wide range among the number of cases assigned to each worker. The average caseload per case manager, permanency worker, hybrid case manager/permanency worker, and tribrid assessment worker/case manager/permanency worker is approximately 15 cases. Intake workers do not carry caseloads. There is no policy regarding a maximum or minimum number of cases that a worker may carry. Section Administrators and Unit Supervisors are responsible for ensuring manageable caseloads and parity in caseload across workers. Please refer to the Data Booklet, Figure 66: Hawaii CWSB Average Caseload for details and a comparison of May 2012 through May 2016.

3. Positions

The breakdown of staff positions for May 2017 is provided in the Data Booklet, Figure 67: Hawaii CWSB Staff Breakdown – May 2017; Figure 68: Percentage Breakdown of Current Staff Positions – May 2017; Figure 69: Statewide Distribution of CWSB staff – May 2017.

4. Gender

Throughout the nation, there are far more women employed in the field of social services than men. Hawaii's CWSB workforce follows this trend as well. In January 2013, 67% of the DHS workforce was female and 33% was male. The May 2017 CWSB-internal survey showed that CWSB employees were 80% female and 15% male, with 5% declining to indicate a gender choice. The increased gender discrepancy for CWSB is not surprising, as caring for children has been women's responsibility, both culturally and historically, and within most current societies.

DHS consistently includes men on interview and evaluation committees for hiring new employees in order to help ensure (1) that male applicants are treated fairly; (2) that male applicants see that there are men employed in DHS; and (3) that the male perspective is fully incorporated into the hiring process.

5. Age

Within CWSB, administrators, supervisors, and caseworkers all make regular efforts to combat any potential bias in CWSB services due to the gender inequity of staff. For example, in Hawaii's prudent parenting component initiative, several males from CWSB staff, community partners and services agencies and youth groups were at the core of designing and implementing the new policies, procedures and CWSB staff training.

Please refer to the Data Booklet, Figure 70: Age Distribution of CWSB Staff - May 2017, for the age distribution of CWSB staff. This information reflects the employees' cumulative response to the question: "What age range do you fall into?"

As of May 2017, CWSB had no employees under age 20 or over age 79. The largest percentage of CWSB staff (31.4%) fell into the 50-59 age range, followed by the 40-49 age range (24.8%).

In looking at Figure 70: Age Distribution of CWSB Staff - May 2017, it is clear that approximately 47% of CWSB staff is between 50 and 79 years old. Hawaii CWSB is aware of the potential problem of numerous retirements within the span of a few years, causing mass exodus of a vast amount of institutional knowledge. CWSB requested assistance from the Capacity Building Center for States (CBC) in assessing CWSB situation, and worked collaboratively with CBC to develop a succession action plan, coupled with a staff recruitment and retention action plan. Due to a lack of staff and numerous urgent projects, CWSB has not been able to move forward with the action plan yet, but plans to do so in 2017.

6. Education

All staff positions within CWSB require a minimum of a high school diploma or a GED. Caseworker positions (intake, assessment, case management and permanency) require a minimum of a Bachelor's Degree and some experience in human services. Higher level caseworker positions require increased years of relevant professional experience and a degree related to social work. In addition to the other caseworker requirements, entry-level intake workers are required to have worked in CWSB for a minimum of three years. A Master's Degree in social work or a related field is not required, but is preferred for higher level caseworker positions and supervisors. CWSB supervisors must have a minimum of four years of professional experience in child abuse and neglect in addition to the formal education requirements for caseworkers.

The training requirements for CWSB staff are discussed in *Section III. Program Overview, Part 4. Systemic Factors, Section D. Staff and Provider Training.*

Please refer to the Data Booklet, Figure 71: Highest Level of Education – ALL CWSB Staff - May 2017, for details on the highest levels of education of CWSB staff in May 2017.

Please refer to the Data Booklet, Figure 72: Do you have education in field related to Child Welfare – All Staff, May 2016 for information regarding for CWS related education.

Data Booklet, Figure 73: Educational Level of caseworkers, Supervisors and Administrators shows that as the position level within CWSB increases, so does the percentage of staff holding master's degrees in social work or related fields. Results of the May 2017 staff survey show that 53% of caseworkers, 67% of supervisors and 70% of administrators hold a master's or higher degree.

7. Ethnicity

Refer to the Data Booklet, Figure 74: CWSB Staff Ethnicities - Self-Reported, May 2017, for the diverse ethnic breakdown of Hawaii's diverse staff. This is how the staff was asked to report their ethnic background: "*Which category best describes your ethnic background? Please choose one answer only. If you have multiple ethnicities and you are part Native Hawaiian, please indicate Native Hawaiian. If you have multiple ethnicities and are not part Hawaiian, please choose the ethnicity that you primarily identify with. (This may be the one that you list first when describing your background.)*"

Regarding ethnicity, one of CWSB's greatest concerns is having its staff reflect the cultures and ethnic backgrounds of the people it serves. CWSB staff has a large proportion of Native Hawaiian and Part Native Hawaiian staff which mirrors the numbers we see in children who are in CWSB's care.

CWSB is proud of its diverse staff and knows that this cultural diversity enriches the work in innumerable ways. The varied insights and perspectives that are given full voice in determining policy and practice have allowed CWSB in Hawaii to grow in exciting and innovative ways. Hawaii's Ohana Conferencing model, Hawaii's relative placement success, Aha (community gatherings), and Hawaii's Ohana Time initiative are all achievements that are reflective of a workplace community that gives weight to the range of cultural experience and perspectives of its staff.

8. Length of Employment with CWSB

Refer to the Data Booklet, Figure 75: Length of Employment with CWS, Self-Reported – May 2017, for a snapshot of the current staff longevity with CWSB.

E. JUVENILE JUSTICE TRANSFERS

CWSB understands that it is important to the well-being of foster youth to make transitions between foster care and the juvenile justice system as non-traumatizing as possible and to assist the youth with adjusting to the new setting. To help ensure appropriate support and services to these youth, CWSB recognizes the need to closely track foster youth who enter and exit the juvenile justice system. To ensure comprehensive planning, coordination, and effective and regular communication, collaboration between CWSB caseworkers, juvenile facility staff, Family Court, Prosecutors Office, Attorney General's Office, HPD, FBI, Home Land Security staff has been made a priority.

The DHS is also working with the VERA Institute of Justice, an independent nonprofit national research and policy organization, group to help with the different state organizations regarding youth who enter and exit the juvenile justice system.

CWSB and the Office of Youth Services (OYS) continue to work together to enhance this partnership. OYS staff representatives participate in the following collaborations:

1. The Committee on Lesbian, Gay, Bisexual, Transgender Youth in the Juvenile Justice System;
2. CWSB LGBTQ workgroup;
3. Family Wrap Hawaii; and
4. Project Kealahou.

During SFY 2016, 32 youth (unduplicated count) were in a detention facility. See Data Booklet 64: Frequency of Lengths of Stay in Detention Centers SFY 2016, for the range of length of stay for these youth. Based on data extracted on June 30, 2016, the length of stay was calculated based on entry and exit dates. For youth who had not exited, the date of June 30, 2016 was used to calculate length of stay.

Compared to SFY 2015, the SFY 2016 population shows a slight increase in the number of youth who have been incarcerated, but also shows a decrease in the length of their stay. Although the total population rose slightly from 27 to 32, the percentage of youth incarcerated for two months or less rose from 48% to 89%, and the percentage of youth incarcerated for nine months or more fell from 14% to 3%.

Family Wrap Hawaii continues to assist families working towards reunification when there are barriers including involvement with multiple systems. Hawaii's work in Wraparound services has provided another venue to discuss opportunities for collaboration across agencies to better serve children and families who encounter multiple systems. The Office of Youth Services (OYS) has implemented a Wraparound program to target youth exiting HYCF. The DOH CAMHD is in the process of implementing the Wraparound process and supports to youth in or at risk of facility placements. CWSB, OYS, and CAMHD meet to discuss system functions and improvement to better serve families and maximize resources. The meetings are also opportunities to learn from each system's experience and collaborate on training opportunities and resource development.

The State requested T/TA from the Capacity Building Center for States to revise procedures on Initial Contact to be in compliance with CAPTA Section 106(b)(2)(B)(xviii): "provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant."

CWSB began working with the Capacity Building Center in November 2016 to access technical assistance related to initial contact with individuals who are the subject of a child abuse/neglect report and the implementation of CAPTA Section 106(b)(2)(B)(xviii): "provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant." Through this technical assistance, CWSB was able to incorporate practice from other states to develop a draft procedure for initial contact. CWSB is in the process of receiving feedback on the draft procedure from

Region IX and will be making revisions and clarifications, as needed. The procedure will be finalized by June 30, 2017.

F. DOMESTIC VIOLENCE

DHS funds an array of domestic violence (DV) services designed to promote survivor safety and independence, strengthen child resilience, and hold batterers accountable to make positive behavioral changes to end violence. The services are trauma-informed and are available to assist underserved and special populations. These services are provided at no-cost to participants, including individuals involved in CWSB.

Services include the following:

1. DV Shelter and Support

This service provides 24-hour DV hotline services in response to crisis calls, information and referral assistance, emergency shelter services, outreach, community education, assistance in developing safety plans, individual and group counseling, transportation, and other supportive services for adults and children in shelters, including transition planning and follow-up services for DV survivors and children exiting the shelter. 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.

2. Teen Dating Violence Prevention and Intervention

These services respond to helpline crisis calls specifically for this target group, as well as case management services, outreach, school and community based education, and safety planning. This program also supports the efforts of youth groups that conduct community awareness activities through rallies and the creation of multi-media informational materials, such as videos and posters.

3. Legal Services and Advocacy

This service is available for: immigrants who have experienced DV; DV shelter residents; and those who are eligible for but are not currently residing in a DV shelter. These legal services enhance the survivor's ability to achieve safety, stability, independence, and empowerment to escape abusive relationships by providing assistance with protective orders, divorce, custody, paternity, child support, immigration status, and advocacy for housing, employment, and other barriers.

4. DV Services for Families

This service provides group and individual counseling, advocacy, and support services for survivors and children of domestic violence to promote safety, strengthen resilience, and address the impact of domestic violence exposure on children. This service also provides batterer intervention services to hold batterers accountable and provide them with the knowledge and skills to end violence in the home. Counseling and support services provide individual or group child care, transportation, visitation, supervised exchange/visitation with children, hands-on parenting instruction and life skills, and individual and/or family counseling, as appropriate.

CWSB continued to collaborate with DV service providers, DV advocates, and the Hawaii Coalition against Domestic Violence to identify DV service needs, community resources, and barriers, particularly for underserved communities, which include: (1) those in rural areas with limited access to services, (2) immigrants, (3) those who identify as LGBTQ, (4) people with disabilities, and (5) people who struggle with substance abuse or mental health challenges. Meetings are held to improve communication, enhance service delivery, and inform future service procurements.

The DHS worked in collaboration with DOH, Judiciary, and the Attorney General's office to provide statewide training regarding Domestic Violence with the assistance of the Hawaii Coalition against Domestic Violence. An electronic survey was sent to staff of the four state agencies to obtain their input on what DV trainings were needed. The workgroup is planning the first statewide training on Oahu in June 2017.

DHS was awarded and administers funds under the Family Violence Prevention and Services Act Grant in 2016 to serve domestic violence victims and their families statewide. DHS collaborates with the Hawaii State Coalition Against Domestic Violence, which has developed and implemented a needs assessment and facilitated statewide shelter committee meetings. 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.

Staff also participated in ongoing DV trainings provided by other agencies for continuing training/education requirements throughout the year.

G. SUBSTANCE EXPOSED INFANTS AND CHILDREN

1. Infants born to drug and alcohol use

Based on the child's comprehensive health assessment and EPSDT screening, CWSB procedures and practice ensure that all children under the purview of CWSB, including those with prenatal alcohol and/or drug exposure, will have such needs addressed through the development and implementation of a plan of safe care for that child. For a child with significant manifestations of Fetal Alcohol Spectrum Disorder (FASD), the child may be referred to a CWSB's contracted providers who has foster homes that are equipped and trained to provide care for medically fragile infants and children. With assistance from licensing staff, the CWS caseworker usually identifies the appropriate specially-trained caregiver home before the infants/children are discharged from the hospital. These specially-trained resource caregivers, not only care for the child, but also work with the family to help them to learn to appropriately meet their child's special needs, by teaching the family to physically care for the child through modelling and education. The child is reunified with the parents only when parents can demonstrate the ability to safely care for the child with the special needs. Even when the child returns to the family home, these specialized resource caregivers often maintain a mentoring role with the parents until the child is fully stable in the family home placement.

Pursuant to Chapter 350 of the Hawaii Revised Statute, mandatory reporters, which include hospital staff, are required to report to CWSB any time they have a reason to believe that child abuse or neglect has occurred or that there exists a substantial risk that child abuse or neglect may occur in the reasonably foreseeable future. One of the examples evidencing child abuse and neglect is "when the child is provided with dangerous, harmful, or detrimental drugs."

2. Comprehensive Addiction and Recovery Act of 2016 (CARA)

CWSB has met the requirements of amendments made to the Child Abuse Prevention and Treatment Act by Public Law 114-198, the Comprehensive Addiction and Recovery Act of 2016 (CARA). CWSB submitted the Governor's Assurance for verification of meeting these requirements.

In order to comply with the amendments in CARA, CWSB reviewed its policies and procedures to search for any references to "illegal" and "illicit" substances. Subsequently, CWSB omitted all references to such words, and revised its policies to comply with the amendments made to CARA. CWSB also had contracted providers follow the same procedures with their respective policies and procedures. All contracted providers have completed this process, except for one provider. CWSB is following up

with this provider to ensure its policies and procedures are updated to comply with CARA.

CWSB also created and implemented safe care plans to include a portion that addresses substance use of parents whose children have been exposed to substances. As a part of the safe care plan, these parents will receive services to address their substance use. CWSB has made provisions with its contracted providers to provide this service.

Additionally, in SFY 2017, the CWSB's Citizen's Review Panel will assist CWSB in a public awareness campaign to spread the word on mandated reporting of suspected child victims who are substance exposed. Also, to assist in increasing awareness of children exposed to substances, CWSB plans to revise the mandated reporter training and retrain mandated reporters on these updates.

3. Procedures to monitor plans of safe care

CWSB's current procedures and existing practice cover the monitoring of the plans of safe care for children and family caregivers through the use of the Safe Family Home Report, the Family Service Plan, and the In-Home Safety Plan. Following CWSB procedures, these reports and plans are developed as a joint activity with the family and the CWS caseworker. The plans are reviewed and approved by the CWS worker's Unit Supervisor. Progress and compliance is monitored at monthly visits between the CWS caseworker and the family, as well as between the caseworker and his/her Unit Supervisor during monthly supervision meetings.

CWSB employs a number of assessment tools, such as the Comprehensive Strengths and Risk Assessment, the Child Safety in Placement tool, and the Child Safety Assessment, that inform and assist the CWS caseworkers and others involved in the case planning and monitoring of the child's safety and placement in foster care throughout the life of the case. The caseworkers complete the Child Safety in Placement tool on a quarterly basis and their assessment is reviewed and approved by the Unit Supervisor. The caseworker additionally documents the results of their assessments in their court reports.

Parents, caregivers, and children are assessed and then referred to providers for ongoing treatment and monitoring, as indicated. For those CWSB families receiving substance exposed and substance abuse related services, the community service provider submits regular reports to CWSB staff regarding clients' progress. These reports are also submitted to court, as appropriate.

The substance abuse providers' services are monitored for quality 1) biannually through a formal contract review process, 2) quarterly through the provider's Quarterly Activity

Reports to SSD's Purchase of Service (POS) Unit, and 3) on a case-by-case basis of reported concerns by clients, community members, or CWS staff that POS and CWS' Program Development staff address with the provider.

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

4. Multi-disciplinary outreach and coordination

Governor David Ige has called the DOH to take the lead in the fight against opioid addiction in Hawaii with its Alcohol and Drug Abuse Division (ADAD). The DOH is promoting Screening, Brief Intervention, and Referral to Treatment (SBIRT), for all people, including pregnant women and women who might get pregnant. SBIRT is an approach to identify and deliver intervention and treatment to people with substance use problems or those at risk of developing these problems. Because the risks to developing infants have long-term, significant impacts, women are advised to avoid using tobacco, alcohol, and other substances. The DOH is beginning to lead community efforts to create economic incentives, increase provider awareness, and better connect community resources to encourage adoption of SBIRT for expecting mothers. CWSB was a part of the initial planning of SBIRT use in Hawaii. The DOH is leading this initiative based on four strategic cornerstones: 1) prevention, 2) collaboration, 3) raising awareness and education, and 4) data collection.

Additionally, the DOH, the Department of the Attorney General, Department of Public Safety's Narcotics Enforcement Division, and the Hawaii Poison Center are working together on a statewide prescription drop-off program to allow people to safely dispose unused medications, thereby diverting these drugs from the black market.

When CWSB re-procured its early home visiting services a year ago, it newly included, as a provider expectation, reporting and analyzing data regarding FASD identification and referral for treatment.

CWSB continues to provide mandated reporting trainings to the hospitals, schools, and other providers, informing them of their responsibility to report to the CWSB hotline suspected cases of child abuse and neglect, which include substance-exposed infants.

The CWS caseworker ensures that substance-exposed infants receive the necessary evaluations, referrals, and treatment as appropriate from the providers and follows up with the various providers as necessary. The worker also monitors the progress of the

substance abuse affected parents and requests progress reports of the parents while in treatment and reports this progress to the court on the Safe Family Home Report. These reports from providers help determine case direction and the decision to reunify the child with the parents.

On the issue of substance-exposed infants and children, CWSB has reached out to its Citizens' Review Panel, which consists of community members who are dedicated to the welfare of CWSB children. A CWSB administrator presented information about CARA to the panel. As a result of the presentation, the Citizens' Review Panel has adopted FASD community awareness as a statewide campaign issue for the panel to promote within the next year. The Citizens' Review Panel is consulting with the DOH on this public awareness campaign effort, because the DOH started a FASD awareness campaign five years ago, but the DOH did not continue the campaign, due to the retirement of the DOH FASD coordinator.

H. INITIAL CONTACT

See *Section VII.A. Training and Technical Assistance* above for information on initial contact in compliance with CAPTA Section 106(b)(2)(B)(xviii).

I. HUMAN TRAFFICKING

On September 29, 2014, Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act, was enacted. This law requires Title IV-E agencies to consult with other agencies that have experience working with at-risk youth to develop and implement policies and procedures to identify, document, and determine appropriate services for any child in the placement, care, or supervision of the Title IV-E agency who is at-risk of becoming, or is, a sex trafficking victim. The law also requires states to develop and implement protocols to locate missing foster children, address factors that contributed to their absence, and assess their experience while absent, including whether the child is a sex trafficking victim.

1. CWSB Human Trafficking Protocol and Procedures

Effective September 29, 2015, CWSB implemented HT procedures for CWSB and Voluntary Case Management (VCM) staff, as required in the Public Law 113-183, the Preventing Sex trafficking and Strengthening Families Act to:

- a. Locate children missing from foster care;
- b. Determine factors that led to the child's being absent from foster care and, to the extent possible, address those factors in subsequent placements;
- c. Determine the child's experiences while absent from care, including whether the child is a sex trafficking victim; and
- d. Report related information as required.

The HT also protocol incorporate the following:

- a. Permanency workers shall reevaluate children six (6) years of age and older is foster care for human trafficking indicators quarterly, if not previously identified.
- b. Sections have designated individuals for unblocked access to internet sites to assist in locating/identifying children suspected of involvement in human trafficking. The CWSB works with a designated human trafficking service provider for statewide crisis response services, including 24/7 crisis intervention and consultation, face to face human trafficking assessment, safety planning, general support and advocacy and service coordination.

However, the Family Strengthening Services (FSS) program was not included in the protocol because the children in FSS are not under CWSB placement, care, or supervision. However, FSS staff may refer to the protocol as a guideline and contact CWSB is assistance is needed in identifying or determining appropriate responses for children.

Human trafficking procedures also includes the crucial steps:

- a. Screening: when human trafficking is reported or suspected, staff will complete the Rapid Screening Tool for Child Trafficking based on available information about the child. The child/youth may also be asked to complete the CSEC Identification Survey.
- b. Response: If human trafficking is indicated, staff will
 - i. Make a police report within 24 hours;
 - ii. Make a crisis referral call to the 24/7 Susannah Wesley Community Center for consultation and service coordination;
 - iii. Review and request signing of the Hawaii Coalition Against Human Trafficking (HCAHT) Consent to Share Information form with the parents/legal guardian (unless CWSB has permanent custody); and
 - iv. Send a copy of the RST and signed HCAHT Consent to CWSB PD for tracking.
- c. Tracking: CWSB PD will submit the HCAHT Suspected Victim Data Report with coded identifier information to HCAHT, as appropriate. CWSB PD will maintain an internal tracking log.

2. CWSB Staff HT Training

In September 2015, CWSB staff statewide was trained on minor human trafficking and CWSB's new protocol and on two tools to use when a minor is identified or suspected of trafficking.

3. Collaboration

CWSB continued collaboration with HCAHT, Family Court of the First Circuit and other State agencies helps to ensure that CWSB protocol fits within the overall framework. A Memorandum of Agreement has been created to ensure that the protocol will be implemented as designed.

CWSB and community partners are in the process of developing statewide training on human trafficking and the CWSB Human Trafficking and Missing Children Protocols that will be implemented on May 29, 2017. CWSB continues to collaborate with our community partners to review, evaluate, and modify the protocol, as needed.

Through a CWSB collaboration with the National Center for Missing and Exploited Children (NCMEC), the Department of the Attorney General's Missing Child Center of Hawaii, and the Juvenile Justice Information System (JJIS) an electronic feed of data from the state's JJIS database to NCMEC was implemented on September 29, 2016, as required. This will ensure that information on CWSB missing children is reported to NCMEC as required by Public Law 113-183, the Preventing Sex Trafficking and Strengthening Families Act.

4. Current Actions

Effective May 29, 2017, CWSB will be required to implement the requirements of Public Law 114-22, the Justice for Victims of Trafficking Act of 2015, which includes the following actions:

Hawaii State Legislature, 2017 Regular Session, passed House Bill 1099 amending the Hawaii Revised Statutes (HRS) Chapter 587A definitions of "Child abuse and neglect" and "sexual abuse" to include sex trafficking or severe forms of trafficking in persons, and to include any child who is identified by a state as a victim of sex trafficking or severe forms of trafficking, as defined in sections 103(9)(A) and (10) of the Trafficking Victims Protection Act, as a victim of "child abuse and neglect" and "sexual abuse." CWSB is amending its policy and procedures incorporating these changes.

- a. Amend CWSB Human Trafficking protocol to include provisions and procedures to identify, assess, and provide comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement,

- juvenile justice, and social service agencies, such as runaway and homeless youth shelters.
- b. The Hawaii Coalition Against Human Trafficking (HCAHT) and the Family Court of the First Circuit continue parallel efforts to collaborate among various agencies to address human trafficking. The HCAHT addresses sex and labor trafficking of adults and children statewide, and Family Court addresses the commercial sexual exploitation of children on Oahu. Both efforts are ongoing and provide CWSB additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits within the overall framework. A Memorandum of Agreement among the various agencies was established to ensure that the protocol will be implemented as designed.
 - c. CWSB is working in its policy and procedures to identify, assess and provide services for victims of sex trafficking. Calls reported to the CWSB will be assessed for appropriateness of services, either through a diversion program or with CWSB.
 - d. Collect and report, to the maximum extent practicable, the number of children who are victims of sex trafficking as part of the National Child Abuse and Neglect Data System (NCANDS).
 - e. In 2016, ongoing planning and focus groups continued to discuss the requirements of the law. CWSB Branch, Program Development, and Section reconvened the HT workgroup in February 2017. Ongoing weekly meetings were held to discuss policies, procedures, implementation and strategies for tracking these victims and reporting to NCANDS.

J. CONTINUOUS GROWTH

Over the past year, Hawaii CWSB has been involved in three ACF Program Improvement Plans (PIPs). The updates for each are captured below.

1. AFCARS Improvement Plan (AIP)

Hawaii has addressed many of the items in the AIP. Please see APSR FFY 2017. As planned, AFCARS coding refresher training was provided to staff in all geographic regions throughout the State in SFY 2016. Unfortunately, Hawaii will not be able to complete its AIP until the implementation of its new data base system CCWIS.

2. Initial Contact PIP

The Child Abuse Prevention and Treatment Act (CAPTA) includes requirements related to providing information to the individual who is the subject of a report of child abuse and neglect at the time of initial contact.

CAPTA Section 106(b)(2)(B)(xviii) states: “provisions and procedures to require that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant.”

Hawaii CWSB enlisted assistance from the Capacity Building Center, as well as State attorneys, and our federal partners at ACF to ensure full compliance with this provision.

Part III – Casework Services, Section 2 – Social Work Investigations, 2.2.0 – Initial Contact with the Individual who is the Subject of to a Child Abuse and Neglect Investigation/Assessment, of the DHS Child Welfare Procedures Manual has been updated to provide clarification. These revised procedures were disseminated to all relevant staff, including Hawaii’s differential response contracted providers.

All relevant PIP documents were completed prior to the deadline of June 30, 2017 and are being submitted to ACF alongside this APSR.

3. P. L. 113-183, Preventing Sex Trafficking and Strengthening Families Act PIP

The items that remained for Hawaii to resolve in this PIP are listed below:

- a. Documentation of the application of Reasonable and Prudent Parenting standards by Child Caring Institutions;
- b. Specifics of Prudent Parenting Training in CWSB procedures for both General Licensed Homes and Child-Specific Licensed Homes;
- c. Ensuring that required case plan elements are met for any child for whom APPLA is the permanency plan; and
- d. Youth Rights revisions.

Hawaii has completed and disseminated CWSB Procedures for Reasonable and Prudent Parenting standards statewide which addresses items a and b above.

For federal APPLA requirements (item c, above), in June 2017, the lead family court judge from each circuit statewide signed a joint memo, which details the requirements be covered in permanency hearings for APPLA cases. Additionally, CWSB’s Procedure Manual was updated to include APPLA as a permanency goal along with the necessary federal requirements.

Hawaii's Youth Rights document has been updated and disseminated statewide which addresses item d above.

SECTION IX. CHAFEE FOSTER CARE INDEPENDENCE PROGRAM, EDUCATION AND TRAINING VOUCHERS, AND EXTENDED FOSTER CARE AND EXTENDED ASSISTANCE

A. A SEAMLESS SYSTEM: Independent/Interdependent Living Services, Higher Education/Education and Training Vouchers, Extended Foster Care (Imua Kakou), and Extended Assistance

In its continuing efforts to provide an enhanced and seamless system of care for youth currently and formerly in care, CWSB has combined the Independent/Interdependent Living (IL) Services, Higher Education (HE) Allowances/Education and Training Vouchers, Extended Foster Care (aka Imua Kakou-IK) & Extended Assistance ---IL/HE/IK (**IHI**) programs. Additional contracts were developed and awarded to providers from the local communities to ensure their knowledge and connections with the young people, resources, culture, etc. Contracts were initiated January 1, 2017.

Service summaries are as follows:

1. IL Services for youth in foster care (ages 12-15):

Services for this age range provide support for the youth's involvement in self- awareness and self-development, including decisions making, and awareness of and coping with peer pressure, case planning as well as additional support for resource caregivers. Services for this age range may be different than for older youth.

2. IL Services for youth in foster care (ages 16-18):

Services for this age range actively engage young people in developing a case plan that will allow them to learn from their experiences while developing skills to enhance their self-sufficiency and well-being.

3. Imua Kakou (IK) Services for former foster youth (ages 18-20, up to their 21st birthday):

Services for this age range include providing young people with monthly financial support at the adolescent foster board rate, the opportunity to be more actively involved in their own planning and decision-making processes, extended support to further develop their well-being and skills for adult self-sufficiency, more time to attain their goals, and a case manager to assist and support them in acquiring the knowledge and skills needed for success in adulthood.

4. Higher Education (HE) Services (State-funded) for former foster youth from ages 18 up to their 27th birthday who exited care while under DHS custody by reaching the age of 18 or attained adoption or guardianship at any age:

The higher education stipend is only available to young people who are attending an accredited (academic or vocational) institution of higher learning, and NOT receiving DHS financial support in IK or under Extended Permanency/Adoption Assistance.. Additional HE services include support services, and monthly counselling/ check-in. Young people who attained adoption or guardianship, but are not receiving extended adoption or permanency assistance.

5. IL Services providing support and outreach for former foster youth (ages 18-26 up to their 27th birthday), with priority for young people who exited care while under DHS custody and are not receiving IK or HE services:

Services may range from information and referral only to more intensive support and assistance, including crisis intervention, in areas such as health/mental health, housing, finances, employment, education, relationship connections/social capital, etc. Group activities may include IK and HE participants.

Support for out-of-state former foster youth, including those who were adopted or in guardianship, shall be limited to information and referral services.

B. INDEPENDENT LIVING COLLABORATOR (ILC)

CWSB also procured a contract with a private provider to work with CWSB, service providers, young people, community stakeholders and other partners, to assist CWSB in providing an enhanced and seamless system of care. The contractor will collaborate, enhance communications, develop/facilitate workgroups, assist in developing standards/guidelines with best practice standards, provide/or collaborate on trainings/conferences, assist in evaluation and monitoring, engage young people to ensure their voice/perspectives are heard and imbedded in policy and practice, etc. This contract was effective October 2015, with EPIC Ohana, which also houses the Youth Advisory Board and Youth Circles. EPIC is also the site for Jim Casey Youth Opportunities Initiative---HYOI. EPIC's existing strong relationships with youth serving/focused entities will help support the work of this contract. ILC has assisted CWSB on overseeing Imua Kakou, on convening and supporting the IHI contractors, on assisting with NYTD, on assisting CWSB on cases and practice/policy. ILC has created a young people/user friendly ILC App regarding IL resources entitled Foster Hope.

C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS

1. Overview

The basic components of both the State-funded higher education stipend program and the federally-funded ETV program remain the same as previously reported.

2. Accomplishments and Progress

DHS higher education stipend program has been a tremendous success and benefit for youth formerly in foster care. With this additional support, many young adults have been able to complete 2-year and 4-year programs while a few have even attained advanced degrees. By the end of the 2015-2016 school year, 1,762 students had participated in the program. The average number of youth receiving benefits during a month varies with peaks during the fall semester and lower numbers during the summer.

During the years 2007 - 2013, the participants roughly averaged 40% new students and 60% returning students. Since SFY 2014, the trend has been an increase in the percentage of returning students and a corresponding decrease in the percentage of new students, with the data for SFY 2016 showing 22% new students and 78% returning students.

This trend was anticipated and is seen as an indication of the successful implementation of Imua Kakou, which allows eligible youth to begin with Imua Kakou and then to move on to the higher education stipend program after exiting from Imua Kakou at age 21.

Refer to the Data Booklet, Figure 82: Higher Education Stipends (Table) and Data Booklet, Figure 83: Higher Education Stipends (Chart), for detail and graphic representation.

Refer to the Data Booklet, Figure 84: Education and Training Vouchers (Table) and Data Booklet, Figure 85: Education and Training Vouchers (Chart) for detail and graphic representation of data on the ETV program.

The underutilization of the ETV awards in the past two school years continues to be of concern. The initial hypothesis was that staff, providers and participants thought that participation in IK precluded the youth's eligibility for ETV. Clarification of program eligibility and increased outreach has been successful in increasing awareness of the program requirements as shown by a decrease in underutilization from approximately 50% of FFY 2014 ETV funds to about only 12% of the FFY 2015 ETV funds.

CWSB remains committed to increasing the utilization of ETV and higher education benefits. Enhanced outreach efforts are focusing on engagement of staff, youth and young adults, youth serving agencies, and community partners include increased technological support to identify potential recipients in the CPSS database, more user friendly reports for staff, refresher trainings for staff and supervisors, and electronic outreach from SHAKA via emails and blasts to foster youth, young adults, staff, and community partners. DHS anticipates that continued emphasis on ensuring that eligible youth's awareness and use of benefits will help to ensure that funds for FFY 2016 will be fully expended by the end of FFY 2017.

D. EXTENDED FOSTER CARE (aka IMUA KAKOU) AND EXTENDED ASSISTANCE PROGRAMS

The Imua Kakou and Extended Assistance programs will complete year three on June 30, 2017.

1. Extended Assistance Program

No changes were made to the Extended Assistance Programs, a “for payment only” program for former foster youth who were placed, subject to an agreement between DHS and caretakers at age 16 or older, into legal guardianship or adoption. Please refer to the Data Booklet, Figure 88: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2016.

2. Shaka Database and Imua Kakou Data Tracking

Imua Kakou cases continue to be documented, managed, and tracked in the Shaka database, which is managed by Maui College. Much of the process remains the same, except for a few changes to permit workers and staff to quickly access data entered by case managers and young adults, if possible, into the Baseline, Monthly, and Termination Trackers. For example, Maui College created a new report to accurately track Imua Kakou participants in post-secondary education so that case managers can help these individuals apply for ETV and later for the state-funded Higher Education Program. Maui College created other reports to help case managers and CWS Liaisons identify cases that require special attention because a young adult is not maintaining Imua Kakou eligibility. DHS and the Family Court periodically ask for data from these trackers for larger agency reports and grant requests. University of Hawaii School of Law staff (“UH Law”) assists Maui College in ensuring that data is entered, that data is as complete and accurate as possible, and that reports produce the data requested.

3. Imua Kakou Applications

From July 1, 2016, to April 30, 2017, Shaka logged 123 applications in various stages of completion. This data is similar to the last state fiscal year's data. Please see Figure 90: Imua Kakou Applications, for a quarterly comparison of application totals by SFY.

Of the 123 applications, 47 applications (or 38%) were determined eligible for Imua Kakou, 32 (or 26%) were determined to be ineligible and were referred to other resources; of the balance, 38 were new/incomplete or recently submitted and six were incomplete or withdrawn.

Applications are most often determined Ineligible and Referred because young adult applicants were age 21 or older at the time of application, or would not receive at least one month of Imua Kakou benefits due to turning age 21, or were adopted or placed under legal guardianship before age 16. There is a high number of New/Incomplete applications because young adults, who are completing applications on their own, take some time to complete it or abandon the application altogether. CWS Liaisons contact these applicants and offer assistance. If young adults do not accept assistance, and applications are not submitted within six months, CWS Liaisons archive the abandoned applications.

4. Participant Demographics and Other Tracker Data

In May 2017, there were 125 Imua Kakou cases open in the Shaka database. Some of these cases are awaiting closure due to young adults exiting the program. The data below comes from the 125 young adults' Imua Kakou applications:

- A) *Legal Status in Foster Care:* 104 young adults (or 83%) emancipated from foster care at age 18 or older while in DHS foster custody; 18 young adults (or 14%) entered legal guardianship at age 16 or older; and three young adults (or 2%) were adopted at age 16 or older. Young adults who were adopted or placed with a legal guardian at age 16 or older are considered for Imua Kakou only if the relationship with adoptive parents or legal guardians has disrupted and the young adult no longer receives financial or emotional support from adoptive parents or legal guardians.
- B) *Gender:* 84 young adults (or 67%) identify as female and 41 (or 33%) identify as male. The program has experienced an under-representation of males since inception. Despite worker efforts, males seem less willing to engage in the program.
- C) *Native Hawaiian Ethnicity:* 64% of young adults self-identified as Hawaiian/Part Hawaiian.

Out of the 125 open cases in May 2017, 94 cases had completed April Monthly Trackers. The following data derives from these 94 cases:

- D) *Activity for Eligibility:*
 - 22 young adults (or 23%) were enrolled in post-secondary or vocational school,
 - 19 (or 20%) were attending secondary education or an equivalent program,
 - 39 (or 41%) were employed at least 80 hours per month,

- 14 (or 15%) were participating in a Removing Barriers activity or program or working less than 80 hours per month, and
- four (or 4%) were categorized as having a Medical Condition that rendered them incapable of performing the above activities.

There is some overlap because a few young adults reported more than one activity for eligibility.

E) *Housing:*

- 23 young adults (or 24%) lived with relatives (not including birth parents);
- seven (or 7%) lived with birth parents;
- 20 (or 21%) live with friends or other roommate(s);
- 12 (or 13%) live with a spouse or partner;
- 11 (or 12%) live alone in an apartment, house, or trailer;
- seven (or 7%) live with a former foster parent;
- five (or 5%) are homeless or houseless;
- four (or 4%) live in a dorm or residence hall;
- three (or 3%) live in a group care setting;
- one was participating in residential treatment; and
- one (or 1%) had been incarcerated.

The court, CWS, and service providers have used various methods to assist homeless/houseless young adults in obtaining housing, e.g. Section 8, county housing, shelters, Independent Living Program transitional housing, but some individuals are not willing to move into housing if it means leaving their partners and/or family who are also homeless/houseless.

F) *Parenting Young Adults:* 21 young adults (or 22%) were identified as parenting, pregnant, or as a father of an unborn child.

G) *Young Adult Engagement:*

- 87 young adults (or 93%) provided input and reviewed their most recent case plan/transition plan.
- 92 (or 98%) report that they understand the case plan.

Those young adults who did not provide input or respond about whether they understood the case plan, are those young adults who fell out of contact with their case managers and who are likely in non-compliance.

From July 1, 2016, through April 30, 2017, 54 young adults exited Imua Kakou. The following data comes from the Termination Trackers from the 54 cases:

H) *Reason for Termination:*

- 38 young adults (or 70%) emancipated at age 21,
- 14 (or 26%) were terminated before age 21 for material non-compliance (the court finds that despite case worker efforts, the young adult is non-compliant with the case plan or had not contacted or responded to the case manager for 45 consecutive days), and
- two (or 4%) were terminated by the court because the court found the young adult ineligible for the program.

I) *Supportive Relationships:* 54 young adults (or 100%) report that they have a relationship with at least one adult that is trusting, supportive, and unconditional and who will always be there.

J) *Medical Insurance:*

- 51 young adults (or 94%) have Medicaid/MedQuest,
- two (or 4%) have coverage other than Medicaid, and
- one young adult (or 2%) lacked coverage because it takes some time for young adults living out-of-state to get medical coverage.

K) *Essential Documents:*

- 48 young adults (or 89%) had Social Security cards and birth certificates in their possession at exit,
- 36 (or 67%) had proof of citizenship or residency,
- 34 (or 63%) had state issued identification, and
- 21 (or 39%) had a driver's license.

L) *Highest Educational Objective Achieved:*

- 40 young adults (or 74%) exited Imua Kakou with a high school diploma or equivalent;
- 1 young adult (or 2%) exited with a Bachelor's degree;
- 1 young adult (or 2%) exited with an Associate's degree; and
- 1 young adult (or 2%) exited with a vocational certificate: while
- 10 young adults exited without any degree or certificate.

A few young adults who are still in the program have also earned vocational certificates.

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

Often, the young adult is referred to the Imua Kakou case manager for help with identifying an activity for the young adult to participate in to qualify for the program and begin working with their assigned Imua Kakou case manager weeks before they sign the Voluntary Care Agreement (VCA) with the CWS Liaison. In some regions, case managers and young adults begin developing the case plan before the VCA is signed. In

other service areas, the case manager and young adult begin the case plan after the VCA is signed and after the court finds that extending foster care is in the young adult's best interest.

100% of young adults who signed the VCA, attended their initial Imua Kakou hearing, and participated in Imua Kakou for at least 60 days, have a case plan. Case plans also qualify as federally required 90-Day Transition Plans. 100% of cases with case plans have 90-Day Transition Plans that were updated within the 90 days before the young adult exits for any reason. This is monitored by the court, which requires that case plans be submitted for Judicial Reviews (interim/Permanency Hearings) and Closing or Termination Hearings, and by UH Law staff who conduct case reviews for each CWS section. Teleconferences to review cases, Imua Kakou applications, and concerns, are held quarterly for each CWS section and for the entire team statewide.

6. Extended Foster Care (Imua Kakou) Maintenance Payments

There is no change in this area.

7. Hearings

There is no change in this area.

E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS

1. Chafee Funded Housing Support

As in prior years, reviews of service reports from ILP (currently IHI) providers indicated that the providers had not been using Chafee funds for housing support. Although the service activity reports indicate that some youth had been provided with assistance in obtaining transitional housing, the providers do not included charges for these services in their invoices and activity reports to DHS.

Funding for ILP/IHI programs is limited. The State's ILP/IHI providers reach out to other community resources for additional funding to enhance that provided by DHS.

Although no direct expenditures of funds for housing were made under these contracts, 174 youth were provided with housing assistance after exiting foster care during SFY 2015.

2. Coordination and Linkage with Other Federal and State Programs

The Hawaii Youth Services Network (HYSN) is the local Transitional Living Program grantee. DHS, as a member of the HYSN, receives updates and information from HYSN and provides the same to staff or other agencies. Hale Kipa, our IHI POS provider on Oahu, is also a member of the HYSN. The participation of these entities ensures that the youth voice is present and that information they receive is shared with other youth.

As described in the 2017 APSR, the ILP POS contracts require that providers facilitate information sharing, referrals, and participation in related and appropriate programs with other Federal and State programs. Data Booklet, Figure 80: IL Statewide – Referral and Linkage SFY 2014 through SFY 2016 provides data on youth referred or linked to services, including number of youth and the types of services. Liaison with community resources and public agencies include the areas of health, education, housing, and employment.

Refer to the Data Booklet, Figure 80: Independent Living Statewide - Referrals and Linkages SFY 2014 through SFY 2016 for detailed data for linkage services provided through CWSB's traditional Independent Living Program (ILP) contracts.

During SFY 2015, in addition to the ILP contracts, Hawaii provided Imua Kakou services for former foster youth aged 18-21. The addition of Imua Kakou is the main reason the total number of young adults served by IL services statewide is lower in SFY 2015 than SFY 2014. See Subsection C. Extended Foster Care (aka Imua Kakou) and Extended Assistance.

3. Homelessness Prevention: Youth Homelessness and Efforts to Support the Community Response to Youth Homelessness

One component of ILP is a relationship between the City and County of Honolulu Public Housing Authority, CWSB, and Hale Kipa to make Family Unification Program vouchers to available former foster youth. This has long been an underutilized resource as young adults do not generally consider 18 months of Section 8 housing sufficient time to get on their feet. When HUD increased the housing subsidy to three years for this population in 0216, Hawaii applied for and was awarded a demonstration state project which will extend the vouchers to five years. Unfortunately utilizing the vouchers has proven difficult. The Honolulu City and County Housing Authority has frozen applications as Section 8 is unable to issue any new housing subsidies. Hawaii remains hopeful that the extended time would allow these young adults more time and supports in order to become independent, self-sufficient, and financially autonomous, however is concerned about the uncertainty of continued funding with the new Administration in Washington D.C.

CWSB is a partner in the Governor's Hawaii Interagency Council on Homelessness and participates in efforts to reduce and prevent homelessness among foster youth as well as bring attention to the issue of former foster youth falling into homelessness at a much higher rate than non-foster youth. In 2016, CWSB was asked to assist Partners in Care, the Oahu Continuum of Care for homelessness, in a grant writing project to try and get homeless funding for Oahu homeless including youth. CWSB was part of a steering

committee advising on issues of homeless youth in the Child Welfare system. As part of the grant requirements, CWSB assisted in establishing a Youth Advisory Board, consisting of homeless or previously homeless youth from all areas who want to give input on the unmet needs of homeless youth on Oahu and planning for future services. Although Partners in Care was not awarded the grant, the Youth Advisory Board continues to meet monthly.

In October 2015, Hawaii's Governor declared a state of emergency to help get a handle on the overwhelming homeless issue in the State. With the increased attention focused on homelessness in the media and elsewhere, there are often calls to CWSB intake from concerned citizens who see homeless children and want to make a report. CWSB staff work continuously with the Governor's office on Homelessness, as well as, Partners in Care, who have access to the homeless providers on Oahu, to provide training on how to address an issue of homelessness versus a child abuse or neglect situation, and what constitutes an appropriate report to CWSB.

In October 2016, the CWSB Youth Advisory Board/Hawaii Youth Opportunity Initiative (HYOI) assisted the Aloha United Way and the State of Hawaii Homeless Programs Office with their investigation of significant entry portals to our homeless population with the goal of identifying appropriate interventions that may help reduce the number who become homeless or help currently homeless individuals leave the street. As a part of the investigation, CWSB Youth Advisory Board/HYOI participated in an interview about foster youth and former foster youth who experience homelessness. Under a grant from the Office of Hawaiian Affairs, HYOI works to prevent homelessness in Native Hawaiian former foster youth by providing matching funds for young people in the Opportunities Passport Program who use the funds for first month rent and deposit.

The Hawaii Community Foundation (HCF) was a participant in the Foundations for Youth Success Community of Practice (FYS COP), which addressed youth homelessness – including young people with juvenile justice and foster care histories – through establishing a planning committee for “A Way Home America.” The goals included advocacy and awareness at the national and local levels and sharing information and best practices. This work aligned with the federal goal to end homelessness among all youth and young adults by 2020, and if homelessness does occur, to ensure that the episode is rare, brief and one-time experience. Although, the FYS COP ended in 2016, and partners are now developing a new Foundations for Employment and Housing Community of Practice of funders around youth homelessness. HCF is exploring the possibility of their participation.

Many of the members of the FYS COP are very involved with A Way Home America, which is a national effort to prevent and end youth homelessness. It is modeled after the Canadian A Way Home Canada. <http://www.awayhomeamerica.org/>.

4. Human Trafficking

For information on human trafficking, please see *Section VIII. CAPTA, I. Human Trafficking* above.

5. Medical Coverage

Please see the section above in *Section III. Family Engagement & Child Well-Being, A. Program and Service Descriptions, 2. Health Care Services, d. Medical Benefits for Former Foster Youth*.

Through the commitment of DHS Director, medical coverage was made available to former foster youth in Hawaii, starting in October 2013. This was before the implementation of the extended coverage provisions of the federal Affordable Care Act (ACA). Beginning in October 2013, former foster youth were eligible to receive medical coverage through Hawaii's Department of Human Services Med Quest Division's QUEST program which provides health coverage through managed care plans for eligible lower income Hawaii residents. With the implementation of ACA extended health care benefits in January 2014, coverage became available up to age 26 years for young adults formerly in foster care nationwide. The HI HOPES Board was critical in their advocacy and in working with DHS Director and administration to extend medical coverage until age 26. They are currently in their 2016-2017 campaign. "Powered til 26" to increase awareness of the law, which provides medical coverage up to age 26 for young people who emancipated from foster care or who entered guardianship or adoption after age 16.

After exiting foster care, young people are eligible to receive individual Early Periodic Screening Diagnosis and Treatment (EPSDT) coverage up to age 21, in accordance with Hawaii's Medicaid or Medicaid managed care requirements. In preparation for the youth's exit from foster care, CWSB sends a notification form to MQD that a youth is exiting foster care and medical coverage should automatically continue until age 26. The youth is also notified about the MQD requirement that the youth's contact and address information on file with MQD be regularly updated. The MQD sends the young adult correspondence mail at the next eligibility period. Continued medical coverage for former foster youth will be automatic as long as the correspondence is not returned because the young adult no longer resides at the same address. If there is a lapse, the young adult can contact the local MQD eligibility office or reapply for continued coverage.

Hawaii does not use Chafee funds to create trust funds.

Since April 2016, CWSB and MedQuest Division (MQD) have been meeting to discuss and resolve recurring problems to ensure that youth and young adults, including those continuing with the Imua Kakou, can quickly and without delay, obtain medical coverage. Outcomes from the discussions include revisions to the CWSB and MQD policy and procedures, and to the forms for sharing information. CWSB staff were also advised of steps they should take, including use of the information sharing form for young adults entering Imua Kakou; updating the young adult's address, as necessary, and timely reporting of any changes in the young adult's situation to MQD, to help ensure continuity of medical coverage and services.

For information on Kolea, see *Section V. Family Engagement and Child Well Being, A. Program and Service Description, 2. Health Care Services* above.

6. “E Makua Ana” (“Becoming an Adult”) Youth Circles

The Youth Circle is a facilitated Ohana Conferencing (family group decision-making) process that is available for youth in foster care and youth formerly in care, aged 14 to 26. The purpose of a YC is to empower the youth or young adult and to bring together his/her supporters, family, friends, community members, teachers, and service providers who can assist the youth or young adult develop and enact a permanency or transition plan. The circles are solution-focused and youth-driven. This service is provided by EPIC Ohana, Inc. and is funded by DHS. Youth Circles can help to:

- a. Increase the youth's and young adults' self-advocacy skills;
- b. Support their well-being and healthy development;
- c. Reduce homelessness among emancipated youth;
- d. Connect youth to their circle of support, which may include the families from whom they were removed, and strengthen their social capital;
- e. Give youth the opportunity to gain more information about further education, training, financial assistance, housing options and other social services; and
- f. Encourage youth to dream big while giving them the tools and supports to achieve their dream.

Youth Circles are a major support for engaging youth in developing the Departmental-required case plans for youth in care aged 14 years and older. This is also the major venue for the development of the transition plan within 90 days preceding the youth's 18th birthday, as federally required. Youth for whom this transition plan is required are identified by SHAKA, which generates a list of foster youth approaching 18. This list is accessed by DHS social workers.

The YC is also one of the methods used to help youth understand the importance of good credit. Youth are asked if a credit check/report has been obtained and will discuss the impact of an individual's credit history.

During SFY 2016, 307 youth [unduplicated count] participated in a youth circle; this is a slight decrease from the 316 youth who participated in a youth circle in 2015.

Refer to the Data Booklet, Figure 81: Number of Youth with youth Circles and Number of youth circles.

For several years, CWSB reported that the average number of Youth Circles per youth was approximately two per year. However, a more in-depth review of the utilization of the YC for the past years has presented a different picture, and CWSB shall no longer report out on this statistic. Available data has shown that youth do not usually have more than one youth circle per year and usually there is more than a year between youth circles. This makes sense as young people's plans are fluid, they are discussing both short term and long-term plans in the circle, and the plans' goals and activities encompass more than a single year. Considering the data, a comparison of the number of youth participating in youth circles during a year with the number of youth circles is not appropriate. CWSB is exploring YC utilization with youth, staff and the provider, seeking ways to ensure that eligible youth take full advantage of this valuable process.

A retrospective approach, looking at the last four years [SFY 2013 – 2016], yields more realistic and useful information. The following table and chart provide an overview of the youth circle utilization. Although, this table seems to present that the vast majority of youth only receive one YC, the number of youth in this group also includes the unduplicated number of youth who had their first YC in SFY 2015. Of the youth who participated in YCs during SFY 2012 – 2015, 48% had more than one YC. It is encouraging that almost half of the youth who participated, felt that YCs were of sufficient merit to have multiple YCs.

For more discussion about Youth Circles, please see above *Part 2. Permanency, A. Program and Service Descriptions, 3. Relative Placement Efforts, e. Youth Circles.*

7. CWSB Youth Advisory Board

The State funded HIFYAC contract includes a youth/young adult advisory board component provided by the HI H.O.P.E.S. (Hawaii Helping Our People Envision Success) Board of EPIC and a peer outreach component to facilitate positive development for current and former foster youth. EPIC subcontracted with Family Programs Hawaii (FPH) for the outreach and youth development piece.

EPIC developed a successful youth advisory council by building on the established network of HI HOPES youth leadership boards on Oahu, Hawaii Island, Kauai, and Maui. The roles of the boards are to advocate, educate and collaborate to improve outcomes for foster youth. In the 2015-2016 legislative session, their advocacy supported the successful progress of legislation for enhancements to the higher education and Imua Kakou programs and requirements for normalcy / prudent parenting to implement the requirements of Public Law 113-183, Preventing Sex Trafficking and Strengthening Families Act.

Hearing and listening to the voices of youth currently and formerly in foster care is critical to the development and maintenance of programs and benefits for youth. DHS and CWSB is fully committed to including the youth voice as a critical component of program that can affect youth. The HI HOPES boards represent the young people's voice in areas of advocacy, policy, systems improvement, services and legislative education and are able to respond to DHS' requests for input and participation. They are key in major conferences involving DHS, the Judiciary, and other stakeholders. Youth participation in ongoing DHS groups, such as the LGBTQ and CQI committees, ensures that their voices/perspectives are heard. The HI HOPES members also help to increase public awareness about the foster youth population through outreach to other sectors in the community, including education, employment and housing.

Family Programs Hawaii, drawing on its programmatic expertise in working with this population, developed the outreach and supportive services that will increase protective factors for current and former foster youth. FPH developed a sustainable peer outreach and support network-YES Hawaii. The program provides geographically-based youth outreach and engagement, group recreational activities, skill-building events, and social media communication supporting positive youth development and peer mentoring and support. Youth actively participate in the development of the program and planning the activities, develop leadership skills, and gain a sense of belonging. Family Programs Hawaii is also currently collaborating with Dr. Steven Choy and Argosy University in the development of a peer mentoring program launched in Fall 2016. The Mentoring program received 16 mentee referrals in 2016 for youth either in foster care or Imua Kakou. Dr. Choy and his Psy.D. interns trained eight mentors. The program was successful in connecting four mentee/mentor matches through Dr. Choy's program, while two other mentees were connected with traditional mentors who were trained by our Mentoring program. Feedback from mentees and mentors has been very positive. Hale Kipa and EPIC Ohana also provide support for this project.

8. National Youth in Transition Database

CWSB has been successful in improving data collection and incorporated the NYTD survey into SHAKATown, the youth portal for SHAKA. EPIC (Independent Living Collaborator-ILC & Youth Circles-YC) continue to work with CWSB and SHAKA to locate and engage the next cohort for survey completion. Survey participants are offered an incentive of \$50 to complete the survey. Increased communication about the importance of this program and sharing of information with youth groups like HI H.O.P.E.S., YES, CWSB staff, and oriented services providers has resulted in increased community support and participation, and improved data collection.

Purchase of Service ILP/IHI providers are also partners with DHS in NYTD compliance. Contractual requirements include their participation in collecting and sharing data regarding NYTD elements and direct input data regarding individual services provided to youth into SHAKA.

CWSB's partnership with the SHAKA technical and design team has been vital to Hawaii's ability to comply with NYTD requirements. Information, from NYTD surveys and related data, is used to inform CWSB about youth and young adults in many areas, especially homelessness, parenthood and parenting, education and ethnic disparities.

NYTD data is currently shared and discussed with several partners, including the EPIC/ILC, YC, HI H.O.P.E.S. Board, Hawaii Youth Opportunity Passport Hui, Youth Empowerment & Success (YES) Hawaii, ILP/IHI and related providers of services for youth, and CWSB Staff. Summary information is available on the SHAKA/SHAKATown websites, as well as via the DHS website. More interactive venues will include, but may not be limited to, CWSB's Management Leadership Team (MLT) meetings, CWS Branch Meetings, Citizen Review Panel (CRP) and Continuous Quality Improvement (CQI) meetings, and meetings between CWSB and the Courts. This expansion supports CWSB's continuing efforts to increase transparency and collaboration through the sharing of information and engaging in related discussions. CWSB hopes that through this process, the programs designed to serve youth and young adults will continue to be revised and improved to support improved outcomes for our youth and young adults.

It is CWSB's understanding that Hawaii is not scheduled for a NYTD review in FFY 2017 or 2018. When the Hawaii review is scheduled, CWSB will use the above described information sharing processes to make partners and community stakeholders aware of the review.

9. Youth-In-Court Facilitation Program

In this program, a former foster youth continues to mentor and assist current foster youth with navigating the court process, informing foster youth of their rights, promoting self-advocacy skills, and providing information regarding the various programs and resources available.

10. Planned Activities for FFY 2018

Rather than designing or implementing any new programs, CWSB planned activities for Federal Fiscal Year 2018 include continued efforts to implement and improve in the following areas:

- a. **Current and former foster youth engagement and empowerment** – Collaboration and partnership with CWSB staff and EPIC Ohana, HI HOPES, and CWSB providers creates a powerful current and former foster youth voice to develop leaders and to guide policy, procedures, and programs.
- b. **Independent Living Collaborator contract** – Enhances collaboration, communication, connection, and coordination among CWSB, CWSB providers, current and former foster youth, resource caregivers, birth families and relatives, judiciary, and other public and private entities and communities.
- c. **Combined the contracts of Independent Living skill providers and Imua Kakou** – Creates a seamless system of care and provision of services to benefit eligible current and former foster youth. It also improves and enhances services and benefits for IL and IK.
- d. **Strengthening CWSB's information technology capabilities** – Strengthening the tracking system, outcomes, online applications in SHAKA, and the sharing of information between CWSB and its providers, current and former foster youth, and involved community partners such as EPIC Ohana and UH Law School.
- e. **Teaming with CWSB, EPIC, UH Law School, SHAKA, and other partners on Independent Living services, Imua Kakou, Higher Education, and ETV** – Teaming strengthens the development, implementation, and ongoing CQI of programs and initiatives.
- f. **Ongoing Relationship Building** – Building trusting relationships in all the collaborations and work that we do is key to improving the work, services, benefits, and care for the former foster youth, families, and communities in Hawaii.

SECTION X. FINANCIAL INFORMATION

A. Payment Limitations – TITLE IV-B, SUBPART 1

1. The State of Hawaii has not in the past used and has no plans in the future to use Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments.
2. For FFY 2005, the State expended \$0.00 Title IV-B, Subpart I funds for child care, foster care and adoption assistance, and expended no State match for these funds for these services.
3. As of June 30, 2017, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2017.
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 our federal partners on any appropriate changes.
5. As of June 30, 2017, 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 2017.
6. Please refer to the Data Booklet, Figure 91: Title IV-B, Subpart I Child Care, Foster Care & Adoption Assistance Comparison FFY 2005 and FFYs 2016 – 2018, for the comparison between the Title IV-b, Subpart I funding and expenditures for FFY 2005, FFY 2016, FFY 2017, and the planned expenditures for FFY 2018 for child care, foster care and adoption assistance.
7. The State of Hawaii, has not in the past used and has no plans in the future to use more than ten percent of the title IV-B, subpart I federal funds for administrative costs. Reference current and prior forms, CFC-101, Parts I and II.

B. Payment Limitations – TITLE IV-B, SUBPART II

1. 1992

The base 1992 amount of State and local share expenditures for the purposes of Title IV-B, Subpart 2 was \$5,258,623.

2. FFY 2018

The percentage of funds for each services category approximates at least 20% of the total grant. The funds allocated to each service category includes only funds for service delivery. No funds are being requested or allocated for planning or services coordination. Please refer to the Data Booklet, Figure 92: Title IVB-2 Service Categories and FFY 2018 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2018.

3. FFY 2015

The FFY 2015 State and local share expenditure amount for the purposes of Title IV-B, Subpart 2 was \$946,084. As the State struggles with the recovery from the economic recession, funds continue to be limited for social services programs. CWSB response has been to prioritize critical service programs that are essential to the health and safety of families and children.

4. FFY 2016 and 2018

Refer to the Data Booklet, Figure 92: Title IVB-2 Service Categories and FFY 2018 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2018. Hawaii's plans for Title IV-B, Subpart 2 expenditures for FFY 2018 will follow the same pattern as the FFY 2016 funding. These funding amounts, percentages, and areas of focus are based on Hawaii's continuous assessment of the communities' unmet needs. These funds support essential services in the designated geographic areas.

C. Education and Training Vouchers (ETV)

For the number of ETVs awarded for the 2015-2017 School Year, please see Attachment E: Annual Reporting of Education and Training Vouchers Awarded.

D. CFS-101

Please see Attachment D for CFS-101, Part I; CFS-101, Part II; and CFS-101, Part III.

ATTACHMENTS

A. CAPTA STATE PLAN ASSURANCES AS REQUIRED BY THE COMPREHENSIVE ADDICTION AND RECOVERY ACT OF 2016

B. CFS-101 PART I, II, AND III

C. DATA BOOKLET

D. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER

1. 2016 Citizen Review Panel Annual Report (with attachment); and
2. Response Letter to the 2016 Citizen Review Panel Annual Report.

E. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED

F. CAPTA STATE PLAN ASSURANCES AS REQUIRED BY THE JUSTICE FOR VICTIMS OF TRAFFICKING ACT OF 2015

G. CHILD WELFARE TITLE IV-E WAIVER DEMONSTRATION SEMI-ANNUAL PROGRESS REPORT 4 DATED JANUARY 30, 2017

H. SUPPLEMENTAL TRAINING PLAN

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs
State Plan Assurances amended by Public Law 114-198, the Comprehensive
Addiction and Recovery Act of 2016**

(These amendments to CAPTA were effective July 22, 2016)

**Governor's Assurance Statement for
The Child Abuse and Neglect State Plan**

As **Governor** of the State of **Hawaii**, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

- (ii) policies and procedures (including appropriate referrals to child protection service systems and for other appropriate services) to address the needs of infants born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder, including a requirement that health care providers involved in the delivery or care of such infants notify the child protective services system of the occurrence of such condition of such infants, except that such notification shall not be construed to –
 - (I) establish a definition under Federal law of what constitutes child abuse or neglect; or
 - (II) require prosecution for any illegal action;
- (iii) the development of a plan of safe care for the infant born and identified as being affected by substance abuse or withdrawal symptoms, or a Fetal Alcohol Spectrum Disorder to ensure the safety and well-being of such infant following release from the care of healthcare providers, including through –
 - (I) addressing the health and substance use disorder treatment needs of the infant and affected family or caregiver; and
 - (II) the development and implementation by the State of monitoring systems regarding the implementation of such plans to determine whether and in what manner local entities are providing, in accordance with State requirements, referrals to and delivery of appropriate services for the infant and affected family or caregiver.



David Y. Ige
Governor, State of Hawaii

Date: Jun 12, 2017


Reviewed by:

Date:

(CB Regional Child Welfare Program Manager)

CFS-101, Part I: Annual Budget Request for Title IV-B, Subpart 1 & 2 Funds, CAPTA, CFCIP, and ETV

For Fiscal Year 2018: October 1, 2017 through September 30, 2018

1. State or Indian Tribal Organization (ITO): State of Hawaii		2. EIN: 99-600-1089
3. Address: Department of Human Services, 810 Richards Street, Ste. 400, Honolulu, Hawaii 96813		4. Submission Type: <input checked="" type="checkbox"/> NEW <input type="checkbox"/> REVISION
5. Total estimated title IV-B Subpart 1, Child Welfare Services (CWS) funds		\$1,135,370
a) Total administrative costs (not to exceed 10% of title IV-B Subpart 1 estimated allotment)		\$0
6. Total estimated title IV-B Subpart 2, Promoting Safe and Stable Families (PSSF) funds		\$1,044,346
This line contains a formula to display the sum of lines 6a - 6f.		
a) Total Family Preservation Services		\$208,869
b) Total Family Support Services		\$261,087
c) Total Time-Limited Family Reunification Services		\$365,521
d) Total Adoption Promotion and Support Services		\$208,869
e) Total Other Service Related Activities (e.g. planning)		\$0
f) Total administrative costs (FOR STATES ONLY: not to exceed 10% of title IV-B subpart 2 estimated allotment)		\$0
7. Total estimated Monthly Caseworker Visit (MCV) funds (FOR STATES ONLY)		\$65,784
a) Total administrative costs (FOR STATES ONLY: not to exceed 10% of estimated MCV allotment)		\$0
8. Re-allotment of title IV-B subparts 1 & 2 funds for States and Indian Tribal Organizations:		
a) Indicate the amount of the State's/Tribe's allotment that will not be required to carry out the following programs: CWS \$ _____ PSSF \$ _____ MCV (States only) \$ _____		
b) If additional funds become available to States and ITOs, specify the amount of additional funds the States or Tribes requesting: CWS \$ _____ PSSF \$ _____ MCV (States only) \$ _____		
9. Child Abuse Prevention and Treatment Act (CAPTA) State Grant (FOR STATES ONLY)		\$143,900
Estimated amount plus additional allocation, as available.		
10. Estimated Chafee Foster Care Independence Program (CFCIP) funds		\$500,000
a) Indicate the amount of State's or Tribe's allotment to be spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment).		\$0
11. Estimated Education and Training Voucher (ETV) funds		\$125,321
12. Re-allotment of CFCIP and ETV Program funds:		
a) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the CFCIP Program.		\$0
b) Indicate the amount of the State's or Tribe's allotment that will not be required to carry out the ETV Program.		\$0
c) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the CFCIP Program.		\$0
d) If additional funds become available to States or Tribes, specify the amount of additional funds the State or Tribe is requesting for the ETV Program.		\$0
13. Certification by State Agency and/or Indian Tribal Organization:		
The State agency or Indian Tribal Organization submits the above estimates and request for funds under title IV-B, subpart 1 and/or 2, of the Social Security Act, CAPTA State Grant, CFCIP and ETV programs, and agrees that expenditures will be made in accordance with the Child and Family Services Plan, which has been jointly developed with, and approved by, the Children's Bureau.		
Signature of State/Tribal Agency Official		Signature of Central Office Official
		
Title Director		Title
Date 06/30/17		Date

CFS-101 Part II: Annual Estimated Expenditure Summary of Child and Family Services

State or Indian Tribal Organization (ITO): **State of Hawaii**

For FY 2018: **OCTOBER 1, 2017 TO SEPTEMBER 30, 2018**

SERVICES/ACTIVITIES	(A) IV-B Subpart I- CWS	(B) IV-B Subpart II- PSSF	(C) IV-B Subpart II- MCV *	(D) CAPTA*	(E) CFCIP	(F) ETV	(G) TITLE IV-E	(H) STATE, LOCAL & DONATED FUNDS	(I) Number Individuals To Be Served	(J) Number Families To Be Served	(K) Population To Be Served	(L) Geog. Area To Be Served
1.) PROTECTIVE SERVICES	\$ 1,135,370			\$ 80,067			\$ -	\$ 34,116,769	VCM:1729	N A	Report of abuse community based services	Statewide
2.) CRISIS INTERVENTION (FAMILY PRESERVATION)	\$ -	\$ 208,869					\$ -	\$ 69,623	197	71	ISS & VCM families	East Hawaii
3.) PREVENTION & SUPPORT SERVICES (FAMILY SUPPORT)	\$ -	\$ 261,087		\$ 63,833			\$ -	\$ 87,029	499 adults 1054 children	344	ISS & VCM families	Kaui & Oahu
4.) TIME-LIMITED FAMILY REUNIFICATION SERVICES	\$ -	\$ 365,521		\$ -			\$ -	\$ 121,840	74 adults 3 children	344	community based services	W Hawaii & Maui
5.) ADOPTION PROMOTION AND SUPPORT SERVICES	\$ -	\$ 208,869					\$ -	\$ 69,623	191 adult 206 children	134	Guardianship & Permanency	Oahu, W HI Statewide
6.) OTHER SERVICE RELATED ACTIVITIES (e.g. planning)	\$ -	\$ -					\$ -	\$ -	N A	N A	N A	N A
7.) FOSTER CARE MAINTENANCE:												
(a) FOSTER FAMILY & RELATIVE FOSTER CARE	\$ -						\$ 2,446,747	\$ 5,890,809	2336	N A	Children in foster care	Statewide
(b) GROUP/INST CARE	\$ -						\$ 3,635,178	\$ 8,141,406	127	N A	Group Care	Statewide
8.) ADOPTION SUBSIDY PYMTS.	\$ -						\$ 7,195,730	\$ 16,357,141	3572	N A	Adopt Ass	Statewide
9.) GUARDIANSHIP ASSISTANCE PAYMENTS	\$ -						\$ 3,276,342	\$ 6,138,277	920	N A	IVE King/AF	Statewide
10.) INDEPENDENT LIVING SERVICES	\$ -	\$ -			\$ 500,000		\$ -	\$ 180,000	999	N A	Current & Former FC	Statewide
11.) EDUCATION AND TRAINING VOUCHERS	\$ -				\$ -	\$ 125,321	\$ 273,916	\$ 656,602	323	N A	Former FC ETV	Statewide
12.) ADMINISTRATIVE COSTS	\$ -	\$ -	\$ -				\$ 14,126,871	\$ 32,000,000				
13.) FOSTER PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ 691,719	\$ 2,000,000				
14.) ADOPTIVE PARENT RECRUITMENT & TRAINING	\$ -	\$ -		\$ -			\$ -	\$ -				
15.) CHILD CARE RELATED TO EMPLOYMENT/TRAINING	\$ -	\$ -					\$ -	\$ -				
16.) STAFF & EXTERNAL PARTNERS TRAINING	\$ -	\$ -		\$ -			\$ 1,055,525	\$ 3,044,175				
17.) CASEWORKER RETENTION, RECRUITMENT & TRAINING	\$ -	\$ -	\$ 65,784				\$ -	\$ -				
18.) TOTAL	\$ 1,135,370	\$ 1,044,346	\$ 65,784	\$ 143,900	\$ 500,000	\$ 125,321	\$ 32,702,028	\$ 108,873,294	8474	893	0	

19.) TOTALS FROM PART I

20.) Difference (Part I - Part II)

\$1,135,370 \$1,044,346 \$65,784 \$143,900 \$500,000 \$125,321

\$0 \$0 \$0 \$0 \$0 \$0

☐ YES

☐ NO

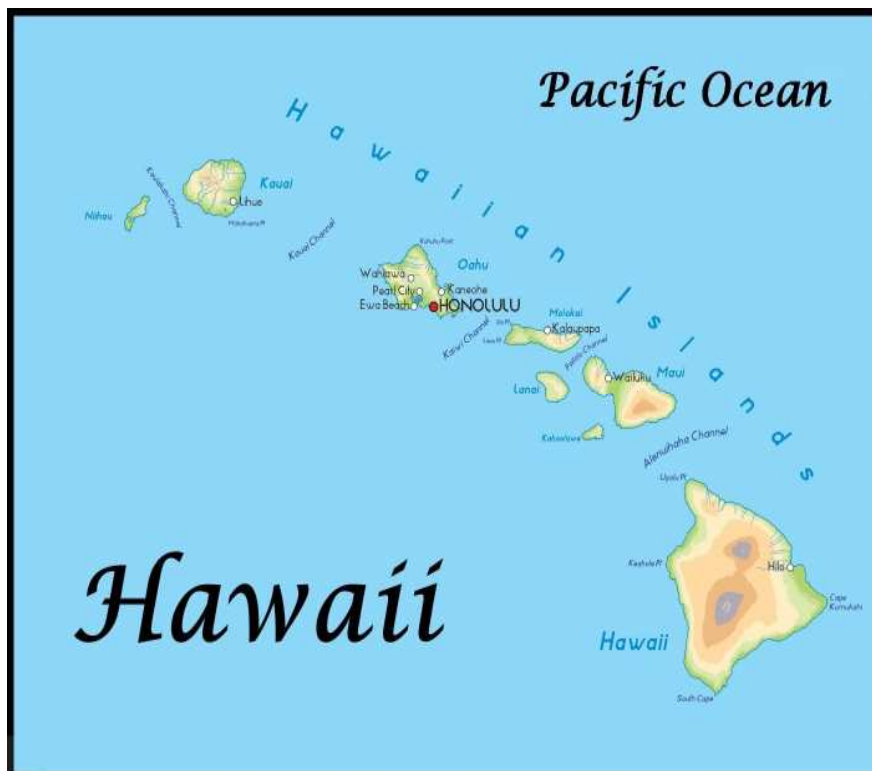
21.) Population data are included in the APSR/CFSR narrative, not above in columns 1 - 1.

* These columns are for States only; Indian Tribes are not required to include information on these programs.

** Only states or tribes operating an approved title IV-E waiver demonstration may enter information for rows 1-6 in column (g), indicating planned use of title IV-E funds for these purposes.

**CFS-101, PART III: Annual Expenditures for Title IV-B, Subparts 1 and 2, Chafee Foster Care Independence (CFCIP) and Education And Training Voucher (ETV):
Reporting For Fiscal Year 2015 Grants: October 1, 2014 through September 30, 2016**

1. State or Indian Tribal Organization (ITO): State of Hawaii		2. EIN: 99-600-1089		3. Address: Hawaii Department of Human Services, Social Services Division, 810 Richards Street, Suite 400, Honolulu, HI 96813				
4. Submission Type: <input type="checkbox"/> NEW <input type="checkbox"/> REVISION								
Description of Funds		Estimated Expenditures for FY 15 Grants	Actual Expenditures for FY 15 Grants	Number Individuals served	Number Families served	Population served	Geographic area served	
5. Total title IV-B, subpart 1 funds		\$ 1,102,770	\$ 1,102,770	CWS:2200 VCM:1700	N A	Reports of Abuse	Statewide	
a) Administrative Costs (not to exceed 10% of title IV-B, subpart 1 total allotment)		\$ -	\$ -					
6. Total title IV-B, subpart 2 funds (This line contains a formula that will display the sum of lines a-f.)		\$ 986,295	\$ 986,279					
a) Family Preservation Services		\$ 197,259	\$ 197,256					
b) Family Support Services		\$ 246,574	\$ 246,570					
c) Time-Limited Family Reunification Services		\$ 345,203	\$ 345,197					
d) Adoption Promotion and Support Services		\$ 197,259	\$ 197,256	2224	893	by community based services,	Throughout the State	
e) Other Service Related Activities (e.g. planning)		\$ -	\$ -					
f) Administrative Costs (FOR STATES: not to exceed 10% of total title IV-B, subpart 2 allotment)		\$ -	\$ -					
7. Total Monthly Caseworker Visit funds (STATES ONLY)		\$ 62,066	\$ 61,992					
a) Administrative Costs (not to exceed 10% of MCV allotment)		\$ -	\$ -					
8. Total Chafee Foster Care Independence Program (CFCIP) funds		\$ 500,000	\$ 499,753					
a) Indicate the amount of allotment spent on room and board for eligible youth (not to exceed 30% of CFCIP allotment)		\$ -	\$ -	0	0	NA	N A	
9. Total Education and Training Voucher (ETV) funds		\$ 114,950	\$ 101,349	323	0	ETV eligible	Statewide	
10. Certification by State Agency or Indian Tribal Organization: The State agency or Indian Tribal Organization agrees that expenditures were made in accordance with the Child and Family Services Plan, which was jointly developed with, and approved by, the Children's Bureau.								
Signature of State/Tribal Agency Official <i>Randy Bernard</i>		Date <i>07/24/17</i>		Signature of Central Office Official		Date		
Title: Director								



HAWAII APSR DATA BOOKLET

Submitted: June 30, 2017



State of Hawaii
Department of
Human Services

Social Services
Division

Child Welfare
Services Branch

Annual Progress
and Services
Report (APSR)

FFY 2018

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Hawaii APSR 2018 Data Booklet

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Introduction

The Hawaii 2018 APSR Data Booklet is an integral part of the 2018 ASPR. The figures contained in this booklet are referenced throughout the 2018 APSR, and provide detail and graphic representation of the relevant data. There may be occasional clarifying notes following the figures in this booklet. It is recommended that the data in this booklet be viewed along with the accompanying narrative in the 2018 APSR for complete understanding and proper context. The data contained in the booklet was gathered from internal DHS sources, community stakeholders, partners, and contracted providers, then compiled and presented in these figures to help inform the reader.

Figure 1: Statewide Intake Hotline Calls [Table]

Statewide Intake Hotline Calls [Table]								
	SFY 2013		SFY 2014		SFY 2015		SFY 2016	
	#	%	#	%	#	%	#	%
Total Calls	25,713	100%	26,350	100%	23,999	100%	22,767	100%
No Intervention	20,523	80%	20,685	79%	18,716	78%	17,692	78%
Assigned for Intervention	5,190	20%	5,665	21%	5,283	22%	5,075	22%

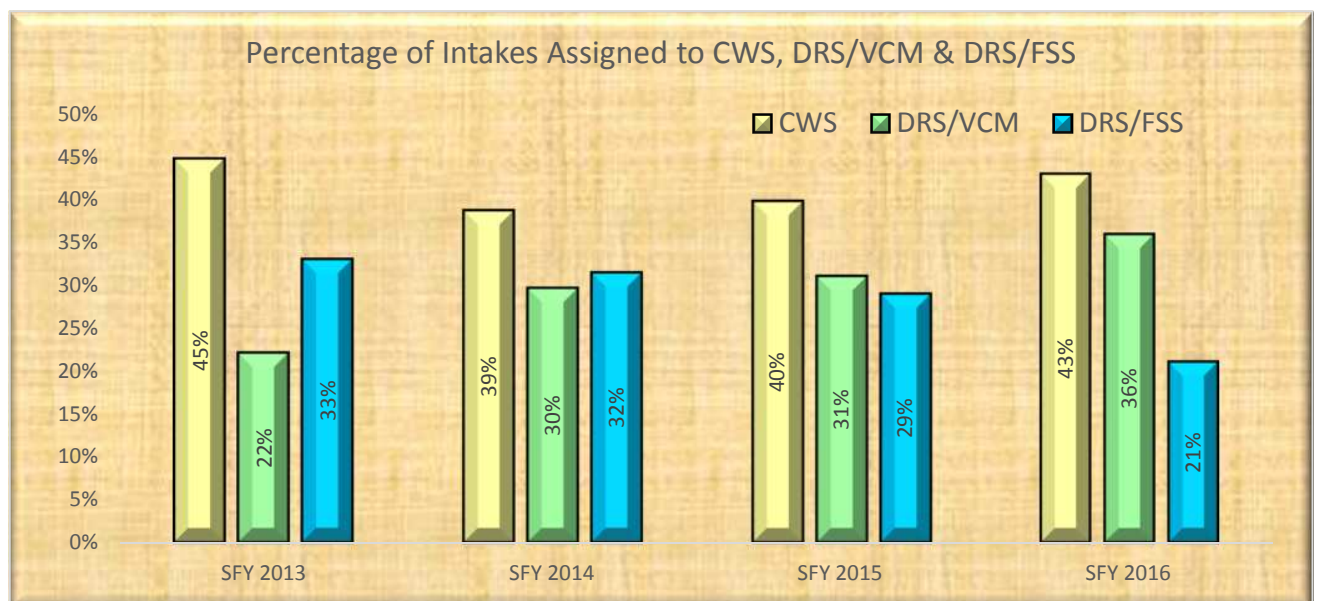
Source: DHS, Management Services Office, "CWS Intake Stats at a Glance"

Figure 2: Intakes Assigned to CWS & DRS [Table]

Number of Intakes Assigned to CWS, DRS/VCM & DRS/FSS				
Level of Intervention	SFY 2013	SFY 2014	SFY 2015	SFY 2016
CWS	2,325	2,127	2,215	2,194
DRS/VCM	1,147	1,633	1,729	1,807
DRS/FSS	1,718	1,730	1,614	1,074
TOTAL	5,190	5,490	5,558	5,075

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

Figure 3: Percentage of Intakes Assigned to CWS, DRS/VCM & DRS/FSS [Chart]



Data Source: DHS, Management Services Office

Figure 4: Intake Disposition by County SFY 2016

Intake Dispositions by Confirmed, Not Confirmed and Unsubstantiated					
INTAKES	HAWAII	OAHU	KAUAI	MAUI	STATEWIDE
Confirmed	198	399	46	134	777
Not Confirmed	261	659	76	159	1155
Unsubstantiated	6	8	2	1	17
Total	465	1066	124	294	1949

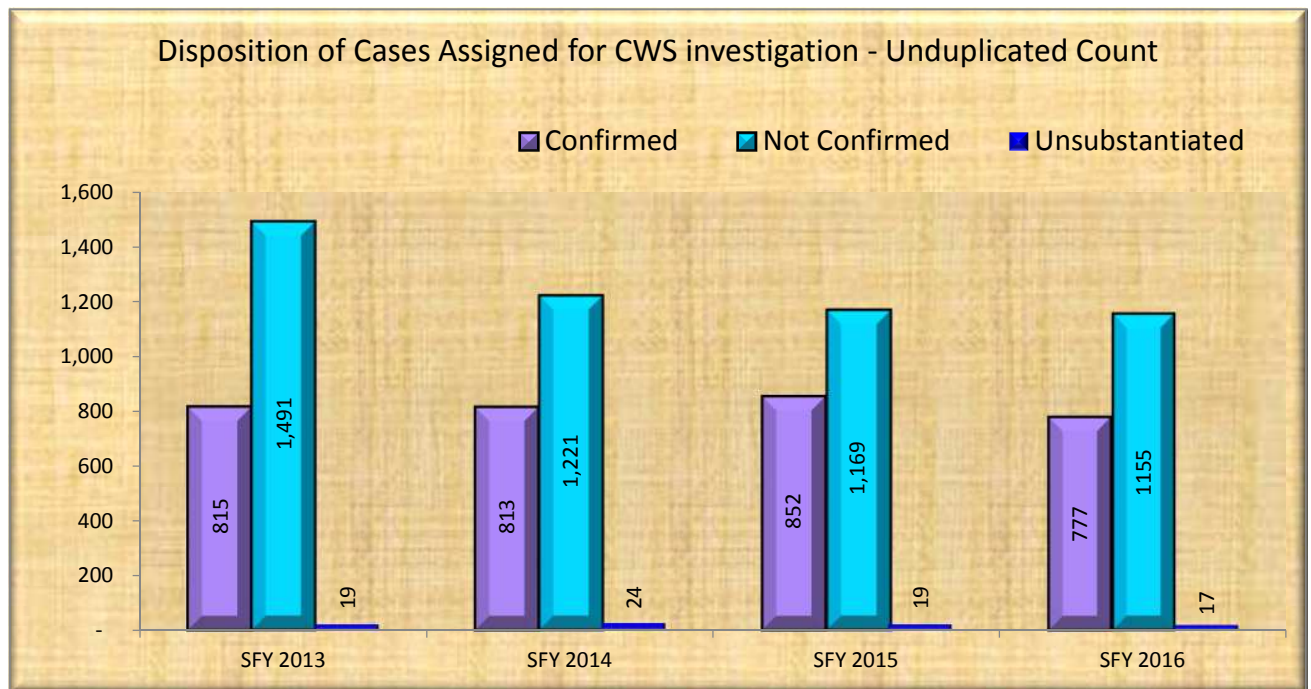
Data Source: DHS, Management Services Office

Figure 5: Victim Disposition by County SFY 2016

Victim Disposition by County: Total Reported and Confirmed					
CHILDREN	HAWAII	OAHU	KAUAI	MAUI	STATEWIDE
Confirmed	386	740	73	219	1,418
Not Confirmed	568	1,204	125	257	2,154
Total	954	1,944	198	476	3,572
Percent of Statewide Confirmed Intakes	40%	38%	37%	46%	40%

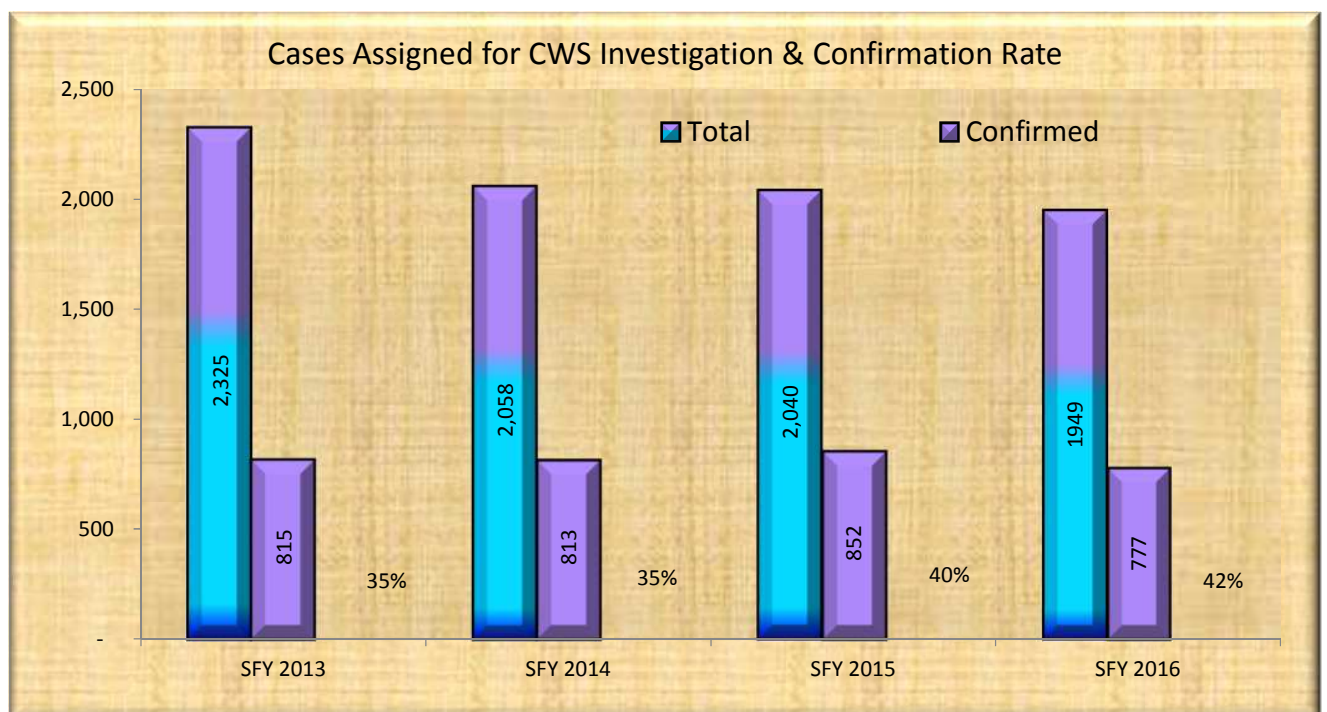
Data Source: DHS, Management Services Office

Figure 6: Disposition of Cases Assigned for CWS Investigation - Unduplicated Count [Chart]



Data Source: DHS, Management Services Office, CAN Data

Figure 7: Cases Assigned for CWS Investigation & Confirmation Rate



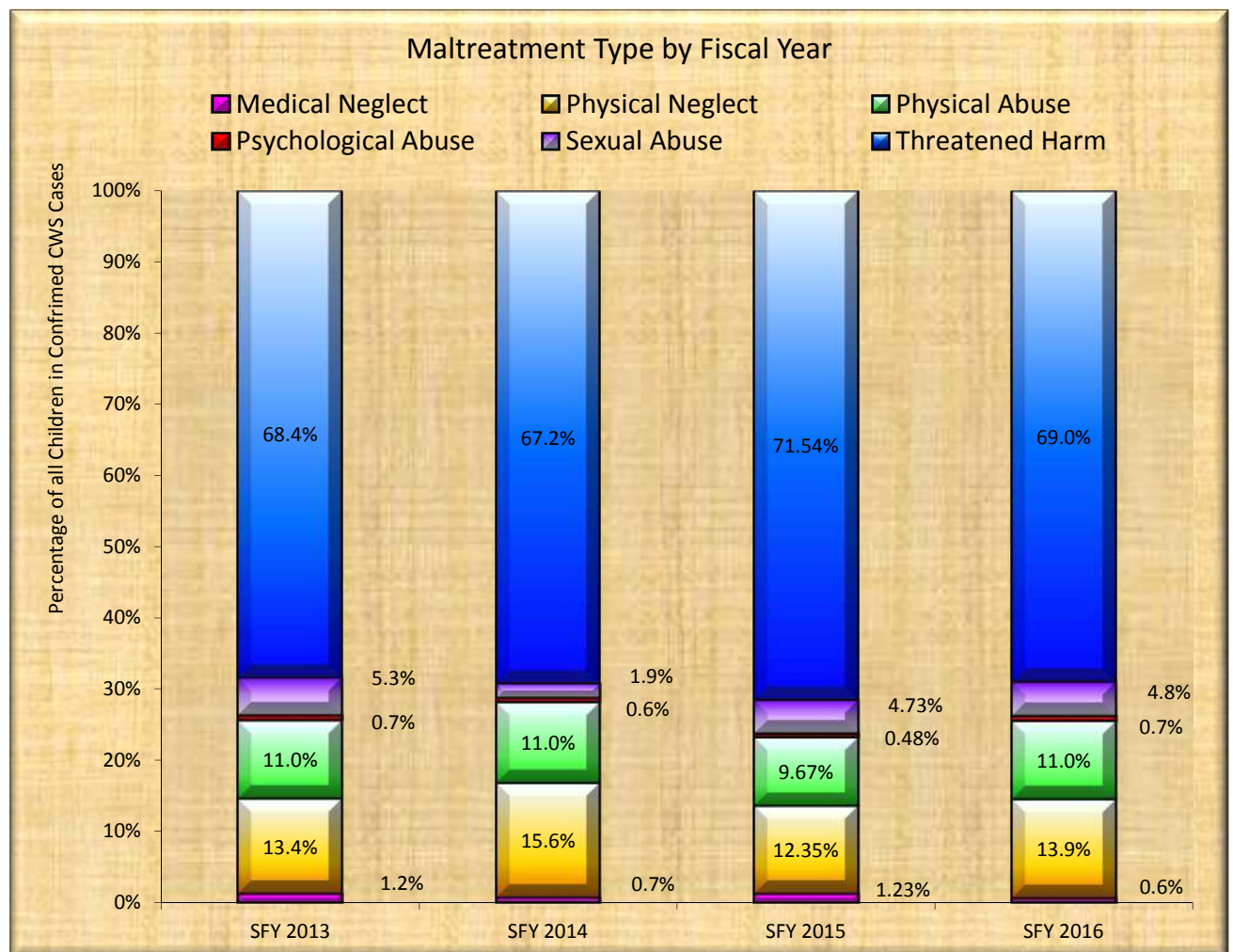
Data Source: DHS, Management Services Office, CAN Data

Figure 8: Maltreatment by Type and State Fiscal Year

Maltreatment by Type and Fiscal Year								
TYPE	SFY 2013		SFY 2014		SFY 2015		SFY 2016	
Medical Neglect	16	1.2%	9	0.67%	18	1.23%	8	0.6%
Physical Neglect	183	13.4%	209	15.63%	180	12.35%	197	13.9%
Physical Abuse	150	11.0%	147	10.99%	141	9.67%	156	11.0%
Psychological Abuse	9	0.7%	8	0.60%	7	0.48%	10	0.7%
Sexual Abuse	72	5.3%	66	4.94%	69	4.73%	68	4.8%
Threatened Harm	931	68.4%	898	67.17%	1043	71.54%	979	69.0%
Total	1,361	100.0%	1337	100.00%	1458	100.00%	1418	100%

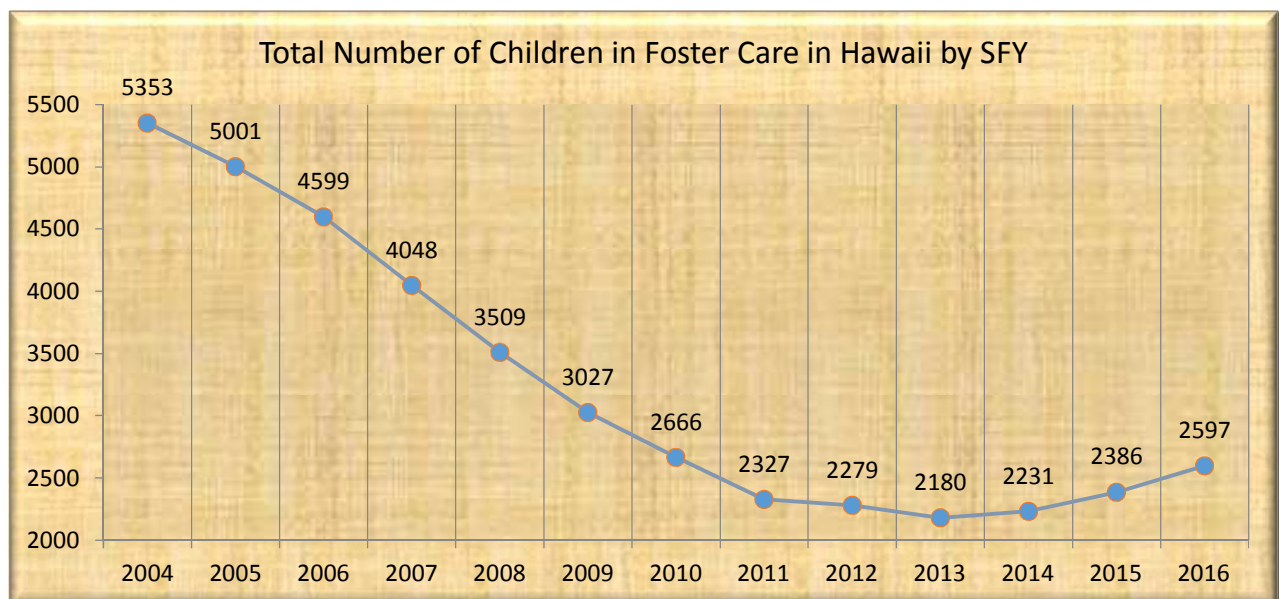
Data Source: DHS, Management Services Office "CAN Data"

Figure 9: Maltreatment Type by State Fiscal Year (Percentage) [Chart]



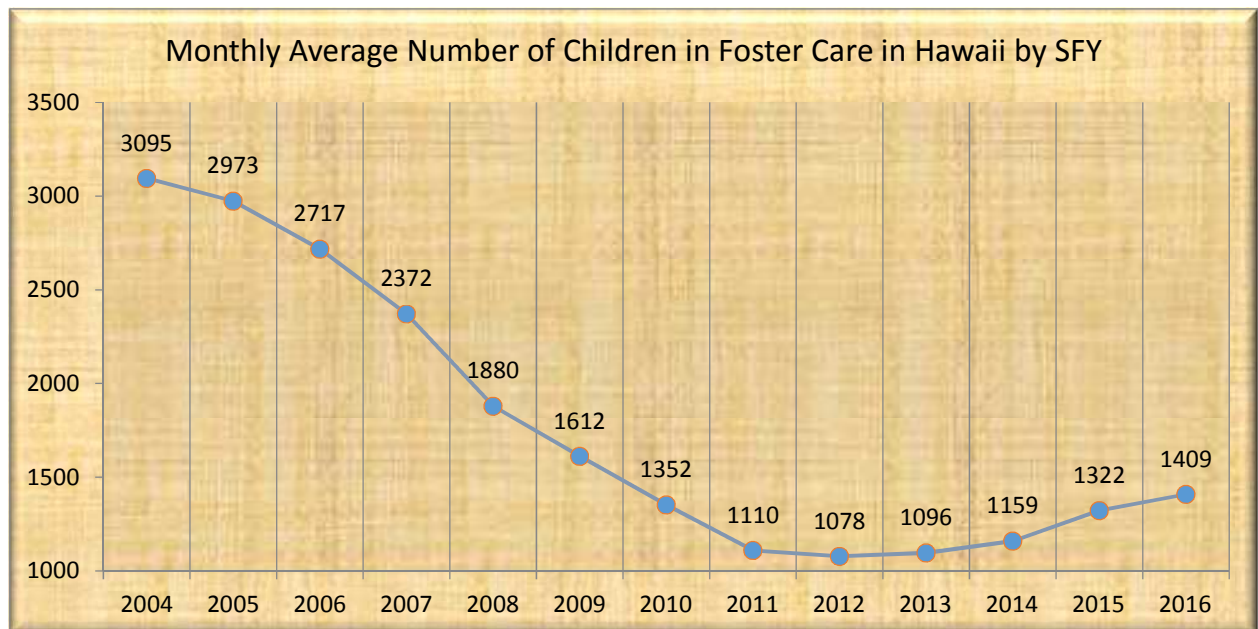
Data Source: DHS, Management Services Office "CAN Data"

Figure 10: Total Number of Children in Foster Care in Hawaii by SFY



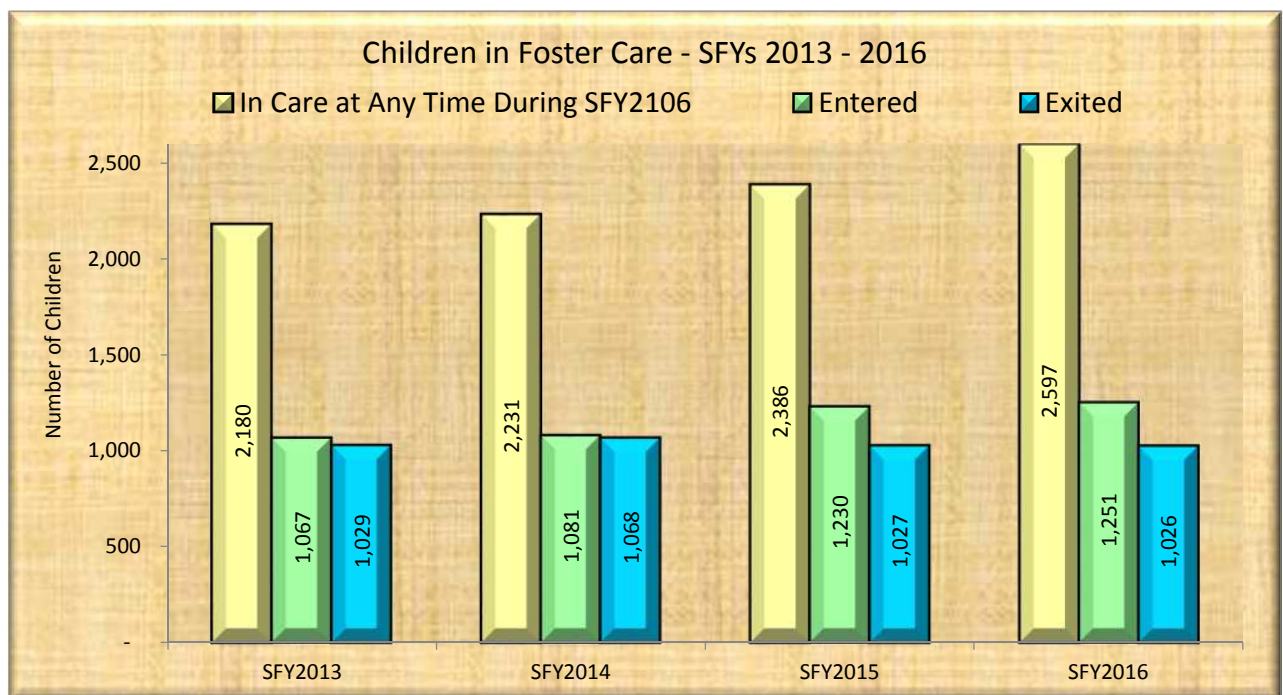
Data Source: DHS, CPSS

Figure 11: Monthly Average Number of Children in Foster in Hawaii by SFY



Data Source: DHS, CPSS

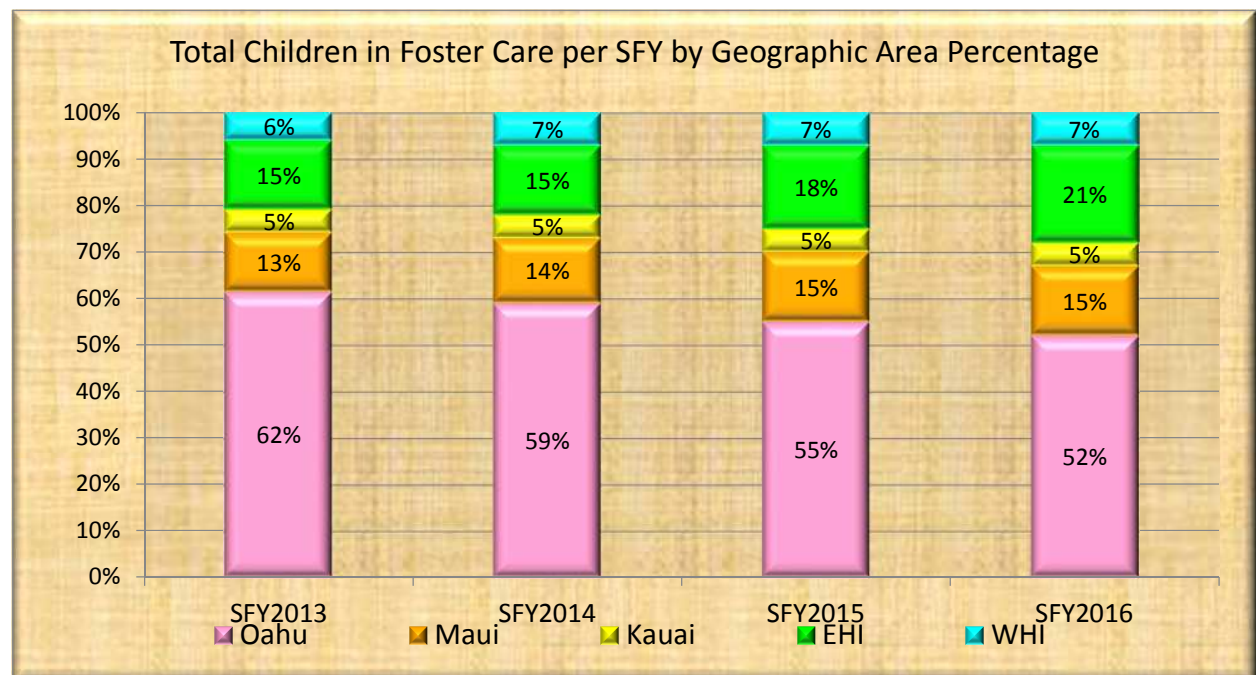
Figure 12: Children in Foster Care – SFYs 2013 - 2016



Data Source: DHS Management Services Office

Please Note: These are unduplicated numbers: each child is counted only once per year.

Figure 13: Total Children in Foster Care per SFY by Geographic Area Percentage



Data Source: DHS, CPSS

Figure 14: Number of Children in Foster Care and Percentage Change by Geographic Area

Numbers of Children in Foster Care and Percentage Change					
by Geographic Area SFYs 2013 - 2016					
Region	SFY 2013	SFY 2014	SFY 2015	SFY 2016	% change over 4 years
Oahu	1352	1273	1280	1309	-3%
Maui	276	298	351	365	+32%
Kauai	98	104	120	135	+38%
EHI	328	332	414	515	+57%
WHI	123	144	156	184	+50%
Statewide	2180	2231	2386	2597	+19%

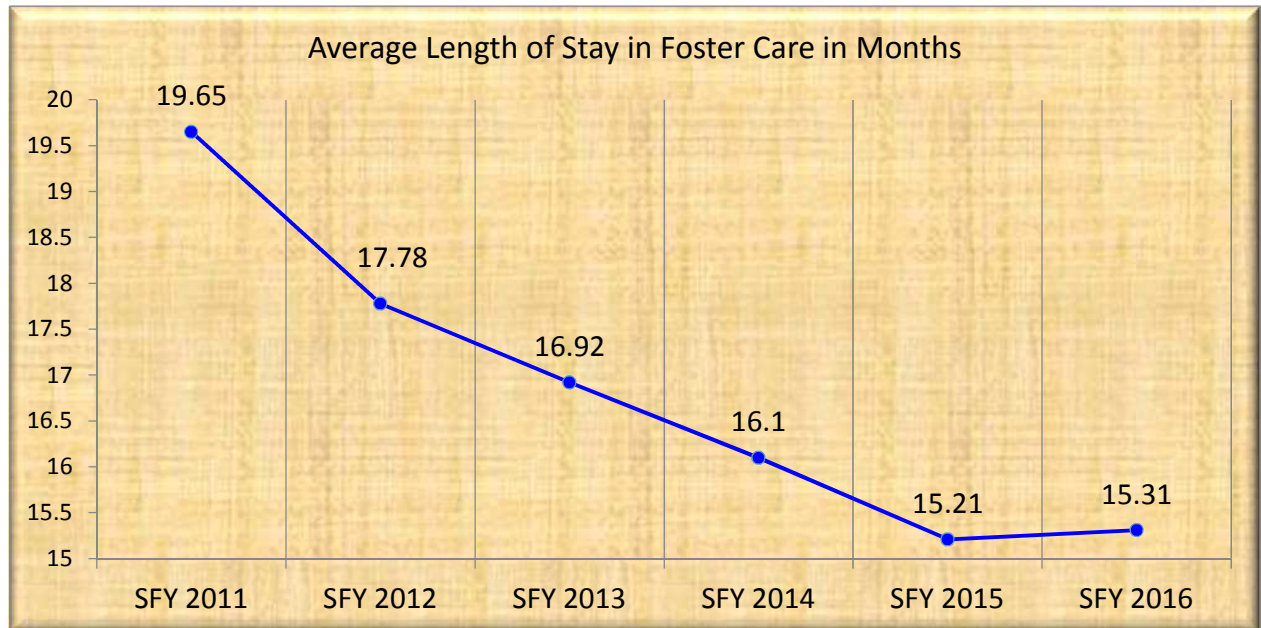
Data Source: DHS, CPSS

Figure 15: Children in Foster Care for One Month or Less

Children in Foster Care for One Month or Less				
	SFY 2013	SFY 2014	SFY 2015	SFY 2016
# of Children	363	329	326	428
% of Total in Care	17%	15%	14%	16%

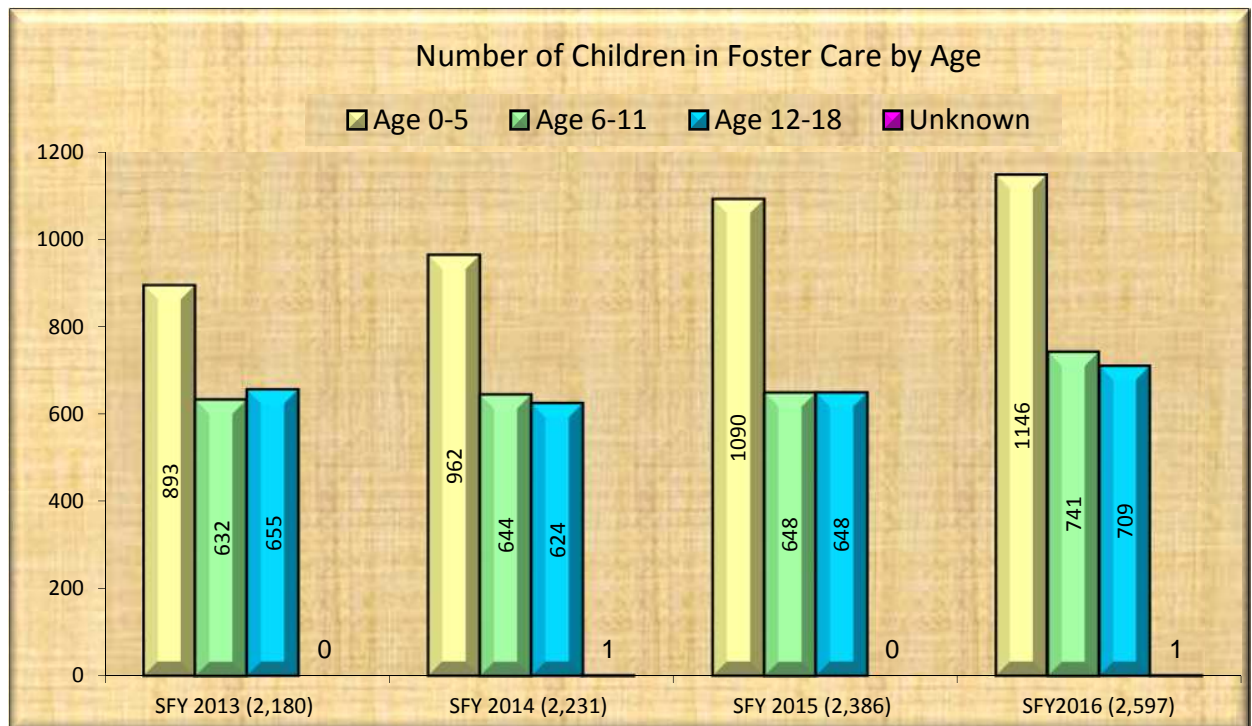
Data Source: DHS< Management Service Office

Figure 16: Average Length of Stay in Foster Care in Months



Data Source: DHS, CPSS

Figure 17: Number of Children in Care by Age Group: SFY2013 - SFY2016



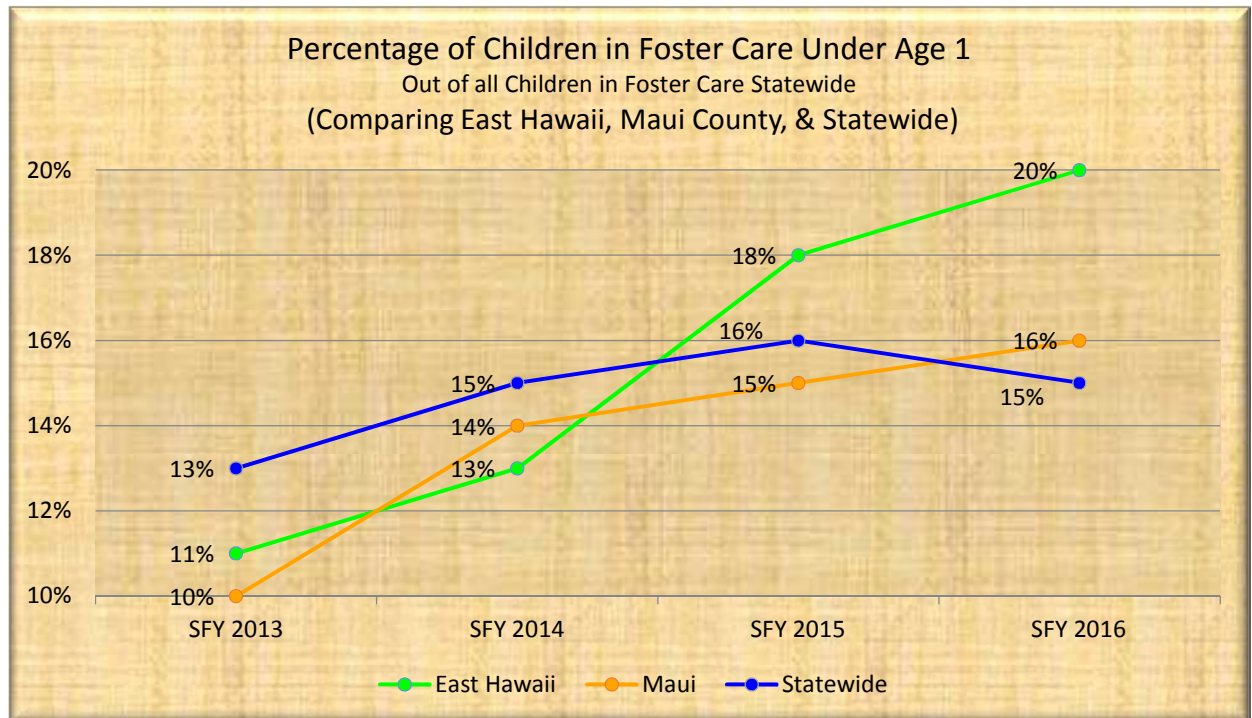
Data Source: DHS, Management Services Office

Figure 18: Age Distribution of Children in Foster Care by Number and Percentage: SFY2013 - 2016

Distribution in Foster Care During the Year by Number and Percentage: SFY 2013 – SFY 2016								
AGE [Years]	SFY 2013		SFY 2014		SFY 2015		SFY 2016	
	#	%	#	%	#	%	#	%
0 - 5	893	41%	962	43%	1090	46%	1146	44%
6 - 11	632	29%	644	29%	648	27%	741	29%
12 - 18	655	30%	624	28%	648	27%	709	27%
Unknown	0	0%	1	0%	0	0%	1	0%
Total for the Year	2,180	100%	2,231	100%	2386	100%	2597	100%
Monthly Average	1,096	NA	1,159	NA	1,322	NA	1,409	NA

Data Source: DHS, Management Services Office,

Figure 19: Percentage of Children in Foster Care Under Age 1



Data Source: DHS, CPSS

Figure 20: Termination Type by Age Group for SFY 2015 & SFY 2016

Termination Type by Age Group for SFY 2015							
AGE [Years]	Reunification	Adoption	Emancipation	Guardianship	Other	Total	% by Age
0 - 5	307	107	0	29	8	451	44%
6 - 11	179	37	0	32	6	254	25%
12 - 18	191	12	71	38	10	322	31%
Total	677	156	71	99	24	1,027	100.00%
%/ Exit	66%	15%	7%	10%	2%	100.00%	
Termination Type by Age Group for SFY 2016							
AGE [Years]	Reunification	Adoption	Emancipation	Guardianship	Other	Total	% by Age
0 - 5	296	95	0	24	11	426	41.52%
6 - 11	192	47	0	39	6	284	27.68%
12 - 18	192	18	62	37	7	316	30.80%
Total	680	160	62	100	24	1026	100.00%
%/ Exit	66%	16%	6%	10%	2%	100%	

Data Source: DHS, Management Services Office

Figure 21: Reunification and Emancipation Rates

Reunification and Emancipation Rates over Time				
	SFY2013	SFY 2014	SFY 2015	SFY 2016
Reunification	67%	68%	66%	66%
Emancipation	6%	6%	7%	6%

Data Source: DHS, Management Services Office

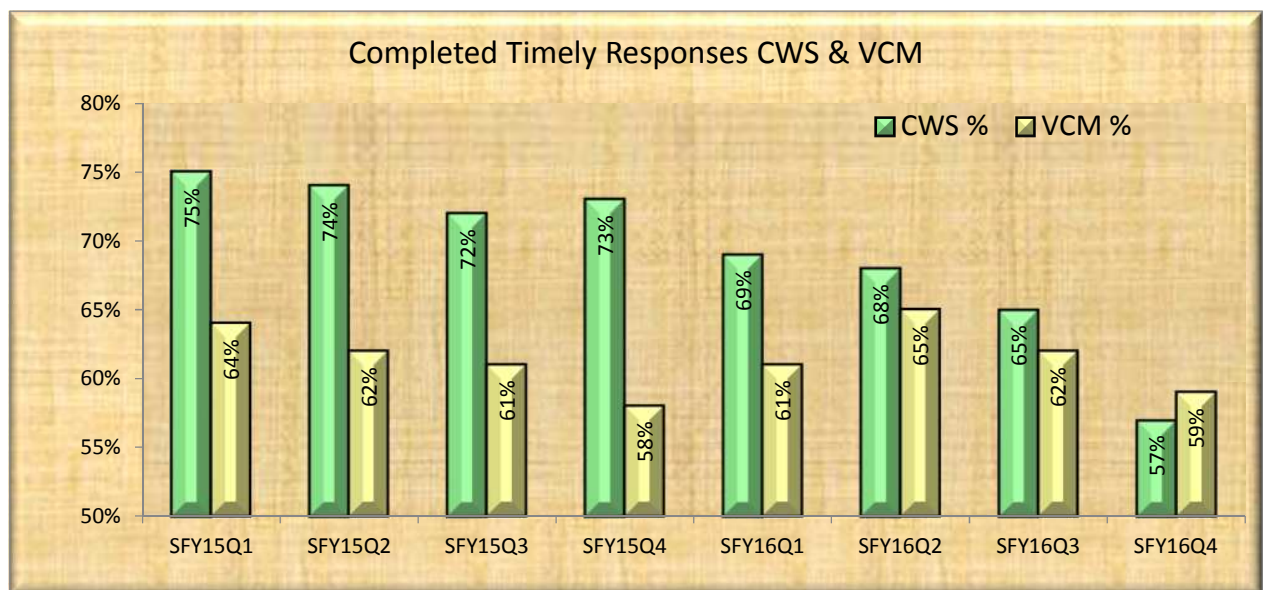
Figure 22: Children in Foster Care for One Year or More with Legal Status of Foster Custody [FC] or Permanent Custody [PC] for SFY 2015 and SFY 2016

SFY 2015 7/1/2014-6/30/2015		Age					
Status	Yrs in Care	Age 1	Age 2	Age 3	Age 4	Age 5	Total
FC	1	50	33	37	27	21	168
	2		42	20	14	12	88
	3			8	6		14
	4				2	3	5
	5+						0
FC TOTAL		50	75	65	49	36	275
PC	1	3	2			1	6
	2		5	4	3	1	13
	3			6	6	2	14
	4				1		1
	5+					1	1
PC TOTAL		3	7	10	10	5	35
TOTAL		53	82	75	59	41	310

SFY 2016 7/1/2015-6/30/2016		AGE					
Status	Yrs in Care	1 yr	2 yr	3 yr	4 yr	5 yr	Total
FC	1	70	59	37	32	39	237
	2		31	13	15	18	77
	3			11	8	4	23
	4				1	1	2
	5+					1	1
FC TOTAL		70	90	61	56	63	340
PC	1	4	2	1	0	1	8
	2		12	5	1	0	18
	3			3	8	1	12
	4				2	1	3
	5+					1	1
PC TOTAL		4	14	9	11	4	42
TOTAL		74	104	70	67	67	382

Data Source: DHS, CPSS

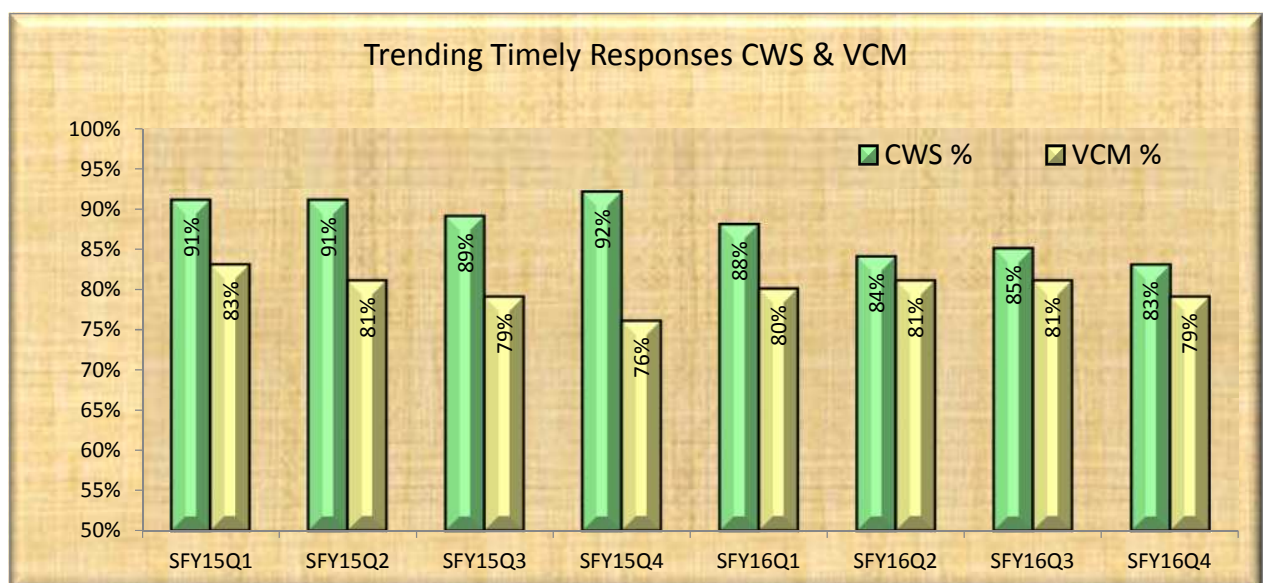
Figure 23: Completed Timely Responses – CWS & VCM: SFY 2015 & SFY2016



Data Source: SHAKA

Data is presented per SFY quarter for SFY 2015 & SFY 2016

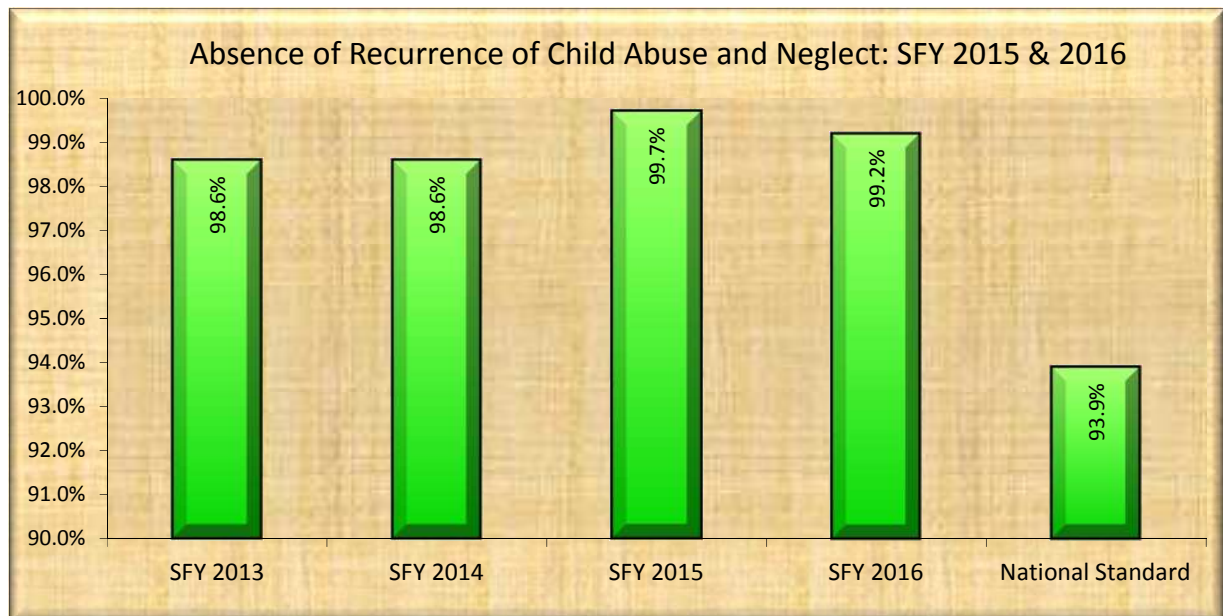
Figure 24: Trending Timely Responses – CWS & VMS: SFY 2015 & SFY 2016



Data Source: SHAKA

Data is presented per SFY quarter for SFY 2015 & SFY 2016

Figure 25: Absence of Recurrence of Child Abuse and Neglect



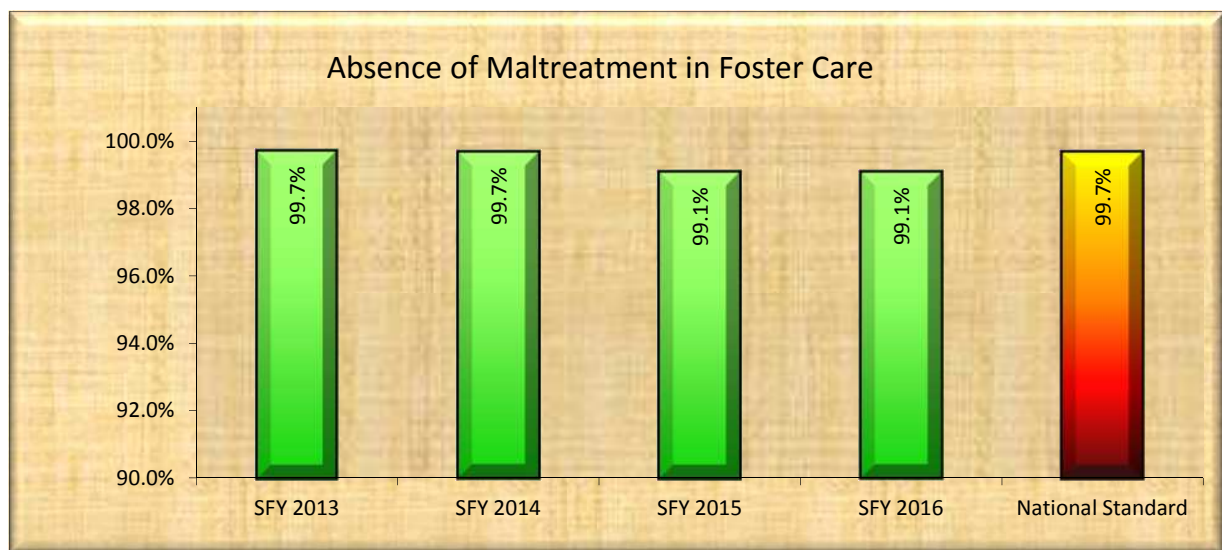
Data Source: DHS, Management Services Office, CWS Outcomes

Figure 26: Maltreatment Recurrence

Maltreatment Recurrence			RSP Relative to National Standard	
	Observed Performance	Risk Standardized Performance [RSP]	National Standard	
FFY14-15	4.2%	5.7%	9.1%	Met

Data Source: Summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews published in the Federal Register on October 10, 2014, as amended and re-issued on May 13, 2015 and updated in September 2016.

Figure 27: Absence of Maltreatment in Foster Care



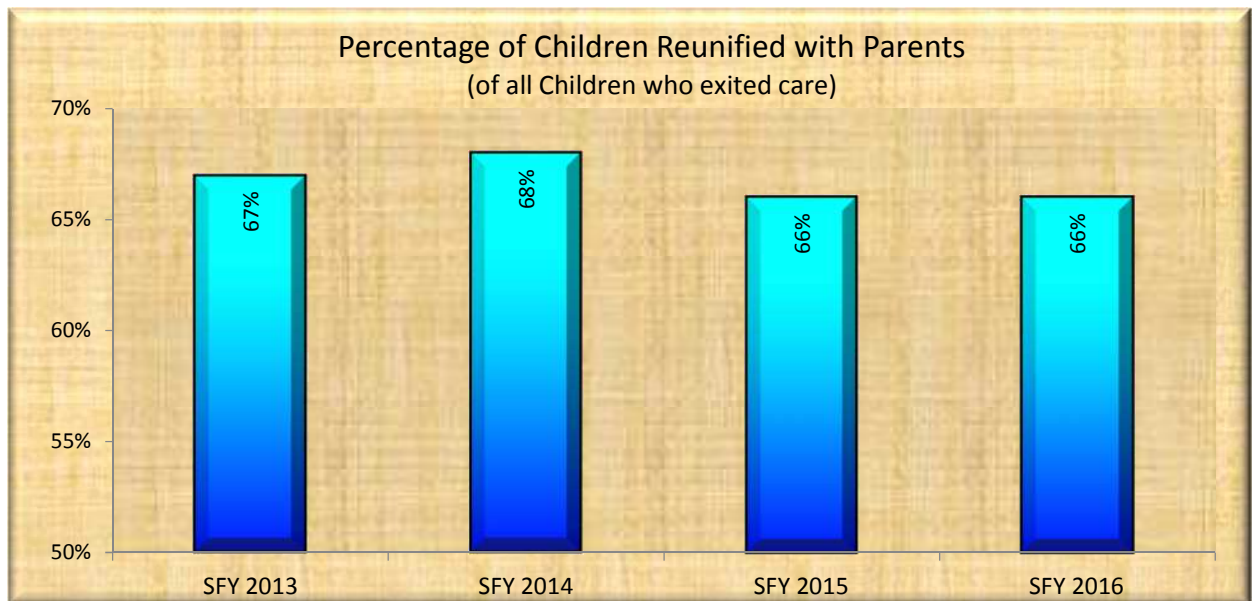
Data Source: DHS, Management Services Office, CWS Outcomes Report

Figure 28: Maltreatment in Out-of-Home Care:

Maltreatment in Out-of-Home Care			RSP Relative to National Standard	
	Observed Performance	Risk Standardized Performance [RSP]	National Standard	
15AB, FFY15	5.38	7.49	8.5	No Diff

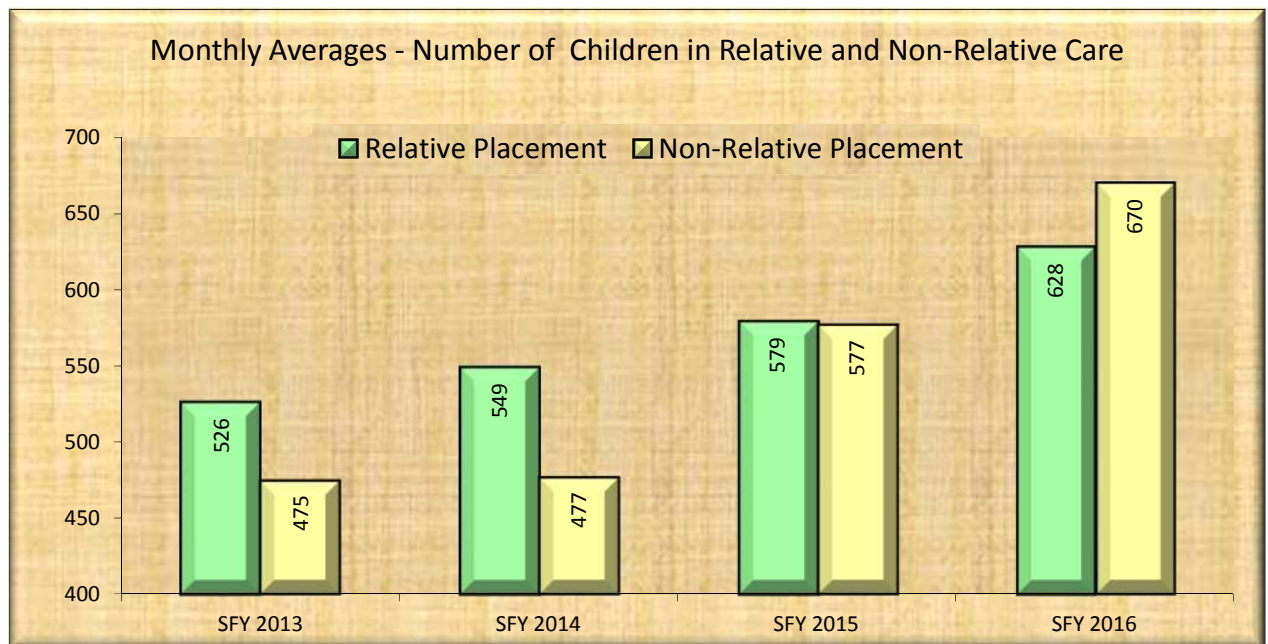
Data Source: Summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews published in the Federal Register on October 10, 2014, as amended and re-issued on May 13, 2015 and updated in September 2016

Figure 29: Percentage of Children Reunified with Parents



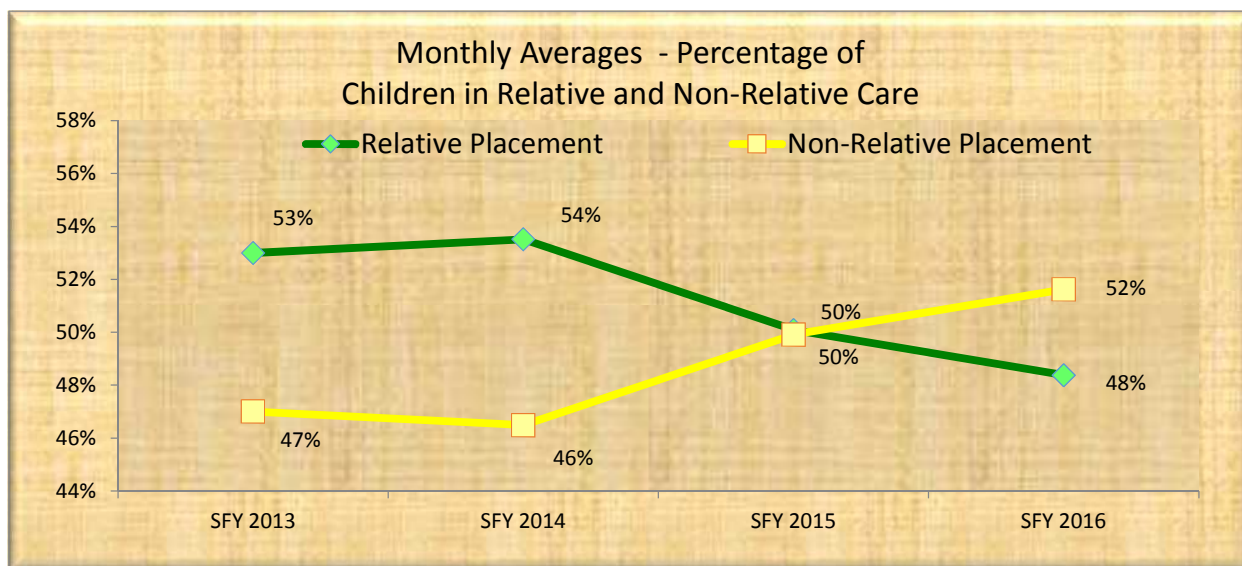
Data Source: DHS, Management Services Office

Figure 30: Monthly Averages - Number of Children in Relative and Non-Relative Care



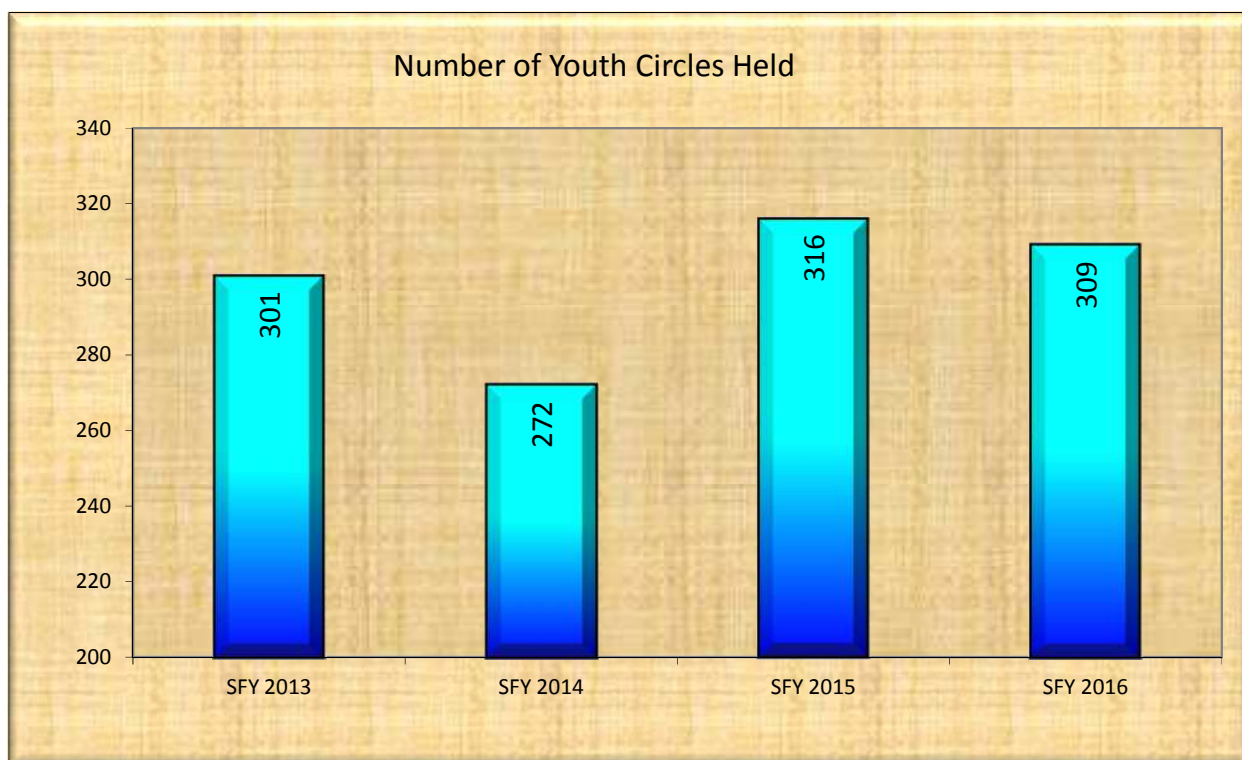
Data Source: DHS, Management Services Office

Figure 31: Monthly Averages – Percentage of Children in Relative and Non-Relative Care



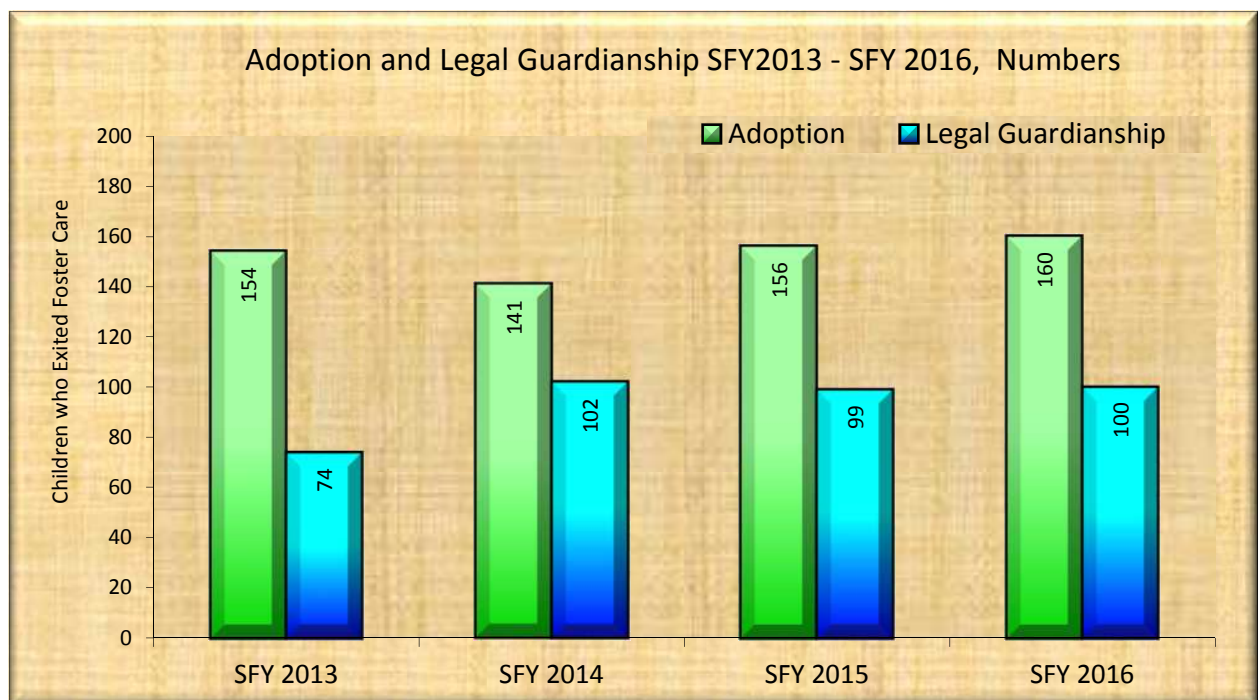
Data Source: DHS, Management Services office

Figure 32: Number of Youth Circles Held



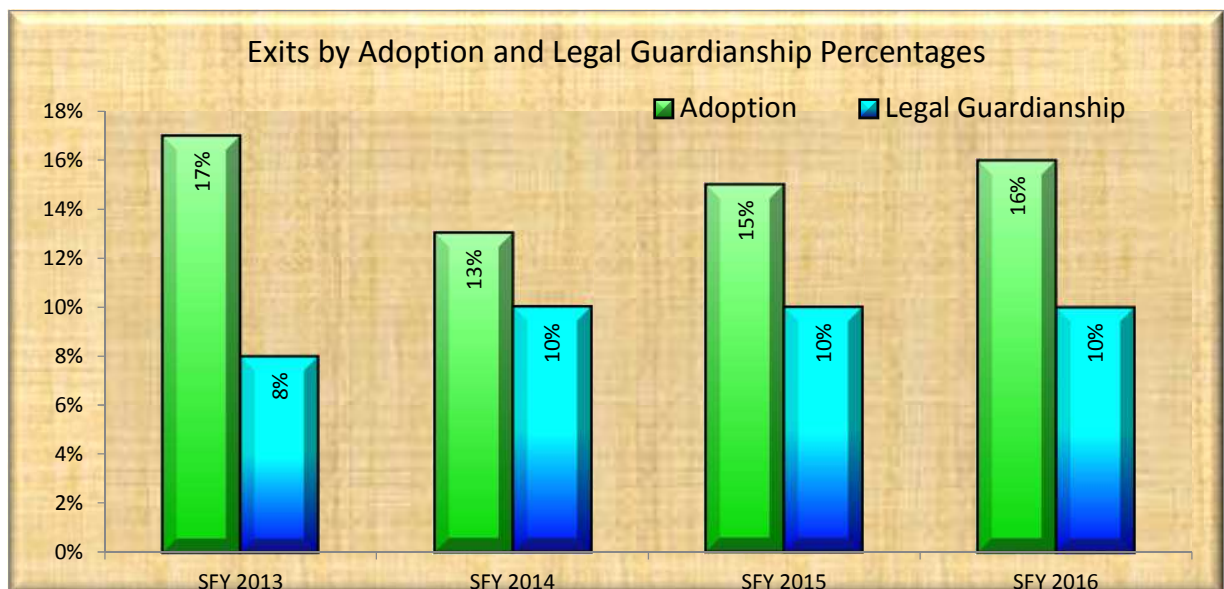
Data Source: EPIC, Inc.

Figure 33: Exits by Adoption and Legal Guardianship SFY2013 – SFY2016 [Numbers]



Data Source: DHS, Management Services Office

Figure 34: Exits by Adoption and Legal Guardianship SFY2013 – SFY2016 [Percentage]



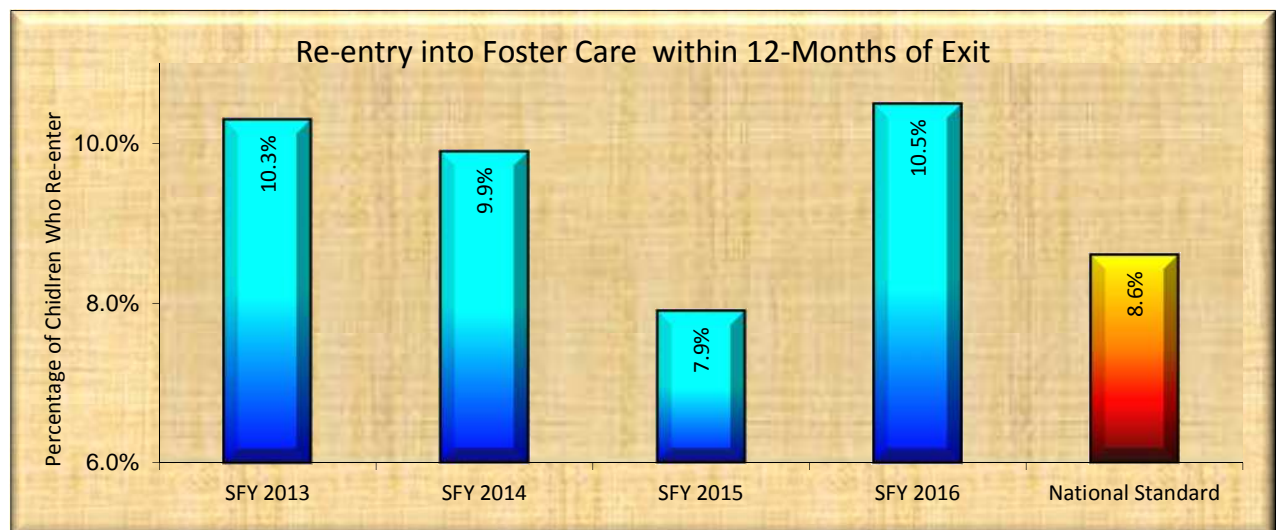
Data Source: DHS, Management Services Office

Figure 35: Adoption and Legal Guardianship Incentive Awards

Adoption and Legal Guardianship Incentives			
Performance Year	Funded Year	Amount	Use
FFY 2012	FFY 2013	\$ -	Permanency & Adoption Promotion Services
FFY 2013	FFY 2014	\$ -	Permanency & Adoption Promotion Services
FFY 2014	FFY 2015	\$ 7,710	Permanency & Adoption Promotion Services
FFY 2015	FFY 2016	\$ 20,000	Permanency & Adoption Promotion Services
FFY 2016	FFY 2017	\$ -	Permanency & Adoption Promotion Services

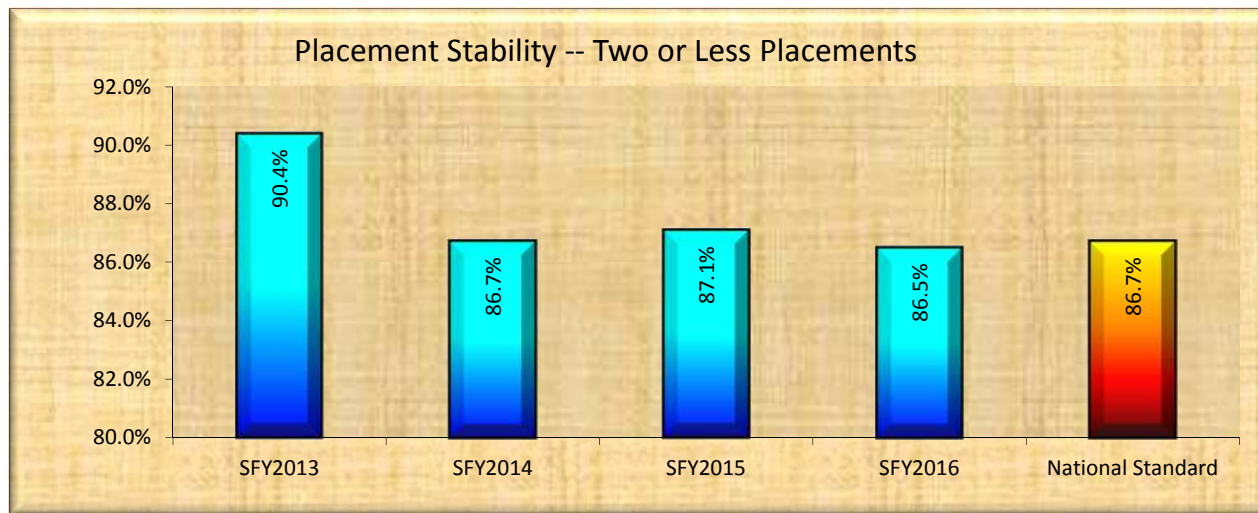
Data Source: ACF Website, and DHS Fiscal Management Office

Figure 36: Re-entry into Foster Care within 12-months of Exit, SFY 2013-SFY 2016



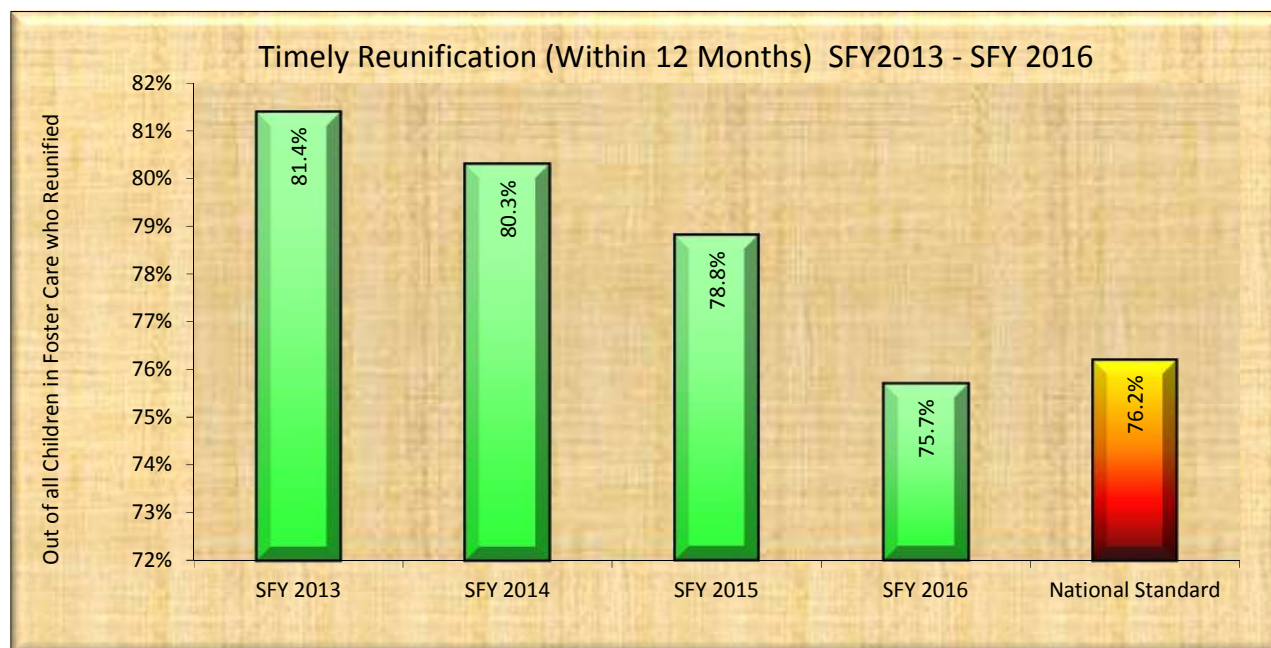
Data Source: DHS, Management Services Office

Figure 37: Placement Stability – Two or Less Placements SFY 2013 – SFY 2016



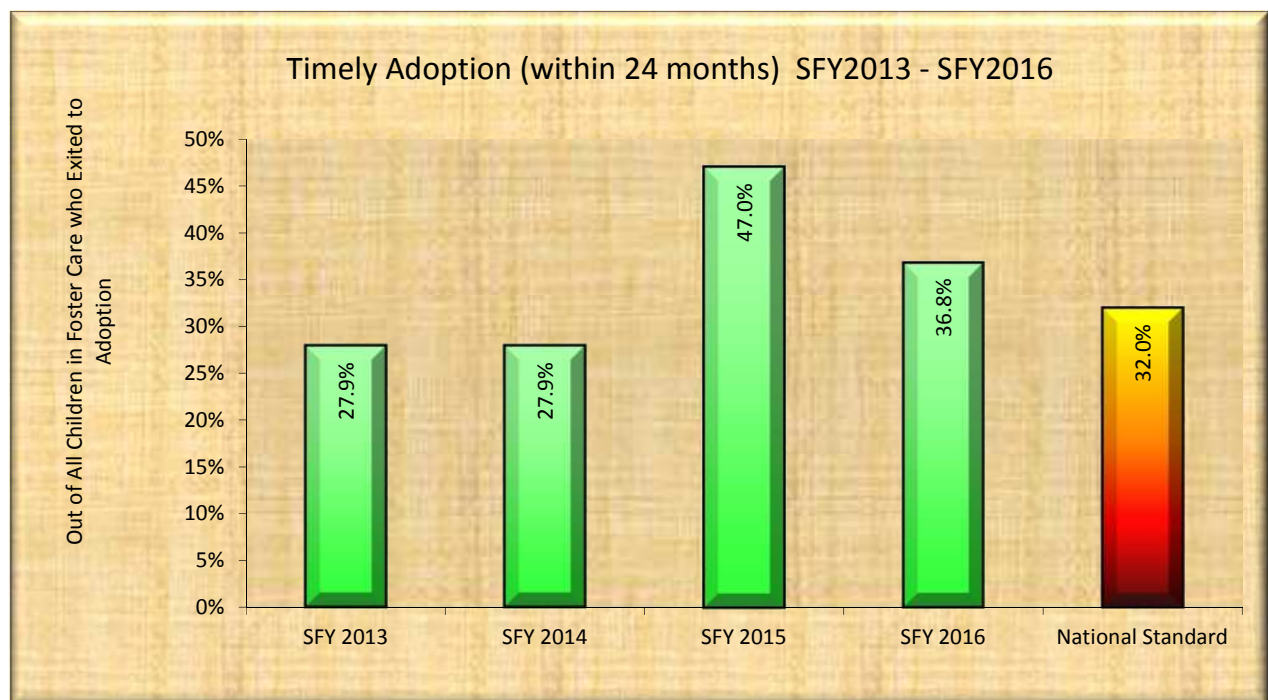
Data Source: DHS, Management Services Office

Figure 38: Timely Reunification (Within 12 Months) – SFY 2013 –SFY 2016



Data Source: DHS, Management Services Office

Figure 39: Timely Adoption (Within 12 Months) SFY 2103 – SFY 2016



Data Source: DHS, Management Services Office

Figure 40: Worker Visit Survey FFY 2013 – FFY2016

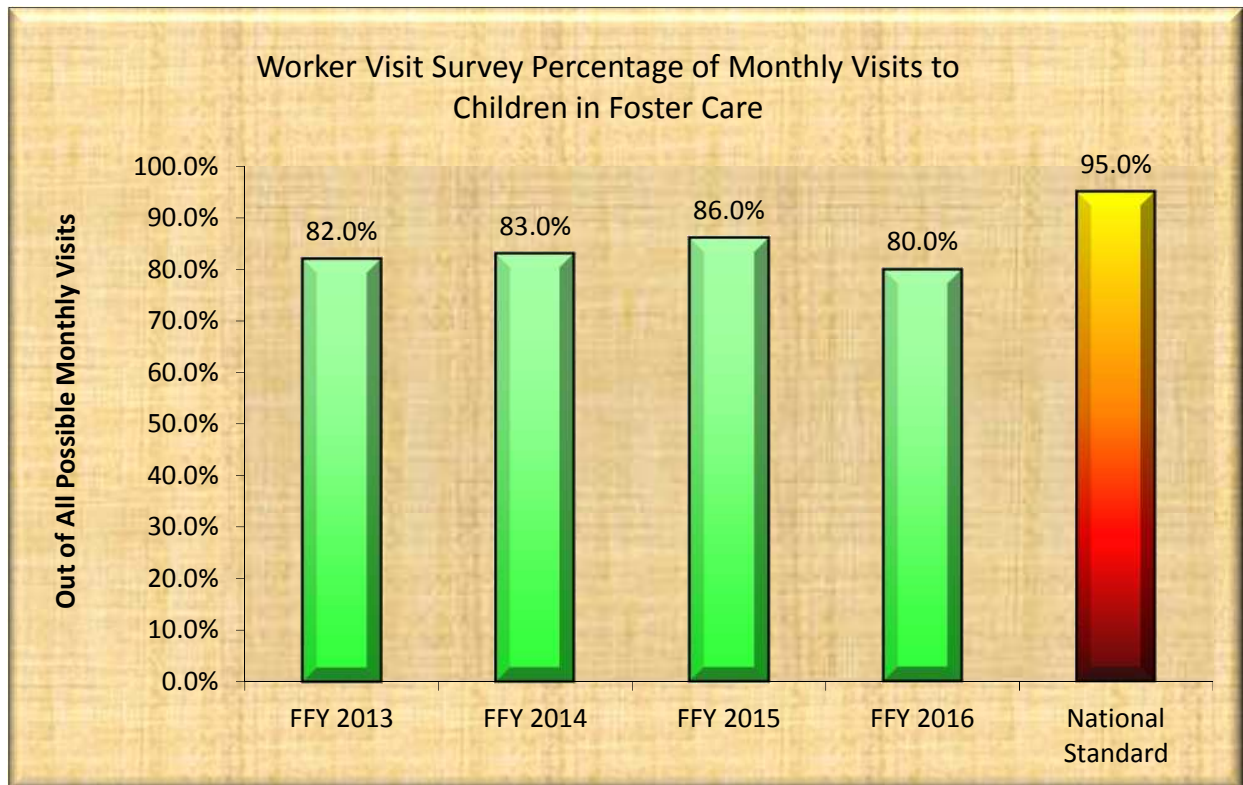
Worker Visit Survey						
	Reporting Population	Months In-Care	Caseworker Visits	In-Home Visits	% of Visits *	% of In-Home Visits**
FFY2013	313	2450	2009	1391	82%	69%
FFY2014	316	2425	2005	1107	83%	55%
FFY2015	324	2417	2072	1354	86%	65%
FFY2016	328	2613	2091	1098	80%	53%

Data Source: SHAKA, Statewide Worker Visit Survey

* Caseworker Visits / Months In-Care

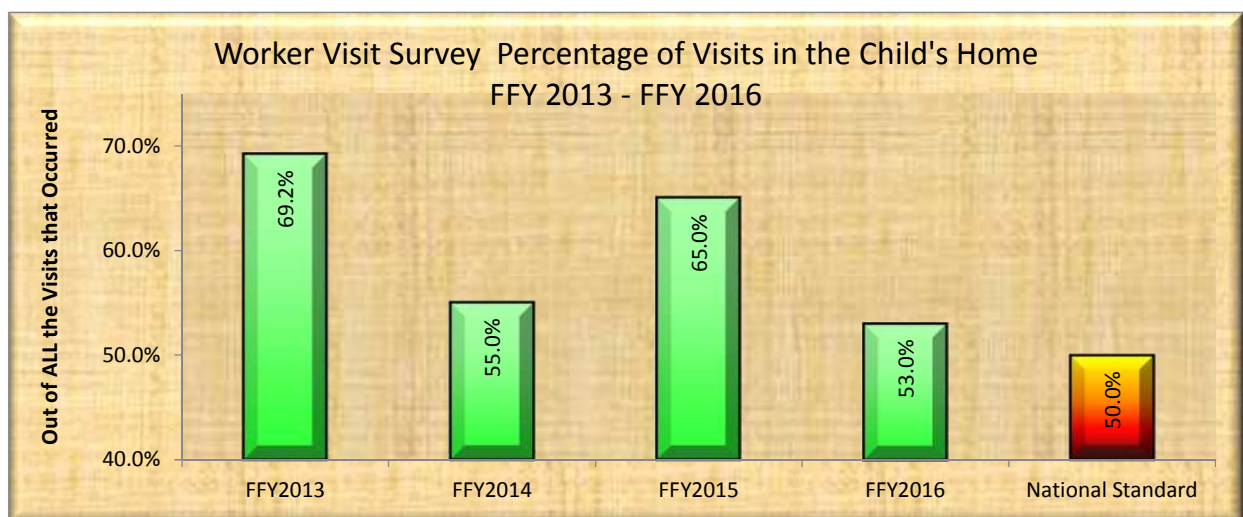
** In-Home Visits / Caseworker Visits

Figure 41: Worker Visit Survey Percentage of Monthly Visits to Children in Foster Care FFY 2013-2016



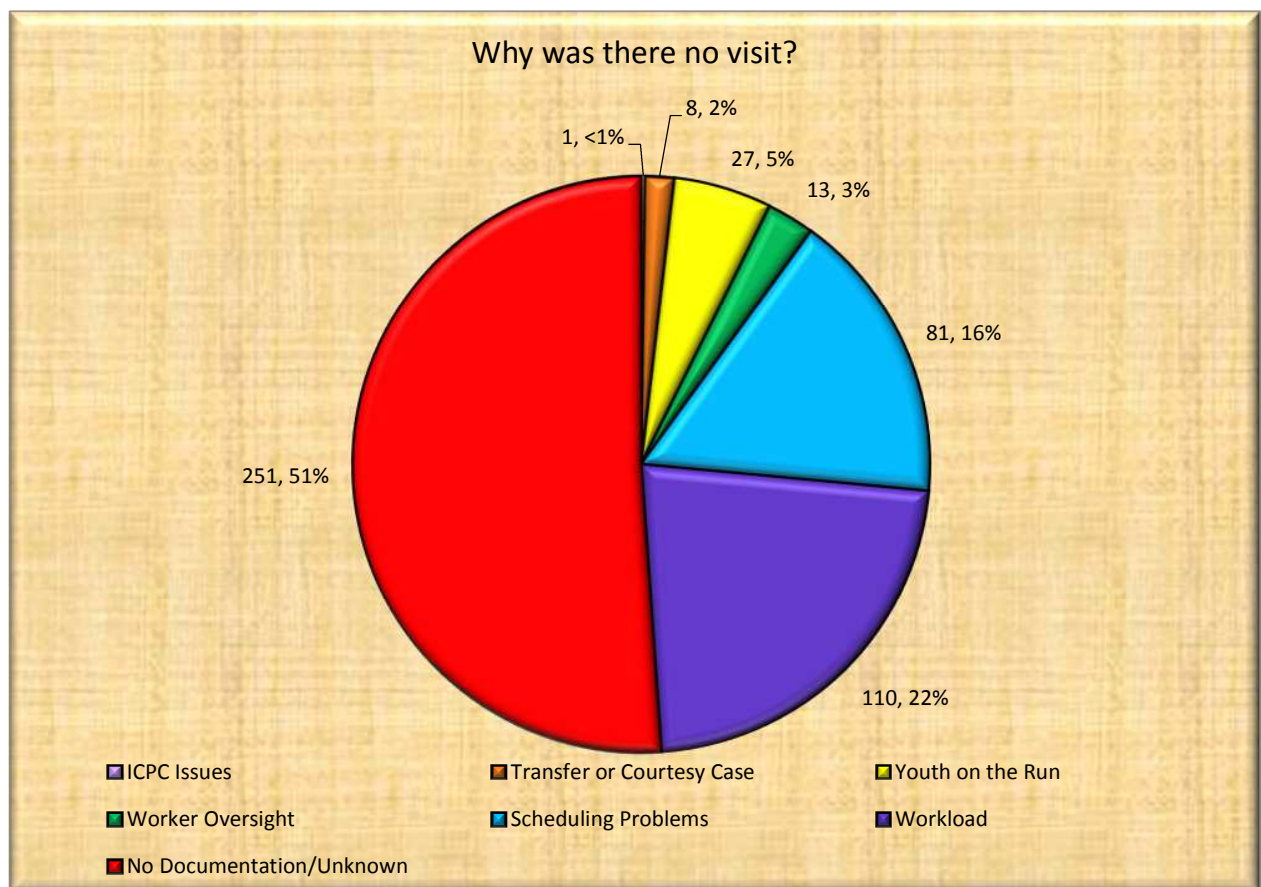
Data Source: DHS. SHAKA, Statewide Worker Visit Survey

Figure 42: Worker Visit Survey – Percentage of Monthly Visits to Child’s Home – FFY 2013 - 2016



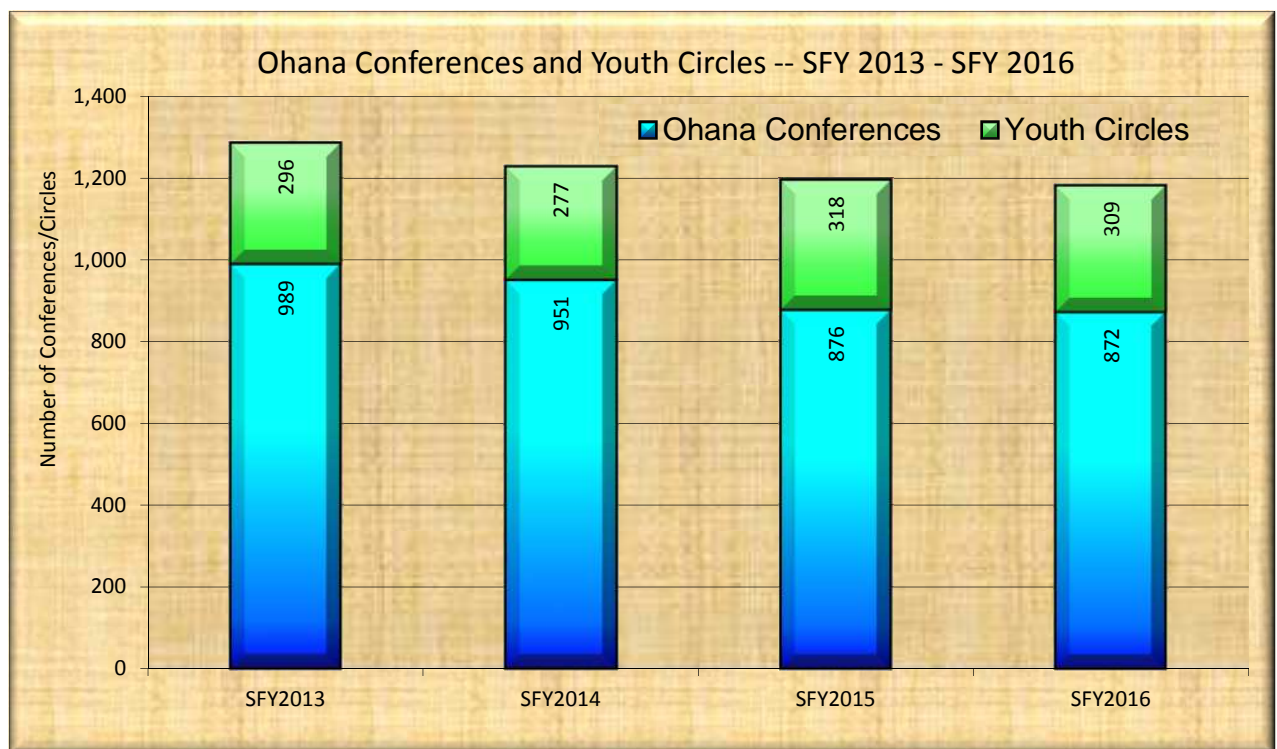
Data Source: DHS. SHAKA, Statewide Worker Visit Survey

Figure 43: Why Was there no visit? – FFY 2016



Data Source: DHS. SHAKA, Statewide Worker Visit Survey

Figure 44: 'Ohana Conferences and Youth Circles – SFY 2013 – SFY 2016



Data Source: EPIC, INC.

Figure 45: Hawaii's Service Array Organized into the Four Primary CFSR Service Categories

Service	Service Category			
	<i>Assess Children & Families and Determine Services</i>	<i>Address needs to create a safe home</i>	<i>Enable children to remain safely with parents</i>	<i>Help children achieve permanency</i>
Aha -- Community Gatherings		X	X	
Ohana Conferencing -- Family Decision Making	X		X	X
Ohana Time -- Supervised Family Visitation	X			X
48-Hour Tracker System (for CWS investigations)	X			

Service	Service Category			
	<i>Assess Children & Families and Determine Services</i>	<i>Address needs to create a safe home</i>	<i>Enable children to remain safely with parents</i>	<i>Help children achieve permanency</i>
5-Day Tracker System (for VCM cases)	X			
Adoption Home Studies				X
Adoption Incentive Payments				X
Child/Adolescent Needs and Strengths Assessment (CANS)	X			
Child Care Connection Hawaii -- Child Care Assistance		X	X	
Child Safety Assessment Tool	X			
Child Safety in Placement Tool	X		X	X
Community Development to Strengthen Families		X	X	
Comprehensive Counseling & Support Services (CCSS)	X	X		
Comprehensive Strengths & Risk Rating Tool	X			
Criminal History & Background Check Services	X	X	X	X
Crisis Intervention (e.g. assessment and counseling)	X	X	X	
Crisis Response Team (CRT)	X	X	X	
Differential Response System Services (VCM & FSS)	X	X	X	
DV Services for Families	X	X	X	

Service	Service Category			
	<i>Assess Children & Families and Determine Services</i>	<i>Address needs to create a safe home</i>	<i>Enable children to remain safely with parents</i>	<i>Help children achieve permanency</i>
DV Shelter Services	X	X	X	
Education and Training Vouchers (ETV)				X
Engaging Families Practices and Guidelines	X	X	X	X
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	X	X		
Family Connections Services		X	X	X
Family Finding Services			X	X
Family Preservation & Support Services (i.e., case management)	X	X	X	X
Family Wrap Hawaii (Wrap)	X	X		X
Forensic Exams -- Hospital or Clinic	X			
Hawaii Foster Youth/Young Adult Advisory Council	X			X
HI HOPES (Foster and Former Foster Youth Advocacy Group)	X			X
Higher Education Stipends				X
Home Visiting Program (fka Enhanced Healthy Start)	X	X		
Human Trafficking Services	X	X	X	X

Service	Service Category			
	<i>Assess Children & Families and Determine Services</i>	<i>Address needs to create a safe home</i>	<i>Enable children to remain safely with parents</i>	<i>Help children achieve permanency</i>
Identifying & Engaging Fathers Practices and Guidelines	X	X	X	X
Imua Kakou (Young Adult Voluntary Foster Care)				X
Independent Living Program Services for Youth (ILP)				X
Individual, Group, and Couples Counseling	X	X	X	X
Information & Referral Services			X	
In-Home Safety Plans		X	X	
Intensive Home Based Services (IHBS)	X	X	X	
Interstate Compact on the Placement of Children (ICPC)	X			X
Interstate Compact on Adoption and Medical Assistance (ICAMA)				X
Intra-Familial Sex Abuse Treatment & Services	X	X		X
Legal Services for Immigrants Experiencing DV		X	X	
Legal Services in DV Shelters		X	X	
LGBTQ Efforts	X	X	X	X
Medical Consultations -- KCPC	X	X	X	X

Service	Service Category			
	<i>Assess Children & Families and Determine Services</i>	<i>Address needs to create a safe home</i>	<i>Enable children to remain safely with parents</i>	<i>Help children achieve permanency</i>
MedQUEST Health Insurance		X		
Mental/Behavioral Health Services		X	X	X
Notice to RCG & Youth about Court Hearings		X		
Notification to Relatives of Children in Foster Care		X		X
On-Call Shelter Services for Children (ESH)	X	X		
Parent Education		X	X	
Post-Permanency Support Services				X
Pre-placement Exams -- Hospital or Clinic	X			
Psychological Evaluations	X			
Resource & Adoptive Family Recruitment & Retention		X		X
Resource Caregiver Home Studies		X		
Resource Caregiver Training		X		
Supplemental Nutrition Assistance Program (SNAP)		X	X	
Safety Permanency and Wellbeing Meetings (SPAW)		X		X

Service	Service Category			
	<i>Assess Children & Families and Determine Services</i>	<i>Address needs to create a safe home</i>	<i>Enable children to remain safely with parents</i>	<i>Help children achieve permanency</i>
Substance Abuse Assessment & Monitoring Services (SAAMS)	X			
Teen Dating Violence Education & Prevention Services				X
Transportation or Transportation Assistance		X	X	
Vocational Assessments	X			
Women, Infants and Children (WIC)		X	X	
Youth Circles	X			X
Color Key:				
Statewide				
Oahu & Hawai'i Island Only (Title IV-E Waiver Activities)				
Not available on Molokai & Lanai				
Batterers' Services are not available on Molokai				

Figure 46: Service Array by Service Type for Kauai, Oahu, Molokai, Lanai, Maui, and Hawaii.

Service	Service Type							
	Safety	Child in home	Child in foster home	Child in adoptive home	Intensive In-home	Reunification	Independent Living	Post Adopt
Aha -- Community Gatherings	X	X	X	X		X	X	X
Ohana Conferencing -- Family Decision Making	X	X	X	X		X		X
Ohana Time -- Supervised Family Visitation	X		X			X		
48-Hour Tracker System (for CWS investigations)	X	X						
5-Day Tracker System (for VCM cases)	X	X						
Adoption Home Studies	X		X	X				X
Adoption Incentive Payments				X				X
Child/Adolescent Needs and Strengths Assessment (CANS)	X	X	X			X	X	
Child Care Connection Hawaii -- Child Care Assistance	X	X	X	X		X		X
Child Safety Assessment Tool	X	X	X			X		
Child Safety in Placement Tool	X		X					
Community Development to	X	X				X		

Service	Service Type							
	Safety	Child in home	Child in foster home	Child in adoptive home	Intensive In-home	Reunification	Independent Living	Post Adopt
Strengthen Families								
Comprehensive Counseling & Support Services (CCSS)	X	X	X		X	X		
Comprehensive Strengths & Risk Rating Tool	X	X	X			X		
Criminal History & Background Check Services	X	X	X	X		X		
Crisis Intervention (e.g. assessment and counseling)	X	X	X	X	X	X		X
Crisis Response Team (CRT)	X	X			X			
Differential Response System Services (VCM & FSS)	X	X				X		
DV Services for Families	X	X	X	X		X		X
DV Shelter Services	X	X		X		X		X
Education and Training Vouchers (ETV)							X	
Engaging Families Practices and Guidelines	X	X	X	X	X	X	X	X
Early and Periodic Screening, Diagnostic and Treatment (EPSDT)	X	X	X	X		X		X
Family Connections Services			X	X				

Service	Service Type							
	Safety	Child in home	Child in foster home	Child in adoptive home	Intensive In-home	Reunification	Independent Living	Post Adopt
Family Finding Services			X	X				
Family Preservation & Support Services (i.e., case management)	X	X	X	X		X	X	X
Family Wrap Hawaii (Wrap)	X	X	X			X		
Forensic Exams -- Hospital or Clinic	X	X	X					
Hawaii Foster Youth/Young Adult Advisory Council	X	X	X	X	X	X	X	X
HI HOPES (Foster and Former Foster Youth Advocacy Group)	X	X	X	X	X	X	X	X
Higher Education Stipends							X	
Home Visiting Program (aka Enhanced Healthy Start)	X	X	X		X	X		
Human Trafficking Services	X	X	X	X	X	X	X	X
Identifying & Engaging Fathers Practices and Guidelines	X		X			X		
Imua Kakou (Young Adult Voluntary Foster Care)							X	
Independent Living Program Services for Youth (ILP)							X	

Service	Service Type							
	Safety	Child in home	Child in foster home	Child in adoptive home	Intensive In-home	Reunification	Independent Living	Post Adopt
Individual, Group, and Couples Counseling	X	X	X	X		X	X	X
Information & Referral Services	X	X	X	X	X	X	X	X
In-Home Safety Plans	X	X		X	X	X		X
Intensive Home Based Services (IHBS)	X	X			X			
Interstate Compact on the Placement of Children (ICPC)	X		X	X				
Interstate Compact on Adoption and Medical Assistance (ICAMA)				X				X
Intra-Familial Sex Abuse Treatment & Services	X	X	X	X		X		X
Legal Services for Immigrants Experiencing DV	X	X	X	X				X
Legal Services in DV Shelters	X	X	X	X				X
LGBTQ Efforts	X	X	X	X	X	X	X	X
Medical Consultations – KCPC	X	X	X			X		
MedQUEST Health Insurance		X	X	X				X
Mental/ Behavioral Health Services	X	X	X	X	X	X	X	X

Service	Service Type							
	Safety	Child in home	Child in foster home	Child in adoptive home	Intensive In-home	Reunification	Independent Living	Post Adopt
Notice to RCG & Youth about Court Hearings			X				X	
Notification to Relatives of Children in Foster Care			X					
On-Call Shelter Services for Children (ESH)	X		X				X	
Parent Education	X	X	X	X	X	X		X
Post-Permanency Support Services	X	X		X	X			X
Pre-placement Exams -- Hospital or Clinic	X		X					
Psychological Evaluations	X	X	X	X		X	X	X
Resource & Adoptive Family Recruitment & Retention	X		X	X				X
Resource Caregiver Home Studies	X		X					
Resource Caregiver Training	X		X		X			
Supplemental Nutrition Assistance Program (SNAP)		X	X	X		X	X	X
Safety Permanency and Wellbeing Meetings (SPAW)	X		X	X				
Substance Abuse Assessment & Monitoring Services (SAAMS)	X	X	X			X		

Service	Service Type							
	Safety	Child in home	Child in foster home	Child in adoptive home	Intensive In-home	Reunification	Independent Living	Post Adopt
Teen Dating Violence Education & Prevention Services	X	X	X	X			X	X
Transportation or Transportation Assistance			X	X				X
Vocational Assessments		X	X	X		X	X	X
Women, Infants and Children (WIC)		X	X	X				X
Youth Circles			X	X			X	X

Figure 47: Notice to Families for 6-month Review Hearing

How were you notified or invited to attend the 6-month review court hearings? (Please check all that apply):						
	2013		2014-2015		2016	
Number of families surveyed	970		971		1051	
Number of respondents	238		284		346	
Respondents: % of All	25%		29%		33%	
Answer Options	Response Percent	Response Count	Response Percent	Response Count	Response Percent	Response Count
By letter	47.50%	94	50.20%	120	41%	81
Verbally by the worker	50.00%	99	23.40%	56	66%	129
By the GAL	33.80%	67	50.20%	120	40%	79
By the Court at a previous hearing	21.70%	43	28.90%	69	29%	57
Not notified	16.20%	32	19.70%	47	26.30%	65
<i>answered question</i>		198		239		196
<i>skipped question</i>		40		45		150

Data Source: Partners in Development Foundation

Figure 48: CWSB New Hire Training SFY 2016

SFY 2016	Should Have Attended	Attended	% Attended
Child Welfare Services	17	14	82%
Voluntary Case Management	17	10	59%
Total	34	24	71%

Data Source: DHS, SDO

Figure 49: Participant Assessment of New Hire Training SFY 2016

SFY 2016 New Hire Training – Participant Assessment	Response	
Question	1 - 5 Scale *	% Extension
My learning was enhanced by the knowledge of the facilitators	3.9	78%
I am satisfied with the current New Hire Training curriculum/content	3.29	66%
As a result of completing New Hire Training, I feel my knowledge base of CWS has increased.	3.9	78%

*Participants response based on a 1-5 scale, with 1 being least positive to 5 being most positive.

Figure 50: CWSB Staff On-Going Training SFY 2016

CWSB Staff On-going Training SFY 2016		
Type of Training	# CWS	# SW
SPAW Values	66	36
SPAW Skills	37	28
CANS Training	35	26
CANS Certification	8	5
New Hire	39	17
2016 Child Welfare Law Update	75	38
Dynamics of Human Trafficking	175	84
Hoololi Transformation	43	15
Building Effective Partnership with Young People	31	13
Family WRAP Hawaii	89	46
Interfacing with the Deaf population	37	18
Homebuilders Program Overview and Core Training	14	7
Oahu Aha with Military AFP and DHS	22	10
Treating Complex Trauma	4	1
19 th Biennial Conference	1	1
Abusive Head Trauma and Research on Prenatal Meth use	7	7
Active Shooter Presentation by HPD	54	18
Advancing Excellence in Practice and Policy	2	2
Adverse Childhood Experiences	3	2
Amber Alert Specialized Training	2	0
Child Sexual Abuse: Suspect Dynamics/Interrogation	3	2
Hooponopono Training	13	5
Immigrant Victims of Human Trafficking and other crimes	7	6
Intake Unit Tools Training	8	4
Investigation Interviews in Child Abuse Cases	3	3
Lethality Assessment Program	2	1
Management and Leadership Team Meeting For Admin. and Sups. Only.	1	1
National Association of Drug Court Professionals 22 nd Annual Training Conference	1	1
Ohana Is Forever 2016	50	26
Parents Interacting with Infants	1	1
Pono For Families Engagement Training	292	103
Reasonable and Prudent Parenting	205	37
Safe Talk Suicide Prevention Program	1	1
Sex Trafficking In Hawaii –Prevention and Intervention	3	2
11 th Annual Transformational CANS Conference	3	1

Data Source: DHS

Figure 51: Percentage of CWSB Workers Who Attended Mandatory Training

SFY2016 Mandatory Training	Number That Should Have Attended	Number that Did Attend	% of Required Staff that Attended
<i>Permanency Values</i> (Safety, Permanency, and Wellbeing meetings – SPAW)	66	66	100%
Assessing for Strengths and Needs of Children and Youth (Child/Adolescent Needs and Strengths assessment – CANS)	35	35	100%
Minor Human Trafficking	324	175	54%
LGBTQ Awareness	324	187	58%
Reasonable and Prudent Parenting, and Normalcy	?	37	
Family Engagement (Family Wrap Hawaii, Homebuilders)	324	238	73%

Figure 52: CWSB & VCM Staff Who Met Ongoing Training Requirements

SFY2016 Ongoing Training for Case Management Staff	Staff w/ Case Management responsibility	Staff who Met Training Requirements #	Staff who Met Training Requirements %
Child Welfare Services	111	104	94%
Voluntary Case Management	32	31	97%
Total	143	135	94%

Figure 53: Supervisory Training Evaluation for SFY 2016

Following the training staff were able to:	Rating
Recognize components of transfer of learning	3.85
Consider strategies for strengthening application of training for new-hire training	3.7
Practice coaching	3.89

Items rated on a scale of 1 (Needs Improvement) to 5 (Excellent).

Figure 54: Attendees for On-Going Training SFY 2016

	Resource Caregivers	Adoptive Parents	Legal Guardians
Oahu	43	13	1
Kona	5	0	0
Hilo	10	2	1
Maui	5	1	2
Kauai	6	0	0
Molokai/Lanai	7	1	0
Totals Qtr 1	76	17	4
	Resource Caregivers	Adoptive Parents	Legal Guardians
Oahu	29	6	0
Kona	2	0	0
Hilo	1	0	0
Maui	4	1	1
Kauai	2	0	0
Molokai/Lanai	0	0	0
Totals Qtr 2	38	7	1
	Resource Caregivers	Adoptive Parents	Legal Guardians
Oahu	14	2	0
Kona	0	0	0
Hilo	12	3	1
Maui	0	0	0
Kauai	10	1	0
Molokai/Lanai	6	0	0
Totals Qtr 3	42	6	1
	Resource Caregivers	Adoptive Parents	Legal Guardians
Oahu	86	6	1
Kona	27	1	0
Hilo	30	1	1
Maui	26	2	1
Kauai	28	2	1
Molokai/Lanai	1	0	0
Totals Qtr 4	198	12	4
Statewide Total	354	42	10

Data Source: Partners in Development Foundation

Figure 55: Resource Caregiver Conference SFY 2016 – Attendees

Attendance at 9 th Annual Conference – SFY 2016				
	# of Resource Families	# of individual Resource Caregivers	# of Service Providers	# of Children
Kauai	41	54	31	10
West Hawaii	29	44	26	19
East Hawaii	46	60	43	16
Maui	31	43	37	9
Molokai	9	13	4	0
Lanai	4	5	4	0
Oahu	82	128	194	57
Statewide Total	242	347	339	111

Data Source: Partners in Development Foundation

Figure 56: Foster Parent College Online Trainings SFY 2016

Foster Parent College Online Training -- SFY 2016			
	# of individuals that used Foster Parent College	# of new individuals that joined Foster Parent College	# of training hours completed
Quarter 1	11	11	28
Quarter 2	14	10	66
Quarter 3	18	18	65
Quarter 4	26	26	138
Total	69	65	297

Data Source: Partners in Development Foundation

Figure 57: Foster Parent Lending Library SFY 2016

Resource Caregiver Lending Library _ SFY 2016			
	# of families that borrowed from the lending library	# of DVDs borrowed	# of training hours completed
Quarter 1	32	70	147
Quarter 2	15	41	83.5
Quarter 3	15	43	88.5
Quarter 4	17	34	69.25
Total	79	188	388.25

Data Source: Partners in Development Foundation

Figure 58: Overall Satisfaction Rating for HANAI Training

OVERALL SATISFACTION RATING FOR H.A.N.A.I. (Statewide)							
	Excellent	Good	OK	Poor	Very Poor	Blank	TOTAL
PIDF	200 (76%)	52 (20%)	3 (1%)	0	0	7 (3%)	262
CCH	269 (74%)	82 (23%)	3 (0.8%)	1 (0.2%)	0	8 (2%)	363

Data Source: Partners in Development Foundation

Figure 59: Overall Satisfaction Rating for the Annual Conference & Quarterly Trainings

OVERALL SATISFACTION RATING FOR THE ANNUAL CONFERENCE & QUARTERLY TRAININGS (Statewide)							
	Excellent	Very Good	Average	Below Average	Didn't Meet Need	Skipped	TOTAL
The Uphill Battle of the Missed Diagnosis	23 (40%)	21 (37%)	4 (7%)	0	0	9 (16%)	57
Giving Grief Guidance: Navigating Loss and Trauma	35 (56%)	23 (37%)	4 (6%)	0	0	0	62
Bullying and Suicide: Implications for Prevention	32 (73%)	12 (27%)	0	0	0	0	44
9th Annual Conference: Learning by Doing	274 (62%)	151 (34%)	13 (3%)	0	0	3 (0.7%)	441

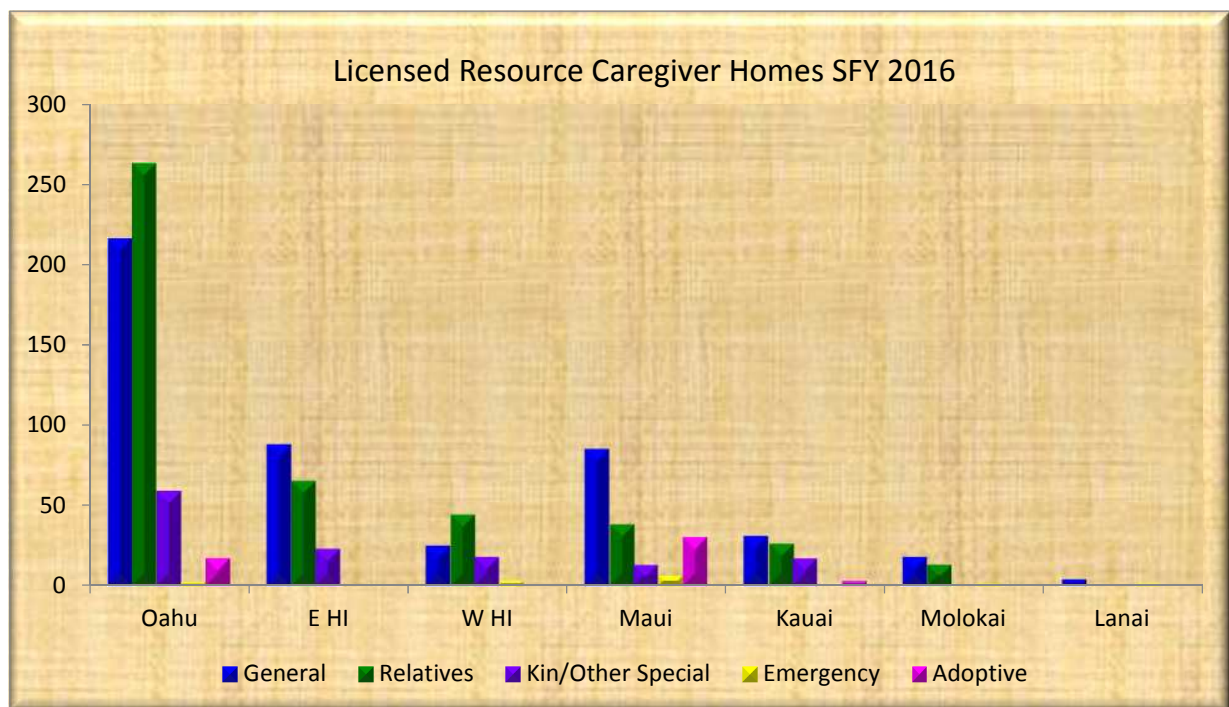
Data Source: Partners in Development Foundation

Figure 60: Number of Licensed Resource Caregiver Homes – SFY 2016 [Table]

Licensed Resource Caregiver Homes SFY 2016								
	State wide	Oahu	E HI	W HI	Maui	Kauai	Molokai	Lanai
General	467	216	88	25	85	31	18	4
Relatives	449	263	65	44	38	26	13	0
Kin/ Other Special	130	59	23	18	13	17	0	0
Emergency	13	2	0	3	6	0	1	1
Adoptive	50	17	0	0	30	3	0	0

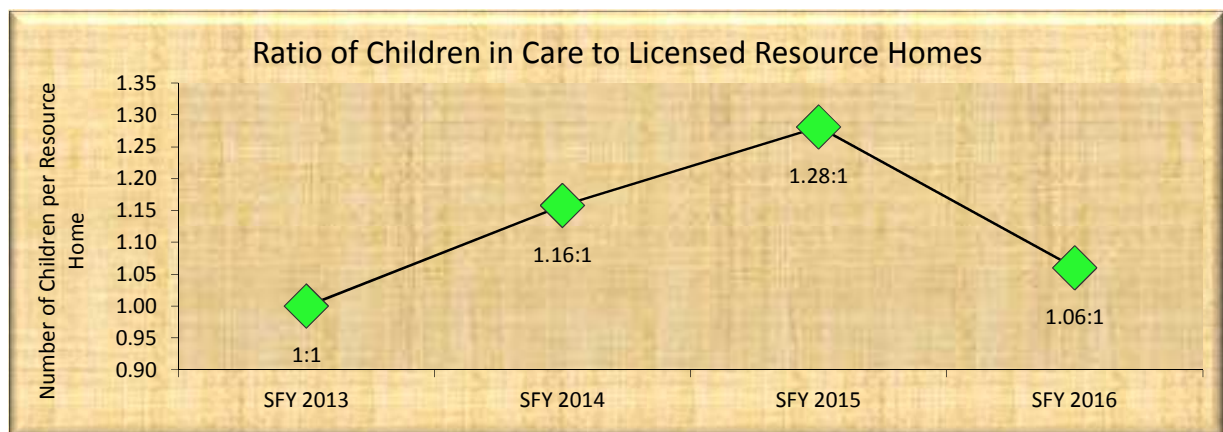
Data Source: DHS, CPSS

Figure 61: Number of Licensed Caregiver Homes – SFY 2016 [Chart]



Data Source: DHS CPSS

Figure 62: Ratio of Children in Care to Resource Homes – SFY 2013 – SFY 2016



Data Source: DHS, CPSS

Figure 63: Multi-Ethnic Report on Children in Foster Care and Resource Caregivers SFY 2016

Multi-Ethnic Report of Children in Foster Care and their Resource Caregivers For SFY 2016				
Ethnicity	Children in Foster Care		Resource Caregivers	
	Count	Percent	Count	Percent*
Native American	14	0.56%	12	0.91%
Alaskan Native	2	0.08%	2	0.15%
Black	76	3.03%	41	3.11%
Chinese	10	0.40%	17	1.29%
Chuukese	51	2.03%	3	0.23%
Filipino	157	6.25%	216	16.40%
Native Hawaiian or part-Native Hawaiian	1,225	48.80%	621	47.15%
Hispanic	38	1.51%	72	5.47%
Japanese	23	0.92%	86	6.53%
Korean	4	0.16%	6	0.46%
Kosraen	5	0.20%	0	0.00%
Laotian	0	0.00%	3	0.23%
Mixed (Not part-Hawaiian/Not part-Hispanic)	364	14.50%	38	2.89%
Marshallese	21	0.84%	5	0.38%
Other Pacific Islander	25	1.00%	30	2.28%
Palauan	1	0.04%	0	0.00%
Pohnpeian	3	0.12%	2	0.15%
Samoan	72	2.87%	50	3.80%
Tongan	11	0.44%	2	0.15%
Vietnamese	2	0.08%	0	0.00%
White (Caucasian)	353	14.06%	454	34.47%
Unable to Determine	53	2.11%	37	2.81%
Total Number (Children/Resource Families)	2,510		1,317	
Total Homes			1,317	

Data Source: DHS, CPSS

Note: Child Ethnicity Count is Unduplicated

*Please note that the percentage total for resource caregivers' ethnicity is over 100%, because if a resource family has two resource caregivers in the home of different ethnicities each ethnicity was counted. If the caregivers in one home were the same ethnicity, it was only counted once.

Figure 64: Children Who Died in Active CWS Cases – SFY 2013 – SFY 2016

Children who Died in Active CWS Cases SFY 2013 - SFY 2016				
	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Number of Children	2	2	2	5

Figure 65: CWSB Staff Positions and Vacancies – 2013 - 2017

CWSB Staff Positions and Vacancies					
	May 2013	May 2015	May 2015	April 2016	March 2017
Total CWSB Positions	428	411	409	399	403
Vacant CWSB Position	94	93	72	67	97
Parentage of Vacancies	22%	23%	18%	17%	24%
Data Source: DHS, CWS					

Figure 66: CWSB Average Caseload

Hawaii CWSB Average Caseload (Average Number of Cases Past Six Years)		
Date	Assessment Worker	Case Manager / Permanency Worker
May 2012	41	21
May 2013	28	15
May 2014	20	15
May 2015	24	13.5
May 2016	25	15
May 2017	30	23

Figure 67: CWSB Staff Breakdown – May 2017

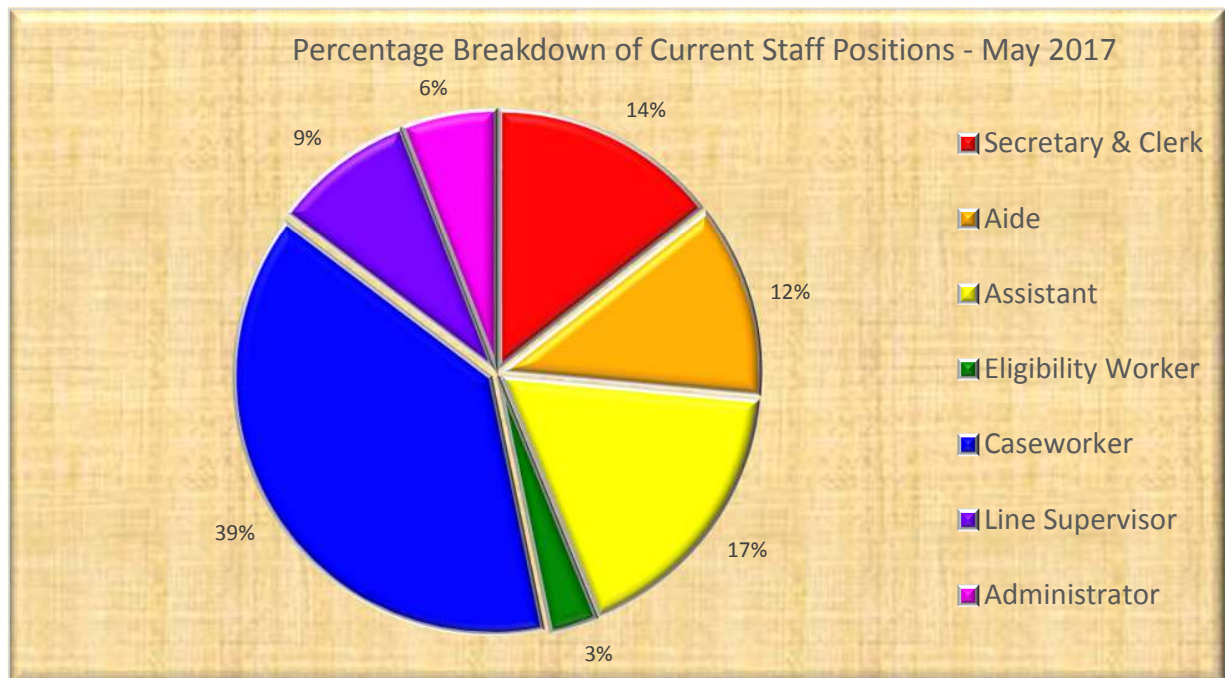
Hawaii CWSB Staff Breakdown May 2017			
Position	Number of Current Staff*	Number of Vacancies**	Total
Secretary & Clerk	44	6	50
Aide [transports Clients & Supervises visits]	37	24	61
Assistant [processes client paperwork, incl. medical coverage and payments; supports case worker]	53	8	61
Eligibility Worker [Determines Title IV-E eligibility]	9	0	9
Caseworker [Intake, Assessment, Case Management, Permanency and Licensing Workers]	118	56	174
Line Supervisors	27	3	30
Administrators	18		18
Total	306	97	403

Data Sources: DHS, CWSB

* as of May 2017

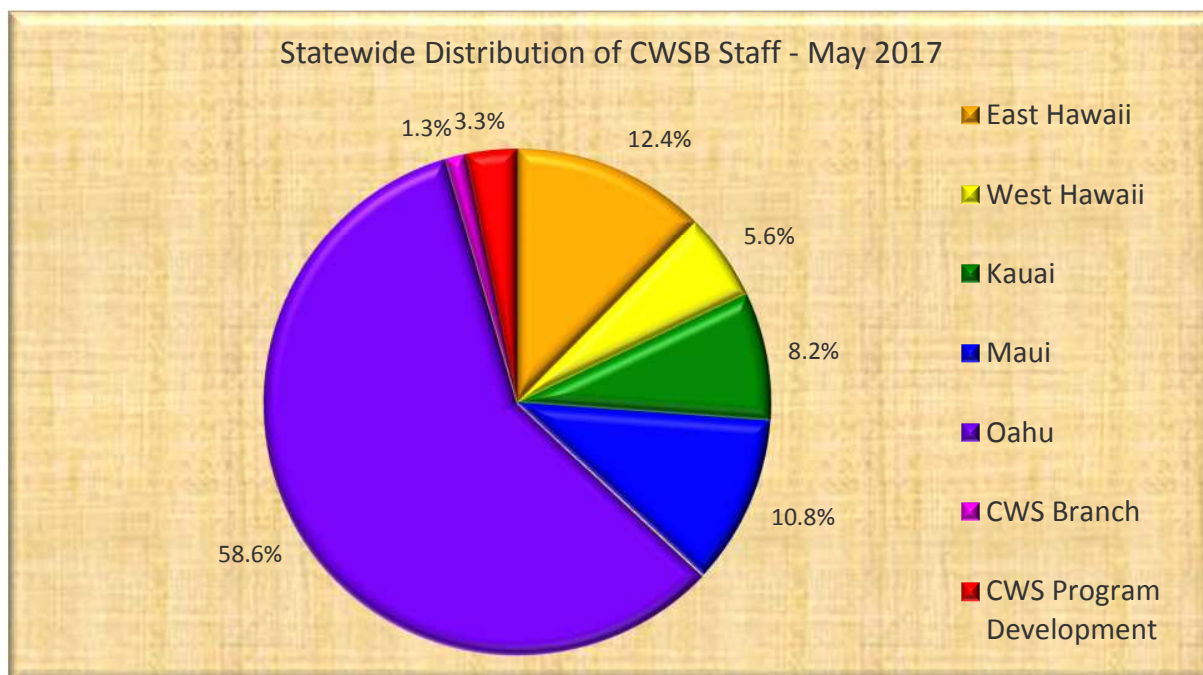
** as of March 31, 2017

Figure 68: Percentage Breakdown of Current Staff Positions - May 2017



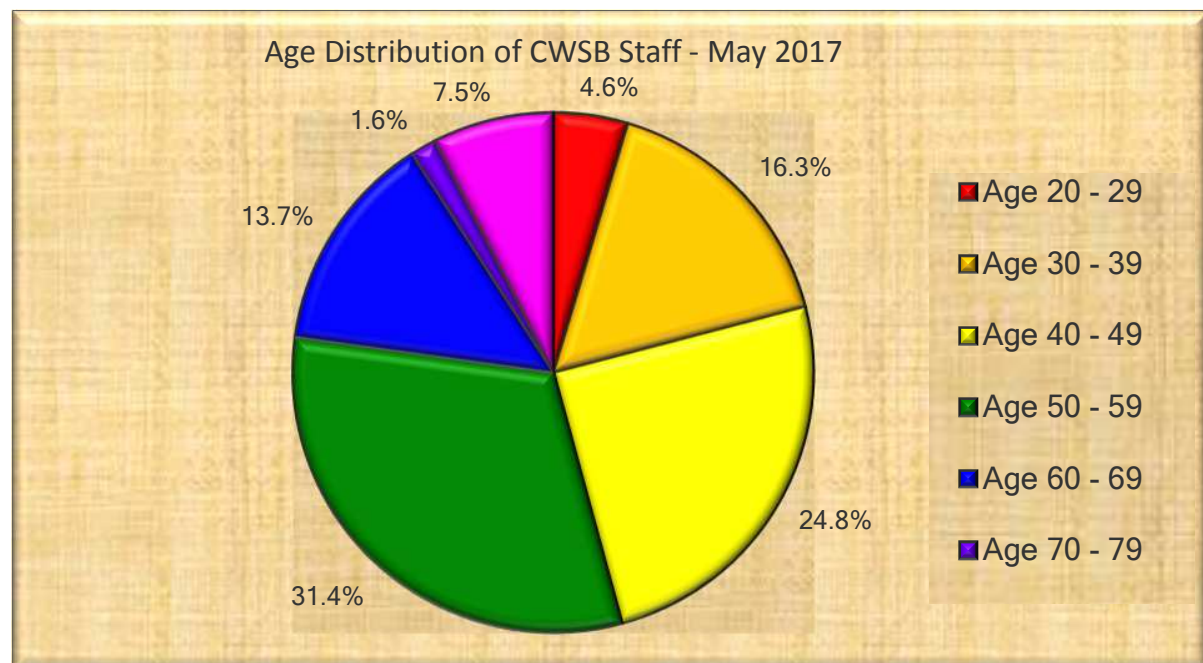
Data Source: DHS, CWSB

Figure 69: Statewide Distribution of CWSB Staff - May 2017



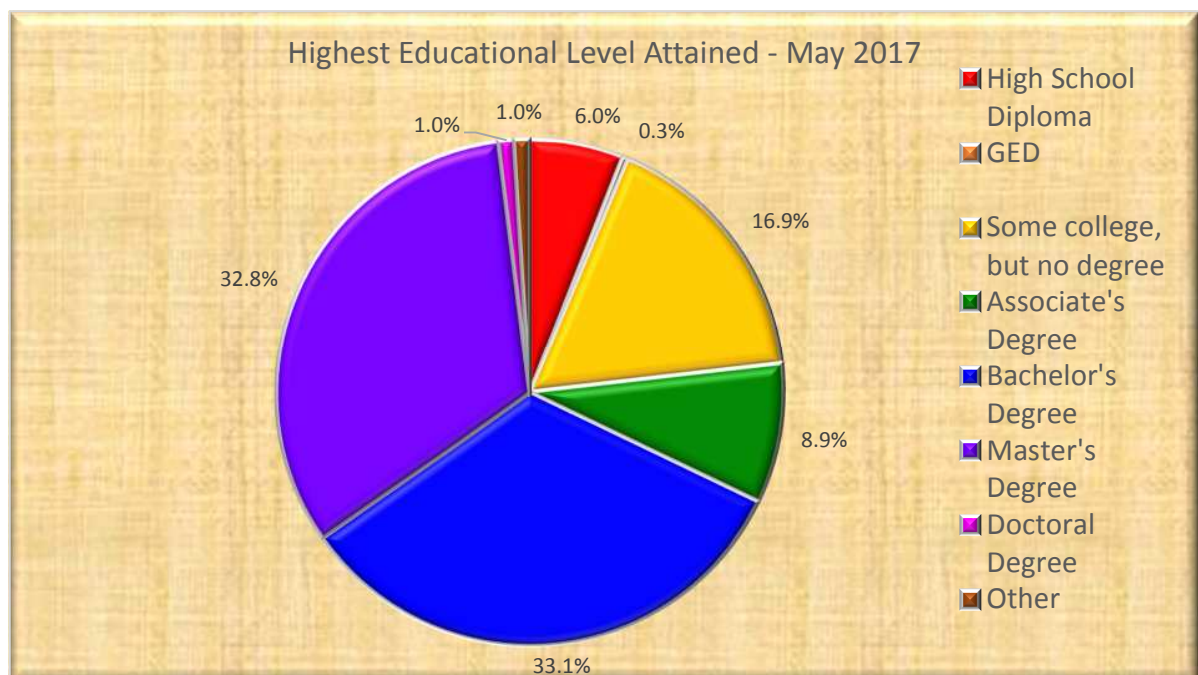
Data Source: DHS, CWSB

Figure 70: Age Distribution of CWSB Staff - May 2017



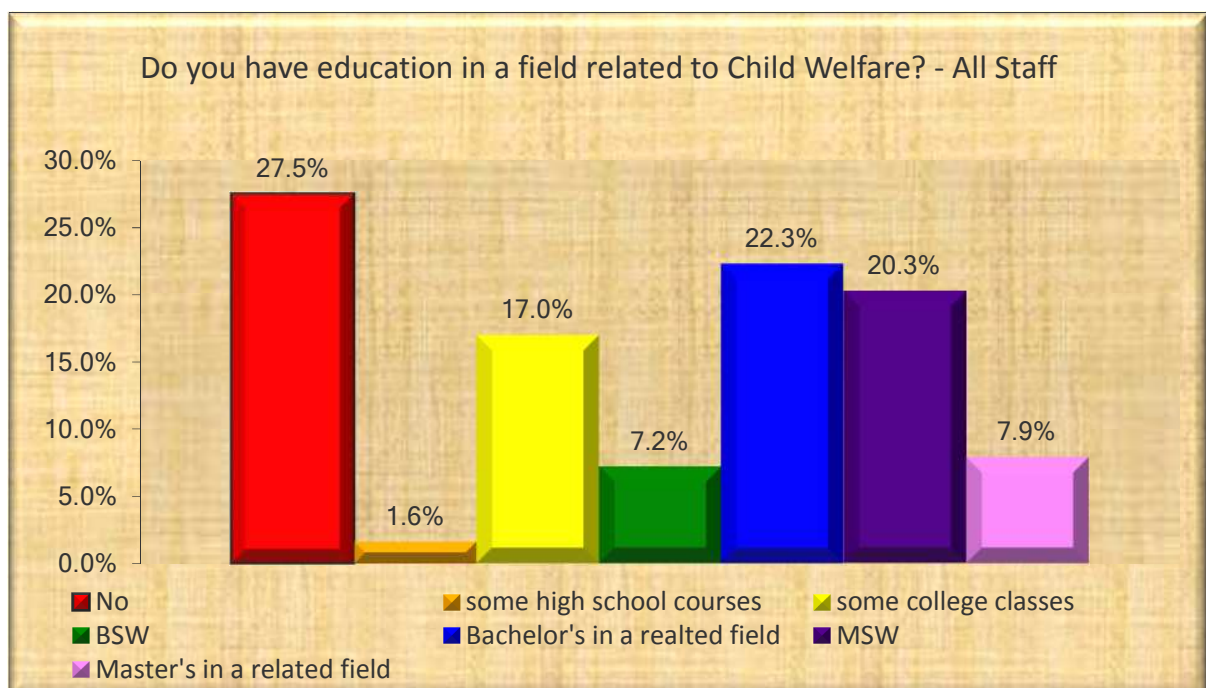
Data Source: DHS CWSB

Figure 71: Highest Level of Education – ALL CWSB Staff - May 2017



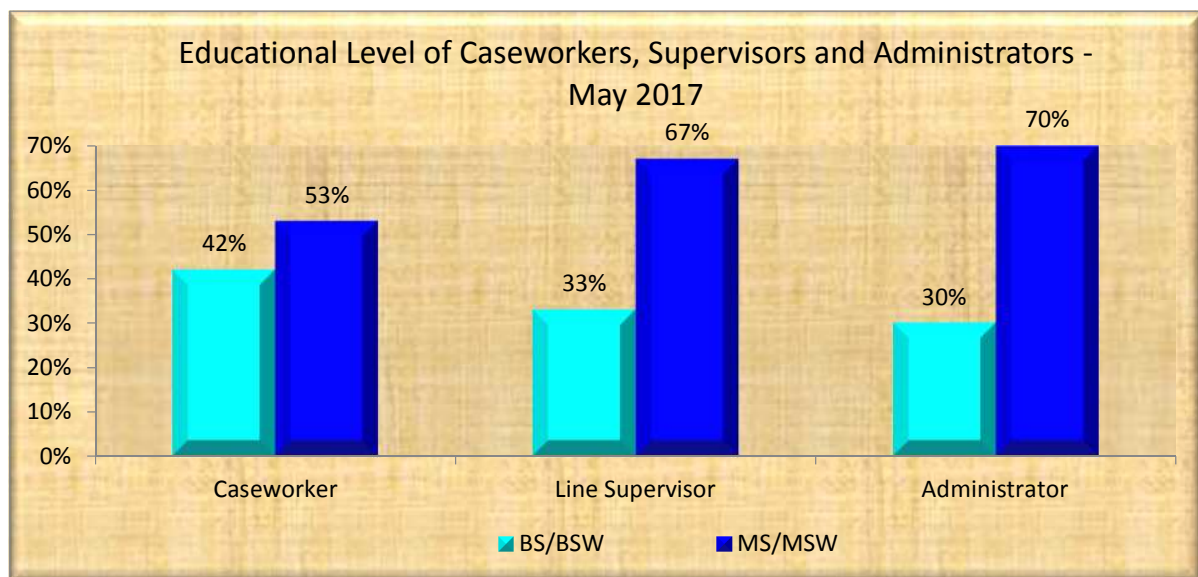
Data Source: DHS, CWSB

Figure 72: Do you have education in a field related to Child Welfare? All Staff - May 2017



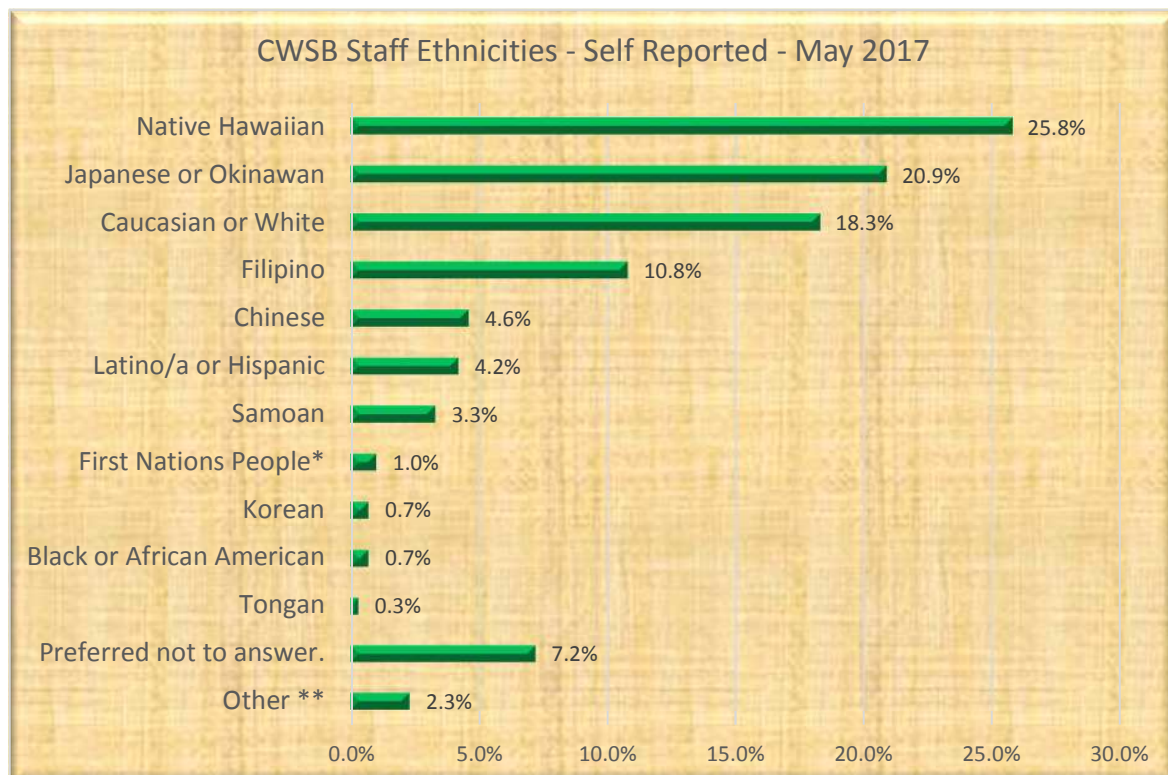
Data Source: DHS, CWSB

Figure 73: Educational Level of Caseworkers, Supervisors and Administrators – May 2017



Data Source: DHS, CWSB

Figure 74: CWSB Staff Ethnicities - Self-Reported - May 2017

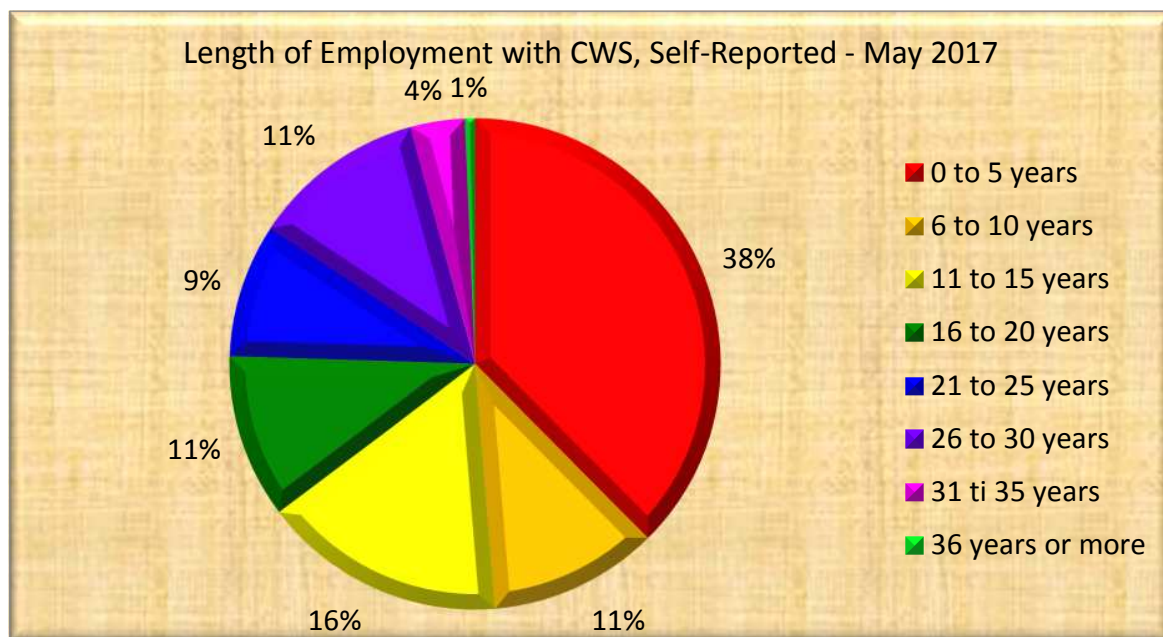


Data Source: DHS, CWSB

* First Nations People includes Native Alaskan and Native American Indian

** Other includes Guamanian, other Pacific Islander, Pohnpeian, Vietnamese, and Middle Eastern

Figure 75: Length of Employment with CWS, Self-Reported May 2017



Data Source: DHS, CWSB

Figure 76: Foster Youth in Detention Centers SFY 2013 – SFY 2016

	SFY 2013	SFY 2014	SFY 2015	SFY 2016
Detention Home	15	35	25	29
Hawaii Youth Correctional Facility	15	7	6	6
Total Unduplicated	28	39	27	32
Percentage of Total Foster Youth	1.3%	1.8%	1.2%	1.29%

Data Source: DHS, CPSS

Figure 77: Frequency of Length of Stay in Detention Centers SFY 2016 [Table]

# of Months	1	2	4	9
# of Foster Youth	23	3	2	1
% of Total (39) in detention	79%	10%	7%	3%
Cumulative %	79%	90%	97%	100%

Data Source: DHS, CPSS

Figure 78: Frequency of Lengths of Stay in a Detention Center SFY 2016 [Chart]

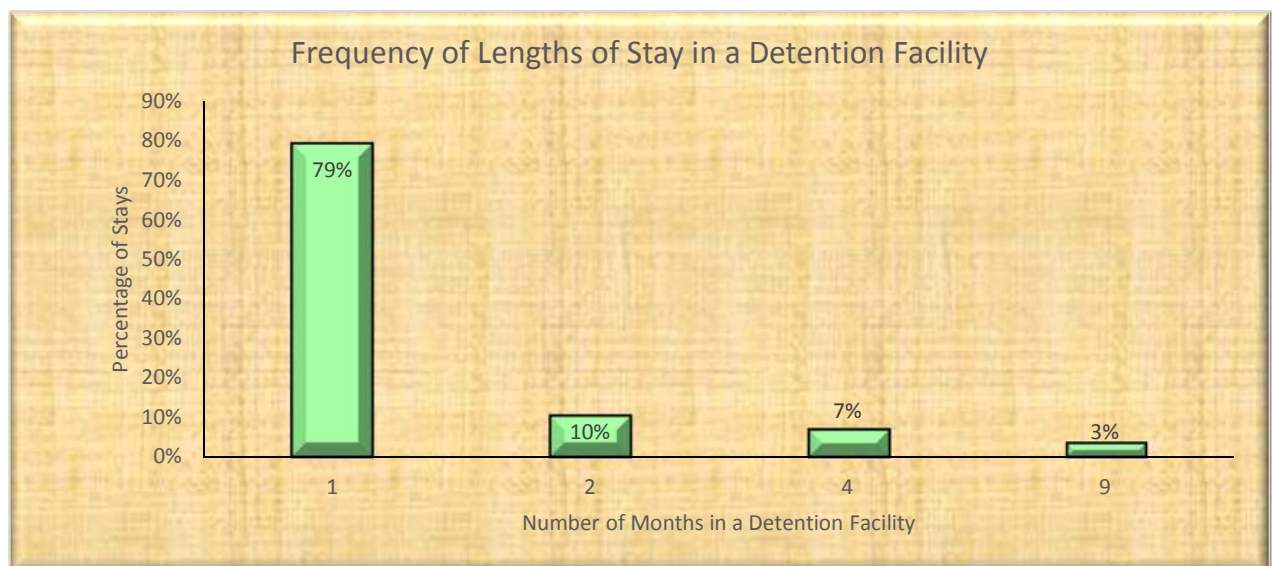


Figure 79: Contracted DV Services Provided in FFY 2016 (10/1/2015-9/30/2016)

People Served							
Unduplicated Count			Women	Men	Not Specified	Children	Youth IPV Victim*
Shelter, including Safe Homes			694	8	0	678	0
Supportive services - non shelter only			108	9	589	98	49
*IPV = Intimate partner violence							
Race / Ethnicity	Black or African American	American Indian/ Alaska Native	Asian	Hispanic or Lation	Native Hawaiian, Other Pacific Islander	White	Unknown /Other
Client count	80	58	415	86	767	574	869
Age	0-17	18-24	25-59	60+	Unknown		
Client count	703	192	962	55	743		
Shelter Services							
Shelter Nights						40,282	
Average number of shelter nights						29	
Unmet requests for shelter						0	

Supportive Services for Adults	
Crisis / hotline Calls	22,280
Individual Supportive Counseling and Advocacy	15,760
Average number of individual supportive counseling & advocacy	19
Group supportive counseling & Advocacy	6,687
Supportive services for children	
Supportive counseling and advocacy	
individual	15,760
average number for individual	20
group	6,687
activities for children and youth	
individual activities	1,867
group activities	2,562

Figure 80: IL Statewide – Referral and Linkage SFY 2014 – SFY 2016

Independent Living Statewide			
Referrals and Linkage			
SFY 2014 – SFY 2016			
Number of Foster Youth and Former Foster Youth Provided with:	SFY 2014	SFY 2015	SFY 2016
Referral/ linkage to health and health-related programs, including Department of Health smoking, drug, and pregnancy prevention or abstinence programs.	245	272	299
Assistance, information, referral or linkage to services to assist in the completion of high school.	146	154	112
Assistance and linkage in obtaining housing after exiting foster care.	201	174	210
Referral/linkage to employment readiness program, including WIA programs	148	147	114
Assistance by this provider with development of and exploration of vocational/employment options	335	252	301
Total number of youth served by IL referral & linkage services statewide in SFY 2014	1075	999	1036

Data Source: DHS, Purchase of Services,

Figure 81: Number of Youth with Youth Circles and Number of Youth Circles

Number of Youth in Youth Circles & Number of Youth Circles				
	SFY2013	SFY2014	SFY2015	SFY2016
# of Youth - Unduplicated	276	272	316	307
Total # of Youth Circles	296	277	318	309

Data Source: EPIC, Inc.

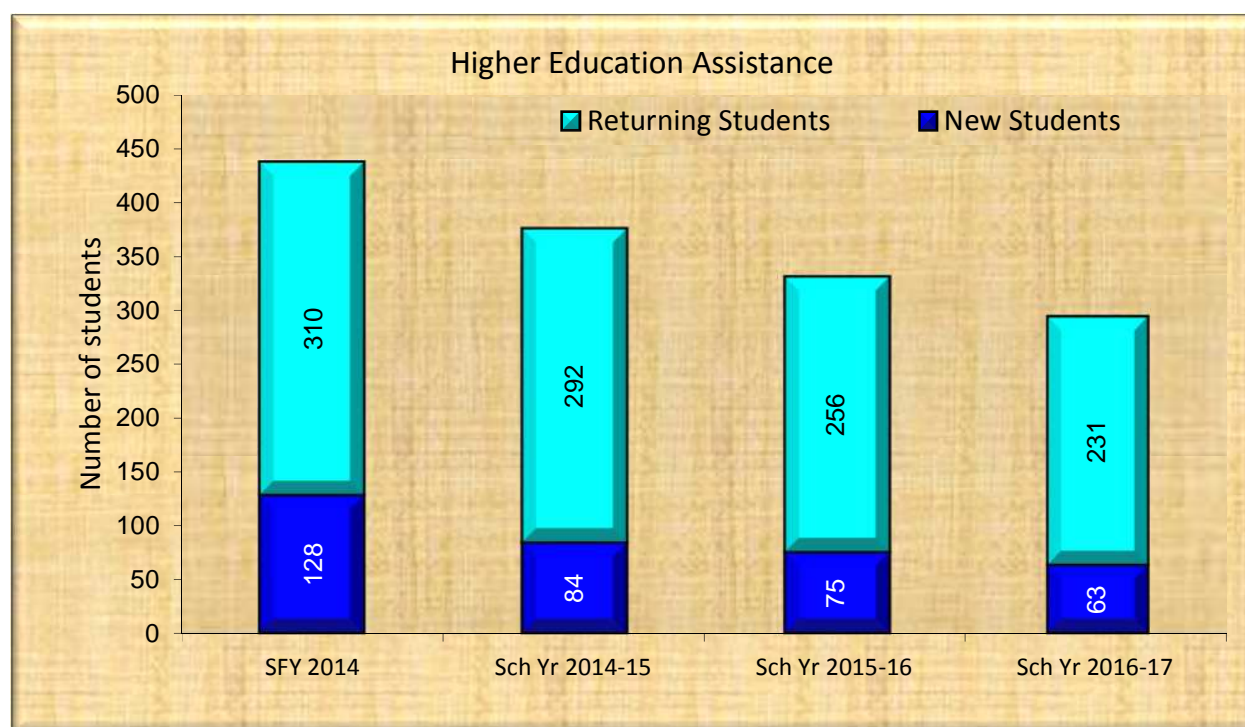
Figure 82: Higher education Stipends SFY 2013 – School Year 2016-2017 [Table]

Higher Education Stipend SFY 2013 - School Year 2016-17				
	SFY 2014	Sch Yr 2014-15	Sch Yr 2015-16	Sch Yr 2016-17
New Students	128	84	75	63
Returning Students	310	292	256	231
Total Students Per SFY	438	379	331	294
Unduplicated Program to Date	1,612	1,696	1,771	1,833

Data Source: DHS, CPSS

Note: The Hawaii State Fiscal Year runs from July 1 through the following June 30. This period also corresponds with the traditional school year. In the 2015 APSR, Hawaii began reporting information for higher education stipend and ETV programs under the school year [Sch Yr] designation, and will continue to do so for future periods. However, in order to maintain consistency with prior reports the designation for prior periods has not been changed.

Figure 83: Higher education Stipends SFY 2014 – School Year 2017 [Chart]



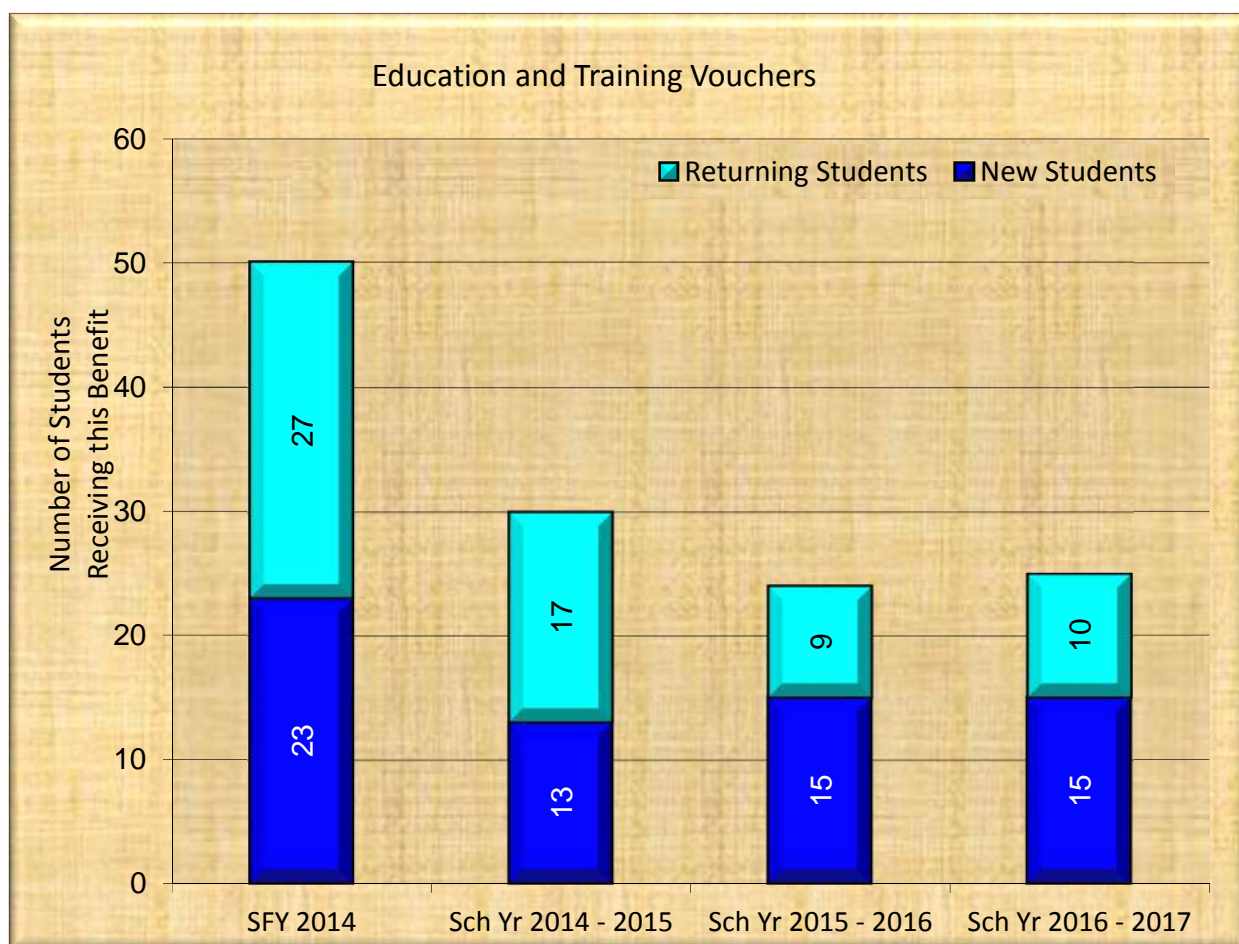
Data Source: DHS, CPSS

Figure 84: Education and Training Vouchers SFY 2013 – School Year 2017 [Table]

Education and Training Vouchers (ETV)				
	SFY 2014	Sch Yr 2014 - 2015	Sch Yr 2015 - 2016	Sch Yr 2016 - 2017
New Students	23	13	15	15
Returning Students	27	17	9	10
Total Students per SFY	50	30	24	25
Unduplicated Program to Date	345	358	373	385

Data Source: DHS, CPSS

Figure 85: Education and Training Vouchers SFY 2013 – School Year 2017 [Chart]



Data Source: DHS, CPSS

Figure 86: Young Adults Receiving Imua Kakou or Extended Assistance SFY 2016

Young Adults Receiving Imua Kakou or Extended Adoption / Permanency Assistance (IVE & non IVE) SFY 2016												
	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16
Extended AAP	2	2	3	3	3	3	3	2	2	3	3	3
IVE EXT-AAP	1	1	1	1	1	1	1	1	1	1	1	1
NON-IVE EXT-AAP	1	1	2	2	2	2	2	1	1	2	2	2
Extended GAP	6	6	6	6	6	6	6	5	3	3	3	3
NON-KIN EXT-GAP	4	4	4	4	4	4	4	3	1	1	1	1
IVE KIN EXT-GAP	0	0	0	0	0	0	0	0	0	0	0	0
NON-IVE KIN EXT-GAP	2	2	2	2	2	2	2	2	2	2	2	2
IK Young Adults [YA]	99	105	112	115	113	116	112	114	118	118	116	115
IVE IK YOUTH	71	73	78	81	79	82	77	75	78	78	76	76
NON-IVE IK YOUTH	28	32	34	34	34	34	35	39	40	40	40	39
IK Keiki	23	22	20	21	21	21	21	24	26	29	26	27
IVE IK KEIKI	12	12	10	11	11	10	10	12	14	16	16	17
NON-IVE IK KEIKI	11	10	10	10	10	11	11	12	12	13	10	10
All Participants	258	268	279	287	283	289	281	288	296	303	293	293

Figure 87: Young Adults Receiving Imua Kakou or Extended Assistance SFY 2016

SFY 2015 Program Participants	Jul-14	Aug-15	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Apr-15	May-15	Jun-15
Ext AAP	1	2	2	2	2	2	2	3	3	3	3	2
IVE Ext-AAP	0	0	0	0	0	0	0	1	1	1	1	1
NON-IVE Ext-AAP	1	2	2	2	2	2	2	2	2	2	2	1
Ext GAP	3	7	8	8	8	8	8	7	8	8	8	7
NON-KIN Ext-GAP	3	5	6	6	6	6	6	5	5	5	5	5
IVE KIN Ext-GAP	0	0	0	0	0	0	0	0	1	1	1	1
NON-IVE KIN Ext-GAP	0	2	2	2	2	2	2	2	2	2	2	1
IK Young Adult (YA)	15	28	39	52	59	68	80	82	88	90	86	90
IVE IK YA	6	15	21	34	38	49	56	60	63	64	59	63
NON-IVE IK YA	9	13	18	18	21	19	24	22	25	26	27	27
IK Keiki	0	5	5	7	7	10	13	14	16	18	16	20
IVE IK KEIKI	0	2	2	4	4	7	8	10	11	11	7	11
NON-IVE IK KEIKI	0	3	3	3	3	3	5	4	5	7	9	9
All Participants	19	42	54	69	76	88	103	106	115	119	113	119

Figure 88: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2016

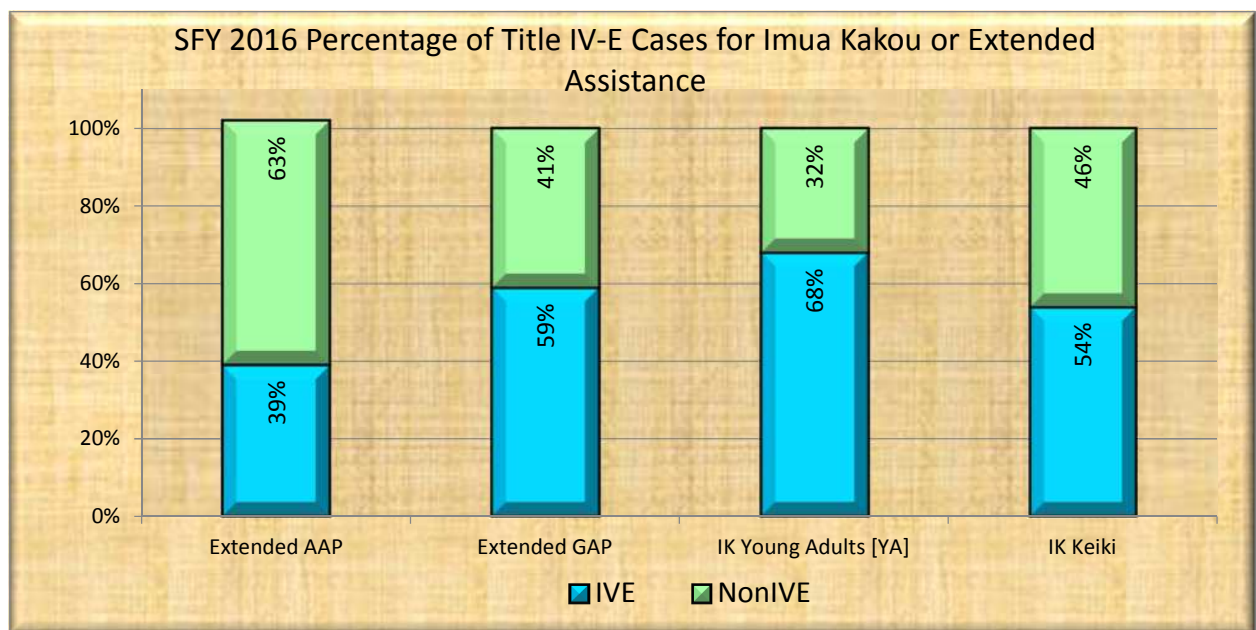


Figure 89: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2015

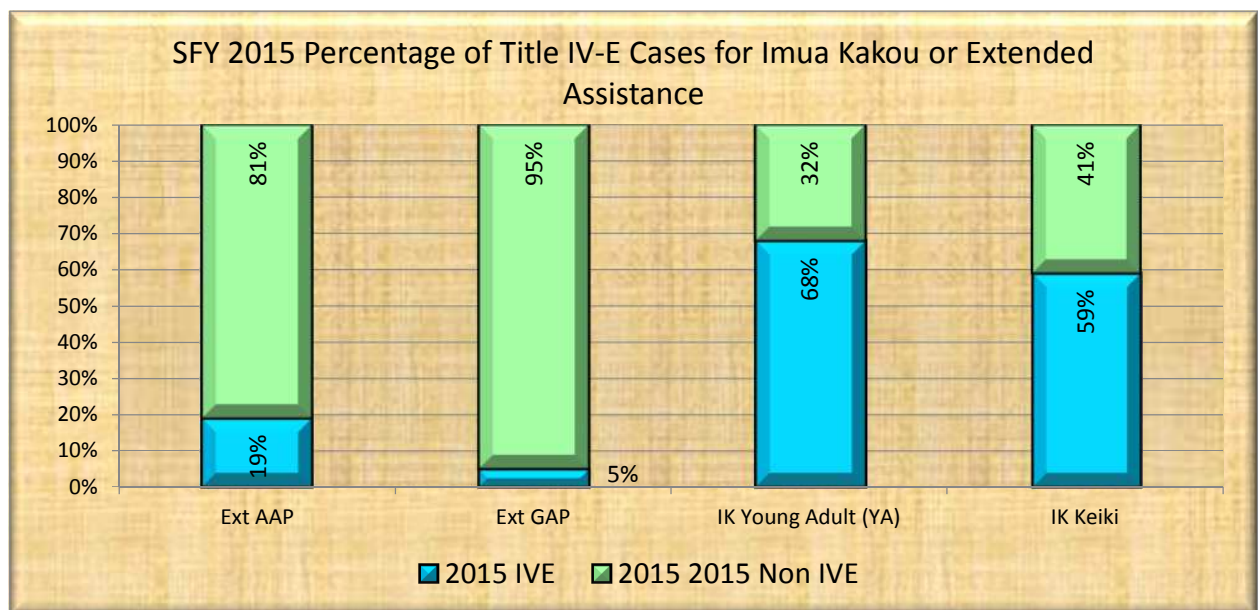
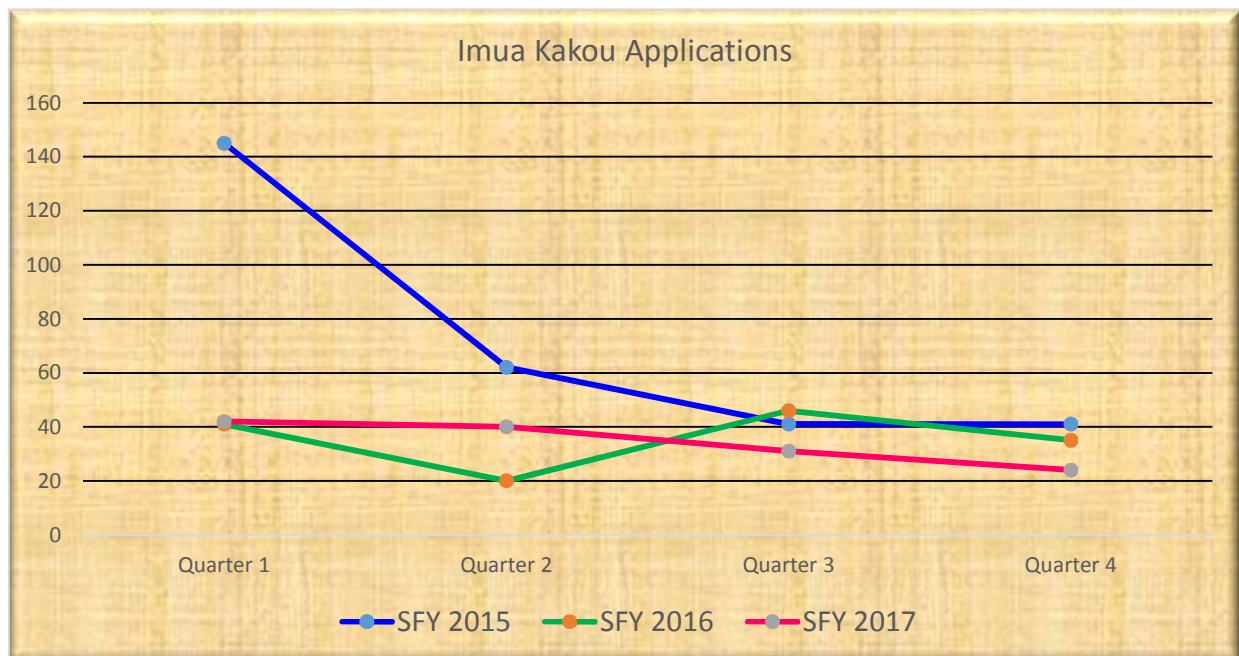


Figure 90: Imua Kakou Applications SFY 2014 - SFY 2017 (as of 4/30/2017)



Data Source: DHS/SHAKA

Figure 91: Title IV-B, Subpart I Child Care, Foster Care & Adoption Assistance Comparison FFY 2005 and FFYs 2016 – 2018

	FY 2005 Actual		FY 2016 Actual		FY 2017 Actual		FY 2018 Planned	
	IV-B, I	State	IV-B, I	State	IV-B, I	State	IV-B, I	State
Child Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Foster Care	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Adoption Assistance	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

Figure 92: Title IVB-II Service Categories and FFY 2018 Funding

IVB-2 Service Categories and FFY 2018 Funding:				
Category	Percentage	Services	Location	Amount
Family Preservation	20%	Promoting Safe and Stable Families Ka'u Hawaii	East Hawai'i	\$208,869
Family Support	25%	FSS	Kauai	\$130,543
		CCSS/VCM	Oahu	\$130,544
Family Reunification	35%	Substance Abuse Counseling	Maui	\$182,760
		Comprehensive Counseling and Support Services		\$182,761
Adoption Promotion	20%	Post permanency support services (PACT)	Oahu	\$99,652
		Resource Family Support-Warm Line	Statewide	\$79,217
		Post permanency support services	West Hawai'i	\$30,000
TOTAL	100%			\$1,044,346

Data Source: DHS, CWSB

Figure 93: Core Services to Families and Individuals

Core Services to Families & Individuals Number of individuals served				
	Intensive In-home	Reunification	Independent Living	Post-Permanency
Oahu	11,122	1,435	480	144
East Hawaii	1,092	428	58	4
West Hawaii	575	338	119	6
Maui	2,683	552	119	17
Kauai	620	366	58	5
TOTAL Statewide	16,092	3,119	834	176

Date Source: DHS, CWSB

Figure 94: Consolidated CFSR Items SFY 2012 – SFY 2015 & CFSR R3 SwSA

CFSR Item		SFY 2012	SFY 2013	SFY 2014	SFY 2015	CFSR R3 SwSA
Item 1:	Timeliness of initiating investigations of reports of child maltreatment	85.70%	77.80%	84.40%	88.60%	80%
Item 2:	Services to family to protect child(ren) in the home and prevent removal or re-entry into foster care	89.40%	88.10%	82.60%	87.50%	75%
Item 3:	Risk assessment and safety management	67.70%	65.70%	65.70%	66.70%	56%
Item 4:	Stability of foster care placement	81.50%	83.10%	78.50%	80.00%	80%
Item 5:	Permanency goal for child	87.70%	83.10%	80.00%	75.00%	73%
Item 6:	Reunification, Guardianship, Adoption	76.50%	68.90%	72.50%	66.70%	65%
Item 7:	Placement with siblings	97.00%	95.20%	95.10%	97.40%	89%
Item 8:	Visiting with parents and siblings in foster care	75.90%	77.80%	70.90%	70.40%	72%
Item 9:	Preserving connections	83.10%	82.50%	82.80%	87.10%	86%
Item 10:	Relative placement	76.90%	85.00%	75.80%	76.60%	76%
Item 11:	Relationship of child in care with parents	77.80%	73.10%	67.90%	68.80%	65%
Item 12:	Needs and services of child, parents, and resource caregivers	73.70%	73.70%	68.70%	65.30%	55%
Item 13:	Child & family involvement in case planning	66.30%	67.00%	66.00%	55.30%	57%
Item 14:	Caseworker visits with child	65.70%	62.60%	63.60%	55.60%	56%
Item 15:	Caseworker visits with parent(s)	60.90%	54.70%	54.70%	43.20%	46%
Item 16:	Educational needs of the child	93.40%	92.90%	91.30%	83.90%	78%
Item 17:	Physical health of the child	91.30%	88.50%	83.30%	82.30%	82%
Item 18:	Mental/behavioral health of the child	82.40%	82.90%	76.00%	87.10%	66%

Figure 95: Summary of Hawaii's Performance: ACF, CFSR Round 3 Statewide Data Indictors
Based on AFCARS & NCANDS Submissions

Measure [Data Source Period]	Observed Performance	Risk Standardized Performance	National Standard	NS Met / Not Met
Permanency in 12 Months for Children entering foster care [FY13B & 14A]	47.40%	48.80%	40.50%	Met
Permanency in 12 Months for Children in foster care 12-23 months [FY 15B & 16A]	44.00%	40.50%	43.60%	No diff
Permanency in 12 Months for Children in foster care 24 months or more [FY 15B & 16A]	44.80%	33.90%	30.30%	No diff
Reentry to foster care in 12 months	11.90%	14.20%	8.30%	Not Met
Placement Stability [FY 15B & 16A]	3.21	3.35	4.12 moves*	Met
Maltreatment in foster care [FY15AB & FFY15]	5.38	7.49	8.50**	No diff
Recurrence of maltreatment [FY14-15]	4.20%	5.70%	9.10%	Met

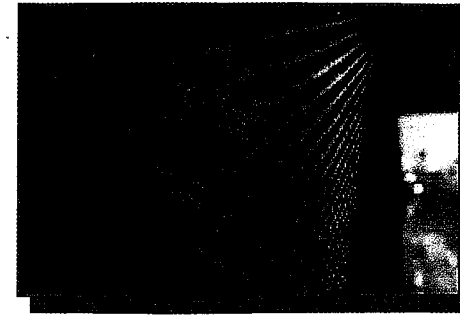
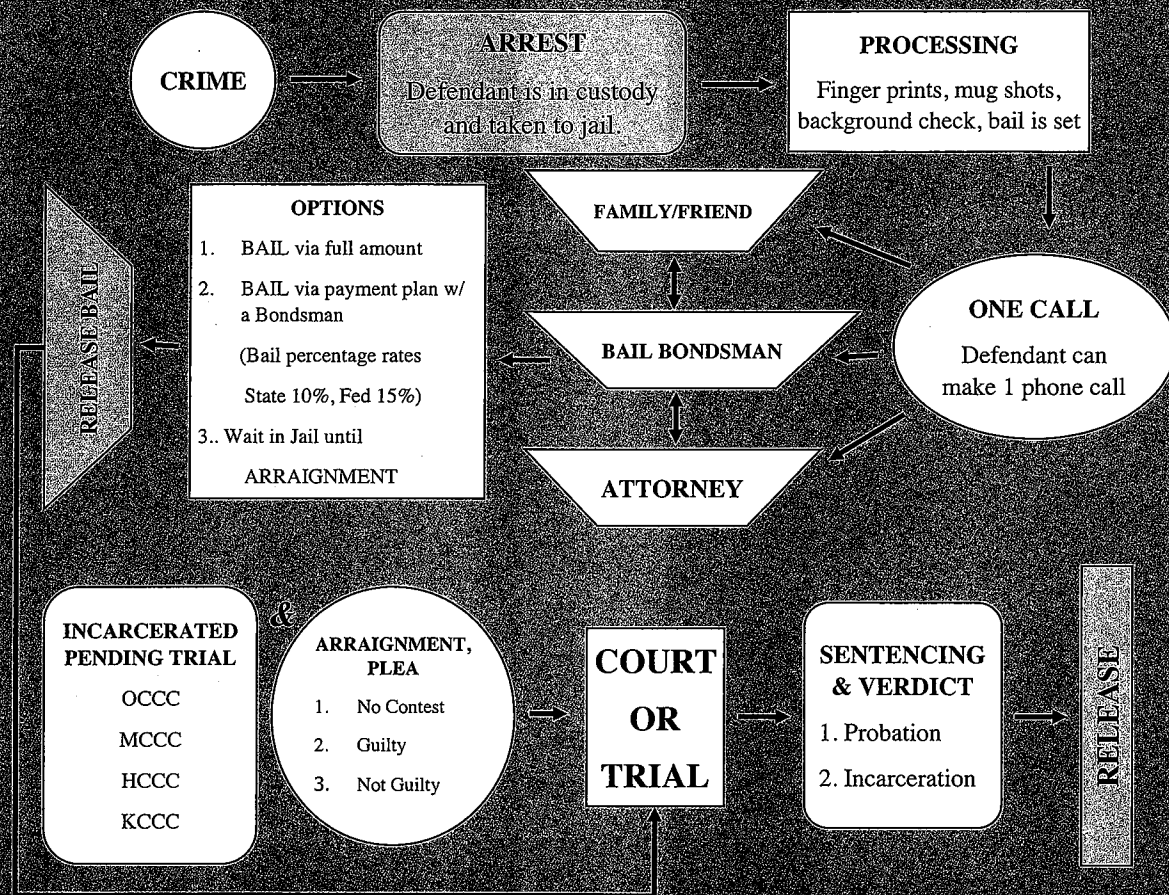
Data Source: This is a summary of the Final Notice of Statewide Data Indicators and National Standards for Child and Family Services Reviews published in the Federal Register on October 10, 2014, as amended and re-issued on May 13, 2015 and updated in September 2016.

* per 1,000 days in care

** per 100,000 days in care



The Bail Bond & Court Process



HOW CAN I HELP MYSELF?

- Remember: the reason why he/she went to prison is not your fault.
- Find someone in your immediate circle friends/family, ministers/church/bible study, etc. who can help you. Sometimes just having someone there to listen can help so you can begin to plan what to do next.
- Listen to your favorite music. Go for a walk outside.
- Exercise, take care of your health.
- Meditate/Pray
- Plan ahead, create a routine schedule for yourself.
- Go back to school. Pursue training opportunities to further your career.
- Take the next steps one at a time. It's easy to feel overwhelmed when thinking about everything you have to do.

WHERE CAN I FIND MY LOVED ONE?

Finding Those With State Crimes: <https://www.vinelink.com/>

State Offenses Look-Up: <http://hoohiki1.courts.state.hi.us>

Finding Those With Federal Crimes: <https://www.bop.gov/inmateloc>



HOW CAN I HELP MY CHILDREN?

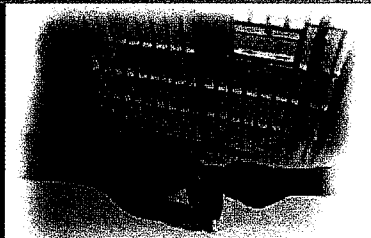
- Every situation is different. Be honest and share with your children what you think they can handle.
- Help them maintain their relationship with their parent in prison, if the child wants to.
- Keep your normal, everyday routines. Keep meals at regular times.
- Maintain regular attendance at school.
- Enroll support them in afterschool programs like A+, sports, Boys & Girls Club, Big Brothers/Big Sisters, etc.
- Pay attention to your child as an individual. Play with them, spend time with them. Listen to them.
- Find reasons to celebrate, joke and laugh with your children.
- Let them know that they are loved and that you are okay.

LIST OF BOOKS FOR CHILDREN OF PRISONERS

<http://www.nh.gov/nhdcc/fcc/books.html>

This brochure was published by Keiki O Ka `Aina & the Family Reunification Working Group, dedicated to helping families affected by incarceration.

WHO CAN I TALK TO?	Who can I call for help?	Who can I share my feelings with?	Should I get counseling?	Where can I find others like me?
IMMEDIATE LOSS OF INCOME	How can I pay my bills?	How can I get financial assistance?	Do I need welfare now?	Can we afford medical insurance?
HOUSING	Will I lose my home?	How am I going to pay my rent?	Where will we go?	Who can help me?
WELL-BEING	What will happen to my/his/her job?	What do I tell my/his/her employer(s)?	Do I need to pay for child-care?	Is my safety a concern?
KEIKI NEEDS	Guardianship/Custody	What do I tell the children?	What do I tell the school?	Is my child acting up?
RELATIONSHIP	How can I contact my loved one in prison?	What do I want for our relationship?	Can I forgive them?	Can I still get child support?



WHO CAN I TALK TO FIRST TO GET HELP?

Aloha United Way 211
 The Parent Line 808-526-1222
EXPLAIN YOUR FAMILY IS IN CRISIS

Keiki O Ka Aie
 808-843-2502

Catholic Charities of Hawaii
 808-521-4357

Child and Family Services
 808-841-0822

Oahu Services Network (workdays only)
 808-596-0207

Grandparents Raising Grandchildren
 808-292-0519

The Neighborhood Places across the State of Hawaii have staff to help you through your crisis. Ask to speak with a staff member:

Kalihi	808-841-6177
Kona	808-331-8777
Puna	808-965-5550
Waialae	808-696-4589
Wailuku	808-877-6888
Kapapa	808-821-2520
Waimea (Kauai)	808-338-0252

Call 802-5800 if you are aware of a child being abused or neglected.

Help Guide for Families of Those Serving Time

You are not alone.

Approximately 600 children in Hawaii have a parent entering prison every month.
(Source: State Department of Corrections)

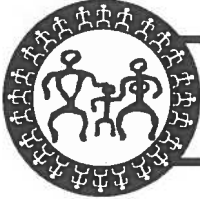
Help is FREE.

Don't be ashamed to ask.



AUG 23 2016

BP



NĀ KUPA ALO ANA O HAWAII

August 17, 2016

Ms. Kayle Perez
Child Welfare Services Branch Administrator
810 Richards Street, Suite 400
Honolulu, HI 96813

Dear Ms. Perez,

Enclosed you will find *Nā Kupa Alo Ana O Hawai'i Citizen's Review Panel's Annual Report 2016*. The Panel has had a productive year, as you will see in our report. We truly appreciate the support that the Department of Human Services, Child Welfare Services, has provided this year to our State CRP, and we look forward to our continued partnership.

If you have any questions for *Nā Kupa Alo Ana O Hawai'i*, please feel free to contact me at 984-3340. Thank you, again.

Sincerely,

Jacqueline Perry
Nā Kupa Alo Ana O Hawai'i
Statewide Citizen Review Panel

2016 Annual Report State of Hawai`i

Nā Kupa Alo Ana
O Hawai`i

August 17, 2016



Aloha e

Since its inception five years ago, Nā Kupa Alo Ana O Hawaiʻi Citizen Review Panel has worked collaboratively with Hawaii Child Welfare Services on achieving its goals on behalf of Hawaiʻi's abused and neglected children.

The Panel, once again, would like to thank Tracy Yadao, Assistant Program Administrator, Program Development, Child Welfare Services' Citizen Review Panel liaison. Her responsibilities include meeting with our panel monthly to share information regarding Hawaiʻi's child welfare system and to respond to issues and discuss recommendations. Without her efforts, Nā Kupa Alo Ana O Hawaiʻi would not be able to accomplish its goals.

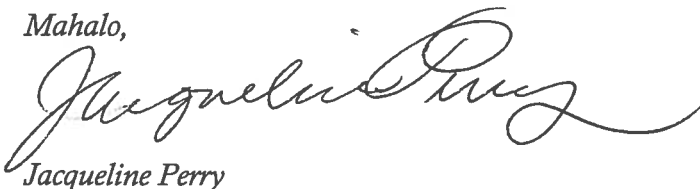
We would also like to thank Bonnie Hoskins, Secretary to Program Development, Child Welfare Services, who coordinates our travel so that the Panel can be effective in addressing issues and achieving goals.

Mahalo to Queen Liliʻuokalani Children's Center (QLCC) for graciously providing us with a beautiful meeting room when Nā Kupa Alo Ana O Hawaiʻi conducts face-to-face meetings on Oʻahu.

The Panel would also like to thank Dawn Slaten, Attorney, for her membership with Nā Kupa Alo Ana O Hawaiʻi for over five years. Her valuable insights and legal expertise have contributed greatly to the effectiveness of the Panel in achieving its goals and fulfilling its mission. We will surely miss having Dawn as a member of our CRP.

Finally, we would like to thank Blake Jones, Program Coordinator of Citizens Review Panels, College of Social Work, University of Kentucky, for his continuing guidance and support of Nā Kupa Alo Ana O Hawaiʻi.

Mahalo,

A handwritten signature in black ink, appearing to read 'Jacqueline Perry', with a stylized, flowing script.

Nā Kupa Alo Ana O Hawaiʻi

Who We Are

Hawai`i's Citizen's Review Panel (CRP) is comprised of citizen volunteers, as mandated by the Federal Child Abuse Prevention and Treatment Act (CAPTA). Our mission is to examine the policies, procedures, and practices of Hawai`i's child welfare services system to evaluate agency practice and to enhance the agency's capacity to help Hawai`i's children and families engaged in child welfare services achieve positive outcomes.

Nā Kupa Alo Ana O Hawai`i is comprised of citizens who represent their organizations and have knowledge about children from their respective islands. Representatives are committed to meeting the needs of children. Together, we make recommendations to the child welfare system on making improvements to ensure the safety and wellbeing of the children and families in our community.

Participation in Monthly Meetings

Nā Kupa Alo Ana O Hawai`i members, representative from each county, have met monthly either through face-to-face visits on O`ahu or through telephone conference to establish goals and discuss projects and issues related to Hawaii Child Welfare Services (CWS).

Nā Kupa Alo Ana O Hawai'i

Stephen Morse, Blueprint for Change, O'ahu, Chairperson

Maylyn Tallett, Department of Health, Hilo, Vice Chairperson

Judy Adviento, Family Programs Hawaii, O'ahu

Jeny Bissell, Department of Health, Maui

Jacque Kelley-Uyeoka, Hale Kipa, O'ahu

Monica Ka'auwai, Partners in Development, Kaua'i

Sharie Liden, Department of Education, Lana'i

Jamie Rodriques, Parents and Children Together, O'ahu

Jacqueline Perry, Hawaii Child Welfare Continuous Quality Improvement Project, Maui

Ruthann Quitiquit, Citizen, O'ahu

Dawn Slaten, Attorney, O'ahu



Summary of Panel Activities

Participation in 2016 National Citizen Review Panel Conference—Phoenix, Arizona



Two members of Nā Kupa Alo Ana O Hawai'i, *Stephen Morse and Jacque Kelley-Ueoka*, attended the 2016 National Citizen Review Panel Conference in Glendale, Arizona. The theme of the conference was *Achieving Meaningful Impact: Citizen Involvement in Child Welfare*. The conference was two and a half days, and there were many networking and educational opportunities, for both new and seasoned CRP members, state coordinators, child welfare staff, and child welfare partners. Stephen and Jacque were able to network with other states to dialogue about the benefits of using a Memorandum of Understanding between CRPs and child welfare agencies. Further, the conference featured keynote speakers, five plenary sessions, and 20 breakout sessions covering relevant topics, such as *building citizen review panels, child welfare topics, collaboration for change, and a Word Café session where Panels can gain an understanding of how CRPs in other states accomplish their work, as well as to discover effective solutions or innovations*.

CRP Strategic Planning Retreat 2016



In May this year, Nā Kupa Alo Ana O Hawai'i participated in our annual strategic planning session. Senator Suzanne Chun-Oakland discussed legislative support measures to reduce child neglect and abuse statewide. She also shared the April, 2016 policy report on *Kids Count* by Anne Casey Foundation. Dr. Robert Pantell also addressed the Panel and gave an overview of the role of *Child Death Reviews* in the State. He also discussed his role in future state policy development in preventing child deaths, such as mandating the hotel industry to secure life guards at large events, and requiring child care centers to have air conditioning when caring for children under six years old. The *CRP Strategic Planning Retreat* was instrumental in preparing a foundation for discussions and strategies with regard to topics of interest for future projects.

Engaging Fathers Project

Engaging Fathers Project has two goals. The first one is to analyze if after the *Engaging Fathers* training by the agency, CWS caseworkers have been successful in locating and identifying fathers in their cases. The second goal is to analyze whether caseworkers have been successful in engaging fathers in their cases, after fathers have been located. CRP Panel members in this work group analyzed a random sample of local CFSR case reviews' completed instruments (from July 2014 to present) to gain information needed to draw conclusions regarding strategies and barriers of caseworkers' efforts to engage fathers. This work group developed an eight-question survey that was administered to caseworkers via Survey Monkey. Results from the survey have recently been summarized, with important feedback, both quantitative and qualitative information from caseworkers regarding the effectiveness of the Family Partnership Engagement Training (FPE), 2012 and caseworkers' barriers and strategies in identifying, locating, and engaging fathers in case planning. The Panel is presently in the process of analyzing the results of the survey for the Father Engagement Project and will share the results and recommendations with CWS Branch in its next annual report.

Memorandum of Understanding

This year the Panel drafted an Memorandum of Understanding (MOU) by and between the State of Hawaii, Department of Human Services and of Nā Kupa Alo Ana O Hawai'i in an effort to establish an official partner with CWS, in mutual respect. It is the practice of many CRPs nationally to develop a *MOU* to clarify roles and responsibilities, and needs around information sharing. Successful CRPs create *MOUs* collaboratively with their child welfare agency to function effectively in their relationship with each other. Once the *MOU* is established, it is the Panel's hope that it will be modified or re-affirmed regularly.

Recommendation #1

Nā Kupa Alo Ana O Hawai'i recommends that DHS read over with consideration the proposed Memorandum of Understanding by and between State of Hawaii, Department of Human Services and Nā Kupa Alo Ana O Hawai'i, and within six months of receiving this report, collaborate with the Panel to establish a viable *MOU*.

Printing of "Help Guide for Families of Those Serving Time."

A goal of Nā Kupa Alo Ana O Hawai'i is to address the problems families involved in child welfare face when a family member is incarcerated. The panel used some of its funds to print 50,000 copies of *The Help Guide for Families of Those Serving Time*, published by Keiki O Ka 'Aina and the Family Reunification Working Group. Attorney, Dawn Slaten, a member of Nā Kupa Alo Ana O Hawai'i, in working with the Women's Community Correctional Center, the Public Defenders Office and Fernhurst, a women's furlough program, has distributed the brochure guide to support those families in Hawai'i affected by incarceration. Further, Stephen Morse, Blueprint for Change, who provides training to the Corrections Intake Service Center staff on the importance of effectively collecting vital informational on

Act 16 data, distributes the *Help Guide for Families of Those Serving Time* as a resource for staff to help families affected by parental or caregiver incarceration.

Recommendation #2

The Panel believes that the *Help Guide for Families of Those Serving Time* brochure would benefit children and parents involved in child welfare, when a family member is incarcerated, and Nā Kupa Alo Ana O Hawaiʻi recommends to the Department that it be available to caseworkers as a resource for those families affected by incarceration. (Enclosed is a copy of the *Help Guide for Families of Those Serving Time*.)

Summary

Nā Kupa Alo Ana O Hawaiʻi has worked diligently this year to reach some of the Panel's goals, to ensure that efforts are made to engage fathers in case planning, and to provide support in helping families affected by incarceration. Further, having the opportunity to network with other state CRPs and become informed about strategies by CRPs prompted the Panel to develop a Memorandum of Understanding, which we hope will benefit both Nā Kupa Alo Ana O Hawaiʻi and the Department.

The Panel would also like to thank Child Welfare Services for their thoughtful, thorough, and timely response to last year's CRP annual report. Nā Kupa Alo Ana O Hawaiʻi will be spending time reviewing the Department's response at our next face-to-face meeting in August.

The Panel looks forward to continued work with Hawaii Child Welfare Services to address issues and topics of interest and continue to help children and families involved in the child welfare system have positive outcomes. We appreciate the opportunity the CRP has in continued dialogue with the community and the Department of Human Services, Child

Welfare Services Branch. We will be completing the Engaging Father's Project this year, and propose to develop new projects of interest to child welfare, in our efforts to support and enhance Hawai'i's child welfare service agency's capacity to help Hawai'i's children and families achieve positive outcomes.

MEMORANDUM OF UNDERSTANDING

by and between

STATE OF HAWAI'I, DEPARTMENT OF HUMAN SERVICES

and

NĀ KUPA ALO ANA O HAWAI'I

WHEREAS, the Child Abuse Prevention and Treatment Act of 1996, 42 U.S.C.A. §5106a(c), mandates that the State of Hawai'i establish and maintain one citizen review panel in the state to the extent that federal funds are available for this purpose;

WHEREAS, in January 2011 the Department of Human Services ("DHS"), State of Hawai'i, established the statewide citizen review panel, a voluntary, community-based group to review and evaluate the extent to which the State and local agencies effectively discharge their duties to protect children from abuse and neglect;

WHEREAS, the citizen review panel adopted the name Nā Kupa Alo Ana O Hawai'i, (The Citizen Review Panel of Hawai'i) ("the Panel"), situated in Honolulu, Hawai'i;

WHEREAS, the Panel shall consist of no more than fifteen (15) volunteer members with a genuine concern and compassion for families involved with the child welfare service (CWS) system, a desire to make a genuine impact on CWS and to promote needed changes in CWS;

WHEREAS, DHS shall appoint a liaison to the Panel as an ex officio member of the Panel;

WHEREAS, both DHS and the Panel are dedicated to working together to improve the quality and effectiveness of services being provided to families and children in the State of Hawai'i.

NOW, THEREFORE, DHS and the Panel mutually agree as follows.

1. The Panel shall:

a. Meet monthly. As a minimum face-to-face contact shall be on alternate months and telephonic contact on months when no face-to-face meetings are held;

b. Evaluate the extent to which DHS is effectively discharging its responsibilities for child protection in accordance with the State plan submitted under the Federal Child Abuse Prevention and Treatment Act;

c. Review and evaluate other system issues as required by federal law; and

d. Issue an annual report by June 30 each year to the State of Hawai'i, Director of Human Services, which shall summarize the activities of the Panel. The report shall not include any identifying information about any specific child welfare services case.

2. DHS shall:

a. Provide access to all information necessary to complete the federal mandate of the citizen review panel as established by 42 U.S.C.A. §510a(c);

b. Assure the attendance of DHS liaison at each monthly meeting of the Panel;

c. Provide the Panel notice of all Standards of Practice ("SOP") issueances relating to child protective services, including but not limited to changes in SOP, practices, procedures, organizational changes or new program initiatives;

d. Within ninety (90) days of receipt of annual report submitted by the Panel, required by section 1d above, respond in writing to the Panel on the status of any recommendations made by the Panel in the report. The response shall include a plan of action for improvement and a request for clarification of any issues raised in the report;

e. On an ongoing basis, make the Panel aware of any potential issues, which the Panel may wish to address as part of their report;

f. Make the Panel aware of issues specifically related to state or federal guidelines. The DHS liaison shall provide this information to the panel at the monthly meetings.

3. All information shared under this agreement shall remain confidential in accordance with 42 U.S.C.A. §510a(c)(4)(B), HRS §346-10 and HAR §17-1601-6(8). Any breach of confidentiality may be subject to the provisions of HRS §346-11.

4. The parties agree to comply with any new mandates required by state or federal law.

5. This agreement shall be effective upon signature of all the parties and will remain effective until terminated by either party or their authorized agents, upon thirty (30) days written notice.

6. This agreement may be amended with the mutual agreement of both parties and will be reviewed by the parties annually for potential amendments.

So agreed on _____ day of _____, 2016.

AGREED TO:

Director
Department of Human Services
State of Hawai'i

Chair
Nā Kupa Alo Ana O Hawai'i

DRAFT



STATE OF HAWAII
DEPARTMENT OF HUMAN SERVICES
Social Services Division
Child Welfare Services Branch
810 Richards Street, Suite 400
Honolulu, Hawaii 96813

February 17, 2017

Ms. Jacqueline Perry
Na Kupa Alo Ana O Hawai'i, Citizen Review Panel
310 Ka'ahumanu Avenue
Kahului, Hawaii 96732

Dear Ms. Perry:

Thank you for Na Kupa Alo Ana O Hawai'i Citizen's Review Panel's (CRP) 2016 Annual Report which included the Panel's recommendations to Child Welfare Services (CWS). We truly appreciate the Panel's efforts and work on behalf of Hawaii's children and families.

Please find below the two recommendations identified by Na Kupa Alo Ana o Hawai'i panel members and the Branch's response.

The Panel's first recommendation is to establish a Memorandum of Understanding (MOU) between the Department of Human Services (DHS) and Na Kupa Alo Ana O Hawai'i. We support the development of an MOU to clarify our respective roles and responsibilities. Panel members will review the draft, make changes, and submit the amended draft to DHS for our review and recommendations and the document must be reviewed and approved by the state Attorney General's (AG) office. We look forward to receiving the panel's final draft of the MOU.

The panel's second recommendation addresses the distribution of the *Help Guide for Families of Those Serving Time* brochure. DHS appreciates the work of Keiki O Ka 'Aina & the Family Reunification Working Group, creating this service guide to assist families who have loved ones who are incarcerated. In February and March 2017, the DHS will distribute the brochures to all CWS Sections statewide and have resource home licensing staff include the brochure in the informational packet provided to new resource homes and distribute the brochure at their biannual visits to the resource homes. The DHS will also provide the brochure to Family Programs Hawaii to distribute at their statewide quarterly trainings for resource caregivers, and their annual resource caregiver conference.

Thank you again for your 2016 Annual Report. We appreciate the commitment and work accomplished by Na Kupa Alo Ana O Hawai'i and look forward to our continued collaboration.

Sincerely,

Kayle M. Perez
Child Welfare Services Branch Administrator

Attachment E

Annual Reporting of Education and Training Vouchers Awarded

Name of State: Hawai'i

	Total ETVs Awarded	Number of New ETVs
<u>Final Number: 2015-2016 School Year</u> (July 1, 2015 to June 30, 2016)	24	15
2016-2017 School Year* (July 1, 2016 to June 30, 2017)	25	15

Comments:

*in some cases this might be an estimated number since the APSR is due June 30, 2015.

**Child Abuse Prevention and Treatment Act (CAPTA)
Grant to States for Child Abuse or Neglect Prevention and Treatment Programs**

**State Plan Assurances added by P.L. 114-22
The Justice for Victims of Trafficking Act of 2015**

(These amendments to CAPTA Are Effective May 29, 2017)

***Governor's Assurance Statement for
The Child Abuse and Neglect State Plan***

As **Governor** of the State of Hawaii, I certify that the State has in effect and is enforcing a State law, or has in effect and is operating a Statewide program, relating to child abuse and neglect which includes:

1. Provisions and procedures regarding identifying and assessing all reports involving known or suspected child sex trafficking victims (as defined in section 103(10) of the Trafficking Victims Protection Act of 2000 (TVPA) (22 U.S.C. 7102)); (section 106(b)(2)(xxiv) of CAPTA)
2. Provisions and procedures for training CPS workers about identifying, assessing and providing comprehensive services to children who are sex trafficking victims, including efforts to coordinate with state law enforcement, juvenile justice, and social service agencies such as runaway and homeless youth shelters; (section 106(b)(2)(xxv).



David Y. Ige
Governor, State of Hawaii

Date: Jun 12, 2017

Reviewed by:

Date:

(CB Regional Child Welfare Program Manager)

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



Child Welfare Title IV-E Waiver Demonstration

Semi-Annual Progress Report 4 **July 1, 2016 – December 31, 2016**

January 30, 2017

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I. Overview

Two years have passed since the implementation of the Hawai'i IV-E Waiver Project. Child Welfare Services (CWS) observed many accomplishments and successes to celebrate. The Waiver Project leadership including CWS staff and providers continued engaging social workers and community partners to implement the Waiver intervention models. The Waiver Project leadership continued monitoring the practice change on the new or modified policies and procedures due to the Waiver implementation. As expected, it has been a painstakingly slow progress for the changes to take place and be rooted. The Waiver Project leadership along with implementation leaders faced the challenges of implementing all interventions with fidelity. Throughout this report, these successes and challenges are identified. The CWS leadership began to observe the Waiver interventions taking roots and being seen as "business as usual" rather than "one more thing to do." There are yet improvements to make with regard to CWS practice, intervention models, and outcomes of children and families. Hawai'i CWS is committed to continuing the Waiver efforts and how to make these Waiver demonstration interventions available to more children and families during and beyond the Waiver Project.

In total, at the end of the second year, a total of 1,703 children from 852 families received one or more Waiver interventions.

II. Demonstration Status, Activities, and Accomplishments

A. Numbers and types of services provided to date. Note in particular the implementation status of any innovative or promising practices.

The numbers below are taken primarily from the provider reports and databases. There were several conversations and email exchanges to verify all the children and families that received Waiver services. Unfortunately, there is no one place to obtain the below statistics to date. The Waiver Project Manager continues to work closely with the evaluators, system programmers, the section administrators and supervisors to improve data entry and data collection.

Crisis Response Team (CRT)

Table 1. Number of CRT Cases 7/1/16-12/31/16

Island	CRT Responses	Prevented	Transferred to CWS (as CRT disposition)
O'ahu	321 Children/ 160 Families	151 Children/ 74 Families	170 Children/ 86 Families
Hawai'i Island	87 Children/ 46 Families	35 Children/ 20 Families	52 Children/ 26 Families
<i>Project Total</i>	<i>1435 Children/ 707 Families</i>	<i>623 Children/ 303 Families</i>	<i>812 Children/ 404 Families</i>

Across the entire Waiver Demonstration from February 1, 2015, through December 31, 2016, CRT on the two islands served a total of 707 families involving 1435 children. Of the 1435 children the CRT served, 43.5% (n=623) of the children were prevented from entering into the foster care system while 56.5% (n=812) of the children were referred to CWS for further investigation and/or removal.

Intensive Home-Based Services (IHBS)

Table 2. Number of IHBS Cases 7/1/16-12/31/16

Island	Total Referral*	Accepted	Completed Service**
O'ahu	25 Children/ 10 Families	25 Children/ 10 Families	18 Children/7 Families
Hawai'i Island	11 Children/ 9 Families	10 Children/ 8 Families	7 Children/5 Families
<i>Project Total</i>	<i>120 Children/ 76 Families</i>	<i>101 Children/ 64 Families</i>	<i>94 Children/57 Families</i>

*The number only includes those that met the Waiver IHBS eligibility criteria. A minimal number of cases were referred to IHBS from the regular CWS investigators instead of CRT.

**Cases in which services were yet open at the end of 2016 are not included in this number.

Family Wrap Hawai'i (Wrap)

Table 3. Number of Wrap Cases 7/1/16-12/31/16

Island	New referrals	Reunification Achieved (Cumulative)	Other permanency achieved/planned
O'ahu	21 Children/ 7 Families	15 Children/ 8 Families	9 Children/ 4 Families
Hawai'i Island	9 Children/ 4 Families	7 Children/ 4 Families	0
<i>Project Total</i>	<i>93 Children/ 38 Families</i>	<i>34 Children</i>	<i>9 Children</i>

Safety, Permanency and Well-Being (SPAW)

Table 4. Number of SPAW Cases 7/1/16-12/31/16

Island	SPAW Served	Permanency Achieved (Cumulative)
O'ahu	20 Children (6 Families)	8 Children
Hawai'i Island	22 Children (13 Families)	2 Children
<i>Project Total (Cumulative)</i>	<i>88 Children (46 Families)</i>	<i>10 Children</i>

- B. *Other demonstration activities begun, completed, or that remain ongoing (e.g., introduction of new policies and procedures, staff training).*

As of this report, all Waiver interventions have been implemented and operational on both project sites, O'ahu and Hawai'i Island. Staff training on each intervention have been provided on an ongoing basis.

- C. *Successes and Challenges to implementation and the steps taken to address them.*

Crisis Response Team

The O'ahu Crisis Response Team (CRT) has filled all four Social Services Assistant positions. One CRT Social Worker position remains vacant and it is the graveyard shift position. The O'ahu CRT supervisor tracks the frequency and times of the CRT dispatch. Based on the nearly two years of data, the highest frequency of dispatch occurred between 10:00 am and 6:00 pm. The workgroup began consideration to change the shift assignment, in order to make a recommendation to the Waiver Executive Committee. After-hours and weekend/holiday coverage continues to be covered by those who regularly work on a standby wheel. This is a broader issue that the CWS leadership should consider.

On both islands, CRT has responded to more than the projected service goals two years in a row. At this time of report, two O'ahu CRT workers have been on extended leave due to

health related matter. The coverage has been supplemented by assistance from other unit workers when needed. The O'ahu CRT saw great team work supported by the fellow social workers who believe in the work of CRT. On Hawai'i Island, a worker responds either as a CRT worker or CWS investigator depending on the Intake disposition.

The workgroup began discussing the transfer of knowledge and practice improvement based on lessons learned by the Waiver CRT from all three sections. For example, early response and immediate safety assessment stabilize crises faster and creates better engagement with the family. With an understanding that not all reports warrant a two-hour response, the workgroup discussion include ideas of how to spread this promising practice. In addition, assessing safety immediately will also reduce unnecessary removals. As the CRT workers enter the safety assessment data in SHAKA, the Waiver Project and CWS leadership are informed of trends and precipitating factors to understand the type of families that come into contact with the child welfare system. In addition, this will lead to a streamlined process and free up the time spent on doing the same or duplicative work, i.e. assessment done on paper in the field and transposing the assessment results into the electronic system. The workgroup discusses how to move the use of electronic safety assessment with the regular assessment workers and case managers.

With regard to the electronic safety assessment entry into SHAKA, the Waiver Project Manager advocated for the CRT workers to have access to the tablets. The idea involved workers using tablets in the field and entering the information gathered onsite. The O'ahu CRT tested the usability and informed us the tablets used were too old and operated very slow. In addition, the web browser had an issue with SHAKA access, which slowed down the web browsing significantly. The Waiver Project Manager addressed the web browser issue with the staff support office and resolved this issue. Unfortunately, the outdated model could not be overcome and the tablet use ended.

In the original model of the CRT, responses to active cases during afterhours were included. Over the course of 1 1/2 years, O'ahu CRT workers have been dispatched to active cases during the day because the reports were made by the police, hospital, or school. There were differing opinions and beliefs on this issue and the CWS leadership was involved in a workgroup meeting to make a decision and clarification. Active cases include those cases that had children already in placement as well those cases where children remain in the home pending investigation. This was addressed due to confusion from the CRT workers and Case Management (CM) Standby workers. CM Standby began in response to the new policy to address missing and exploited children and to respond to children and youth who CWS already had placement responsibility for and were at imminent risk of removal from a current placement. It is the expectation of CWS that children who are already assigned to a unit and in placement, should receive services by the assigned unit during the day and by CM standby during afterhours and weekends. This is unique to the O'ahu units.

Intensive Home-Base Services

In the prior semi-annual report, Intensive Home-Based Services (IHBS) eligibility was modified to include those cases that CRT originally responded, disposed to CWS for further assessment, and eventually became (or likely become) short-stayers who were determined to be at imminent risk of placement. Prior to this change, Hawai'i consulted with the Children's Bureau and obtained approval for the change. Concurrently, Hawai'i tested the case referrals to include referrals that were under the regular CWS assessment. These cases were assessed as placement imminent although the CRT was not involved due to reporting sources other than the police, hospital, and school. These assessment workers were also the CRT standby workers and familiar with the IHBS eligibility and model. This non-CRT referral has also been tested on the Hawai'i Island, particularly in the East Hawai'i Section. Data collection on these cases are ongoing to inform the future model modification proposal and/or transition plan.

The modification was an effort to enhance access to IHBS and prevent short-stayers from re-entering care. The O'ahu CRT workers and supervisor make referrals to IHBS and consult with the IHBS supervisor. The West Hawai'i Section has not had an IHBS case acceptance in months. The East Hawai'i Section makes referrals whenever the workers, regardless of CRT or non-CRT, investigate a report of abuse or neglect that seem to meet the IHBS criteria. Despite these efforts, the referrals continue to be low and comes in waves.

Several observation points have been made by the CRT and workgroup members.

- CRT supervisor and workers refer most CRT cases that are considered appropriate to IHBS, business as usual. All three sections keep the lines of communication open with the IHBS providers.
- Referral sources for the CRT dispatch were limited to the police protective custody, hospital referrals and school referrals. This was based on the data analysis used for the Waiver proposal and further design the CRT model. The CRT workgroup members believe that cases not referred to CRT should be made eligible if they are found at imminent risk of placement.
- Homebuilders model criteria has also been challenging. There were cases that were not accepted by the IHBS providers due to Homebuilders model criteria. At the same time, the Homebuilders consultants have been frustrated with the Hawai'i CWS for the chronic low referrals and requested that CWS refer families where children are already in placement as well as non-CRT cases. The CRT/IHBS workgroup had several teleconferences with the Homebuilders consultants to explain the expectations of the IV-E Waiver Project. The Manager continued to work with the workgroup and the service providers including the Homebuilders consultants on the IV-E Waiver Projects. The workgroup members and the Waiver Project Manager had several discussions with the Homebuilders consultants to find solutions. This discussion is ongoing as the CRT/IHBS workgroup continues to discuss and finalize its proposal for the model/eligibility change.

Family Wrap Hawai'i (Wrap)

Family Wrap Hawai'i saw the intervention begin to take root in CWS practice. On O'ahu, one particular section makes steady referrals as the section had positive results from the Wrap service. The feedback from the units are positive. The Hawai'i Island sections also make steady referrals. Because of the initial projection and allocation of the Wrap slots to the Hawai'i Island sections were very small, Hawai'i Island sections have already reached the annual service goal. The workgroup began discussing the reallocation of resources from O'ahu to Hawai'i Island if there is a need to do so. This led to a discussion to explore why O'ahu is underutilizing the Wrap (and SPAW) services to address the needs of long stayers. The Waiver Project Manager began to visit each section to hear the feedback directly from the supervisors and the social workers. In the next semi-annual report, the common themes that come out of the section visits will be included.

As seen in the Section II above, Family Wrap Hawai'i saw success of the program via children and families reunifying. For those who may not have achieved reunification, the Wrap service also provided an opportunity to explore other permanency options and move these children toward permanency faster. The Family Wrap Hawai'i supervisor informally conducted a cost savings study for those nine children who reunified with their families this quarter. This is based on the current foster board rate and no difficulty of care payments, clothing, or other costs. Ages of children were also taken into consideration. The board rate calculation is made for the difference between the date of reunification and the children's 18th birthdays. For the nine children who were reunified with their families this quarter, the state saved approximately and conservatively over \$500,000 total.

The wraparound service was piloted on O'ahu with the funding support from the Casey Family Programs prior to the Waiver Project. During the pilot, partner agencies including the Office of Youth Services (OYS) within the Department of Human Services (DHS) and Child and Adolescent Mental Health Division (CAMHD) within the Department of Health (DOH), along with community partners, were involved in the Wrap Coordinating Committee, a steering and advising committee of the pilot implementation. Since that time, OYS began implementing its version of the wraparound service for youth involved in the Juvenile Justice System. In addition, Child and Adolescent Mental Health Division (CAMHD) within the Department of Health (DOH) received a grant to implement its version of the wraparound service to its clients. DHS continues to collaborate with these agencies to share information. This is a great accomplishment for CWS to lead the Wrap movement and see partner agencies using the concept of Wraparound to serve their clients.

Safety Permanency and Well-being

SPAW referrals from O'ahu CWS units continue to be low. In the last semi-annual report, the process evaluation findings included information gathered from worker interviews and focus groups. One reason identified for the lack of referral to Wrap or SPAW was due to the requirement of the Child and Adolescent Needs and Strengths (CANS) to be completed and shared prior to the Wrap or SPAW meetings. While there is no doubt the CANS requirement played a big role in the referral decision, there seems to be something more than just an issue of the CANS. As the Waiver Project Manager visits project sites and has candid discussions with unit supervisors, the Waiver leadership is hopeful that underlying issues will be unpacked further by directly engaging with the field staff and problem-solve to improve the referral process.

Increasing referrals to SPAW and Wrap also requires daily supervision and coaching of social workers by their supervisors. Section administrators and unit supervisors play a key role in the implementation. The Waiver Project Manager hopes to help strengthen the role of the section administrators and supervisors by working directly and provide support and tools available, such as a monthly report called All-In-Care. This report is provided to CWS Program Development Office from the DHS Research and Statistics Office. This is a great tool for section administrators and supervisors to use to identify Wrap and SPAW eligible children.

The Waiver Project Manager continues to review the SPAW dashboard on SHAKA regularly to see the progress of the SPAW service. The SPAW dashboard is also a good tool for the supervisors to track SPAW eligible cases that were excluded and reasons for the exclusion. Reasons for exclusion included assigned worker declining or adoption/legal guardianship hearing to be scheduled. There are many cases that still languish in the system, however, SPAW program manager, facilitators, and coordinators continue to do a tremendous work to mine cases to increase referrals and engage with social workers. The workgroup discussed lessons learned from the SPAW team case mining and selection, and we are in the process of transferring responsibilities of case referral and selection back to CWS units. As the Waiver Project Manager visited sections, ideas to improve the referral process began to emerge. It is too early to address the ideas at the time of this report writing as the Waiver Project Manager must conclude visits and include all voices of the field. Once common themes have been identified, it will be shared with the workgroup as well as included in the next semi-annual report. The Waiver Project Manager is confident an improved referral process will be implemented prior to the next semi-annual report.

CWS is attempting to utilize the SPAW to address duplicative case consultation/review processes. CWS implemented a permanency review team (PRT) process in 2003. PRT was an internal review team for all children determined to need permanent families. CWS leadership terminated the PRT requirement and the Waiver Project Manager hopes this will generate more referrals to SPAW.

Another round of Permanency Values and SPAW Skills trainings were offered to the CWS social workers and social services assistants in September 2016. The size of the training was much smaller than previous ones, which the training team found very valuable. In a smaller setting, the training facilitators were able to engage with participants better. Permanency Values and SPAW Skills trainings will be offered to the CWS staff and partners again in 2017.

Child and Adolescent Needs and Strengths

Using CANS and completing it prior to Wrap or SPAW meetings is improving. Another group of CWS staff attended the TCOM/CANS Conference in November 2016. Four section administrators and one supervisor attended the conference and are expected to be the CANS champions. Currently the Program Development Office, is working to implement CANS statewide and to eventually be used to determine the rate for the difficulty of care (DOC) payments. The detail of how the CANS will be used to determine DOC, is under discussion and the Program Development Office staff are leading the focus group and discussions with CWS staff and community partners. The Waiver CANS workgroup focuses the discussions on improvements to be made for the use of the CANS for the Waiver interventions. This includes ensuring certification/re-certification of CANS for each worker, design, development, and piloting the electronic service action plan generated as a proposed service plan based on the completed CANS tool. The test design is completed and currently piloted by a couple of social workers in East Hawai'i Section. The workgroup also engaged the 2015 cohort CANS conference attendees (champions) in the discussion of the action plan development for broader feedback to make improvements on usability and user-friendliness.

East Hawai'i Section continues to follow the SPAW and Wrap models and completes CANS before the Wrap or SPAW meetings, and complete the second CANS as designed. West Hawai'i Section does a good job of completing the first CANS as designed but no second CANS has been completed to date. O'ahu units are getting better at completing the first CANS and also making progress on completing the follow-up CANS.

D. All demonstrations with a trauma focus (e.g., implementing trauma screening, assessment, or trauma-focused interventions) should report on each of the data elements listed below. For activities that are not being implemented as part of the demonstration, please indicate this with "N/A." If information is currently unknown, please indicate an approximate date that the data will be available.

- Target population(s) age range(s) - N/A
- Type of trauma screens used - N/A
- Number of children/youth screened for trauma - N/A
- Type of trauma/well-being assessments used¹ - N/A

¹ Include any trauma and well-being assessments for which data is available.

- Number of children/youth assessed for well-being/trauma – 90 Wrap and SPAW serviced youth (cumulative) by CANS
- Type of trauma-focused evidence-based interventions (EBI's) used - N/A
- Number of children/youth receiving trauma-focused EBIs² - N/A
- Percentage of children and youth receiving trauma-informed EBIs who report positive functioning at follow up³ - N/A
- Number of parents/caregivers:
 - Screened for trauma - N/A
 - Assessed tor trauma - N/A
 - Treated for trauma - N/A
- Number of clinicians trained in trauma-focused EBIs⁴ - N/A

² Include all children that have received any portion of the EBI(s).

³ A jurisdiction may define "positive functioning" in any manner that is consistent with the definition used for the local evaluation of the waiver demonstration.

⁴ This may include initial training and follow-up training.

III. Evaluation Status

As seen in the attached evaluation report, much progress has been made to match, merge, extract and analyze the Waiver data thanks to the Waiver Project evaluators. Matching cases between the two CWS databases has been the major challenge for the evaluators in order to extract accurate data. CWS leadership including the Waiver Project Manager continues to work with the evaluators and system programmers to make improvements on case matching via databases. The evaluators requested inquiry only access to the CPSS on November 17, 2016. CWS is currently working on completing the paperwork and will submit to provide read only access to the evaluators.

Another item that continues to come up is the inconsistent and untimely entry of data into CPSS and SHAKA. CWS staff have not been consistently entering data needed for the Waiver evaluation. This is specific to enter a Waiver service action code (SAC) and dates associated to the service. While the providers send a notification of service provision to the assigned social workers, the data is not consistently entered. Evaluators made efforts to communicate directly with the assigned social workers to ensure SACs and dates are entered. During the site visits and workgroup discussions, communication breakdown was uncovered as part of the barrier to timely and accurate data. The Waiver Project Manager is working with the section administrators and supervisors to improve communication within CWS and with the providers.

For the detailed evaluation findings thus far and efforts being made, please refer to the attached evaluation report and its appendices.

IV. Recommendations and Activities Planned for Next Reporting Period

A. Recommendations or planned changes to the design or implementation of the Waiver Project or Evaluation:

Crisis Response Team

No planned changes at this time.

Intensive Home-Based Services

In the prior semi-annual report, IHBS eligibility was modified to include those cases that CRT originally responded, disposed to CWS for further assessment, and eventually became (or likely become) short-stayers who were determined to be at imminent risk of placement. Prior to this change, Hawai'i consulted the Children's Bureau and obtained approval for the change. Concurrently Hawai'i tested the case referrals to include referrals that were under the regular CWS assessment. These cases were assessed as placement imminent although the CRT was not involved due to reporting sources other than the police, hospital, and school. These assessment workers were also the CRT standby workers and familiar with the IHBS eligibility and model. The modification was an effort to enhance access to IHBS. Despite this effort, the referrals continue to be low.

The initial eligibility model limited the referral source to CRT in an effort to support CRT families with crisis stability. The initial hypothesis found CRT eligible families at much higher risk of placement due to reports of police protective custody and hospital referrals. Thanks to the 24/7 availability of CRT responses, unnecessary removals of children have been reduced and children were able to remain in the home with an in-home safety plan when needed and IHBS offered to those who met the Hawai'i Homebuilders model eligibility.

The CRT/IHBS Workgroup has been meeting to discuss what the next steps can be to modify the model and/or eligibility so that more families in crisis can benefit from IHBS. The discussion continues to be within the framework of the short stayers of the Waiver Project target population. The current ideas include those families that are at imminent risk of placement under CWS assessment. The workgroup meets once a week to work out the detail of the proposed modifications to present to the Waiver executive committee. Once the executive committee approves the proposed modification, the Waiver Project Manager will begin the negotiation and discussion with the representatives from the Children's Bureau. Hawai'i hopes to implement the approved modification no later than July 1, 2017, preferably sooner.

Family Wrap Hawai'i

There are families that need extra support even though children are not in placement nine months or longer. The Wrap workgroup respectfully request that a small number of very high need families be eligible for Wrap Services, as oppose to waiting until these children reach nine months in placement. Some high-end cases that are not in the long stayer population might not have similar services such as the Family Wrap Hawai'i. For example, the workgroup has discussed eligibility approval for youths who have high needs and experienced multiple placements in Hawai'i and on the mainland for a cumulative period of nine months or longer instead of in placement for nine consecutive months. As the original data analysis indicated that the long stayer definition was intended to be consecutive nine months, there are youth for whom CWS social workers feel no alternative ways to move the case forward. This will be discussed with the Waiver Executive Committee and when approved, the Waiver Project Manager will consult with the Children's Bureau representative.

Safety Permanency and Well-being

SPAW is experiencing a similar situation to Wrap. The workgroup will explore an eligibility of long-stayers to define as cumulative nine months instead of consecutive nine months for those that are in dire need of SPAW for permanency planning.

B. Evaluation activities planned for the next reporting period.

Please see the attached Evaluation Report.

C. Activities planned for the next reporting period:

- Ongoing Waiver intervention training to embed these interventions into regular service array;
- Site visits to Waiver sections and units to engage with staff (and community partners);
- Workgroup meetings for further improvement and troubleshooting;
- Provider meetings to enhance collaboration and partnership.

V. Program Improvement Policies

Hawai'i has implemented all program improvement policies identified in the Terms and Conditions of the Waiver Project at this time.

Glossary

CANS	Child and Adolescent Needs and Strengths
CPSS	Child Protective Services System
CRT	Crisis Response Team
CSA	Child Safety Assessments
CWI	Child Welfare Intake
CWS	Child Welfare Services Branch
FSS	Family Support Services
HCWEC	Hawai'i Child Welfare Education Collaborative
IHBS	Intensive Home-Based Services
ODM	Online Data Manager
POS	Purchase of Service
PD	Program Development Office
SA	Section Administrators
SD	Staff Development Office
SHAKA	State of Hawai'i Automated Keiki Assistance
SPAW	Safety, Permanency And Well-Being
UHM	University of Hawai'i Mānoa
VCM	Voluntary Case Management
Wrap	Family Wrap Hawai'i

TRAINING CONTENT/NEEDS	TARGETED TRAINEE GROUP(S)/TOTAL # OF TRAINEES	TRAINING SITE/TOTAL# SESSIONS/#HOURS/SESSION	PROJECTED COST (HMS 901)/DATE
Case planning and case reviews for judges, staff of abuse and neglect courts, agency attorneys, attorneys representing children or parents, and guardians ad litem (GAL)	Up to 20 fulltime and per diem First Circuit judges and court staff; up to 20 judges and judicial staff from neighbor island circuits; 40 GALs and parent counsel statewide; up to 20 Deputy Attorneys General	4 sessions total (one on each island); 8 hours per session	Airfare for two trainers: \$1200; ground transportation: \$535; Judges substitute judge expense: \$18,000.