

**Interim Evaluation Report**

**Executive Summary**

**State of Hawaiʻi Title IV-E Waiver Demonstration**

**January 19, 2018**

# Acknowledgements

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# EXECUTIVE SUMMARY

This executive summary provides a brief overview of the findings presented in the *Interim Evaluation Report* of the State of Hawaiʻi Title IV-E Waiver Demonstration.

## Background and Overview

The federal Title IV-E Waiver Demonstration gives states the opportunity to waive federal requirements for funding of foster care in order to test and evaluate innovative approaches to meet the particular needs of the child welfare population in that state. By joining the federal Title IV-E Waiver Demonstration, the State of Hawaiʻi agreed to replace fee-for-service Title IV-E reimbursement for foster care administration and maintenance with a fixed payment, agreed upon in advance for the subsequent five years. Like other Waiver states, Hawaiʻi is trading guaranteed, unlimited, fee-for-service federal contributions to foster care board and maintenance and administrative costs for certain children for a fixed amount of money that could be used for all child welfare services for any child.

Through the flexible funding allowed by the Title IV-E Waiver, the State of Hawaiʻi implemented four innovative interventions in 2015, aimed at reducing the size of two populations of children in child welfare: (1) Short-Stayers, or those children who enter and exit out-of-home placement within 30 days and (2) Long-Stayers, or those children who have been in care for at least nine months.

A study of the children and youth in foster care in Hawaiʻi identified these two populations as particularly problematic for the system of care. In FY2012, 54% of children placed into foster care in Hawaiʻi exited within 30 days. Due to workload and other issues, the immediate response to many reports of maltreatment was “remove first and investigate later,” resulting in many children going into care for very short stays, often for less than five days. Any removal from home and family is traumatic for children and families, and placement into out-of-home care is an extra workload and financial burden for the system.

On the other end of the system of care, the State of Hawaiʻi found that 40% of children and youth in foster care had been there at least nine months. The likelihood of a return home or other permanent family decreases with the length of stay in care. Only 10-15% of children exit foster care within nine and 18 months of entering care.

### Population

After this analysis of the populations most in need of innovative approaches, the State of Hawaiʻi developed its Title IV-E Waiver Demonstration to consist of four interventions and one new assessment tool, focusing on reducing the populations of Short-Stayers and Long-Stayers in care, and preventing unnecessary entrance into the system.

Short-Stayers:

* The Crisis Response Team is staffed by social workers who will respond within two hours to any reports of maltreatment from hospitals, schools, or police with a child in custody, to provide an assessment of the need for placement at the point of first response.
* Intensive Home-Based Services are provided to families after CRT responds, when out-of-home placement is likely but could be prevented if parents and their children participate in a short-term behavioral, skill-building approach to reducing risk to children, in their own home.

Long-Stayers:

* Family Wrap Hawaiʻi services are a family-centered, family empowering approach to working with families and their identified supports to develop goals and an individualized plan of action that will lead to a child’s reunification with family.
* Safety, Permanency, and Well-Being (SPAW) Meetings are designed for children and youth who are considered unlikely to reunify. By bringing together key decision makers from the various youth serving systems that impact that youth, barrier busting and other systemic strategies and solutions are designed to help achieve permanency for that youth.
* A new assessment tool, the *Child and Adolescent Needs and Strengths*, is an empirically-supported strengths-based assessment and service planning tool that can help guide the work done in Long-Stayer interventions. These four interventions and one assessment tool were implemented as planned on two islands; the Waiver Demonstration began on Oʻahu on January 1, 2015, and it began on Hawaiʻi Island on October 1, 2015. The Hawaiʻi Title IV-E Waiver Demonstration is a five-year Demonstration; it is now at its mid-point.

### Methodology

The evaluation of the Hawaiʻi Title IV-E Waiver Demonstration consists of three studies:

* The process evaluation is gathering qualitative and quantitative data on (1) the implementation of the Demonstration and its interventions and assessments, including the organizational and contextual strengths and barriers to implementation, and (2) the provision of services, including the population characteristics, and the scope, duration, frequency, dosage, and intensity of each intervention.
* The outcome evaluation is gathering quantitative data from a variety of state and provider data bases on the safety, permanency, and well-being of children touched by Waiver Demonstration interventions, and tracking these outcomes for each child for the duration of the Demonstration, until 2020.
* The cost analysis is gathering fiscal data on child welfare spending, from three years prior to the Waiver Demonstration and throughout the five years of the Demonstration, to assess what effect the fiscal stimulus of the Waiver and the specific service interventions have on expenditure patterns in participating locations, and the cost of the four interventions vis-à-vis their effectiveness in reducing the population of Short-Stayers and Long-Stayers in Hawaiʻi and the foster care costs associated with these stays.

These three components of an independent evaluation are a requirement of the federal Waiver. The U.S. Administration on Children and Families, in granting waivers, is interested in policy and practice innovations that are rigorously evaluated, to contribute to best practices in the state and the larger body of empirically-supported policy and practice in child welfare nationwide.

At this mid-point, the *Interim Evaluation Report* presents findings from the data collected for all three forms of evaluation[[1]](#footnote-1):

* The outcome evaluation collected child-level data for of all children and families served in the first two years of the Demonstration, and tracked outcomes of safety, permanence and well-being as of March, 2017.
* The process evaluation collected (1) qualitative and quantitative information on the implementation of the Demonstration after the first year and again after the second year and (2) quantitative information on the specifics of service delivery for each child served by a Demonstration intervention in the first two years.
* The cost analysis collected data on spending by the state on child welfare services to children, both in-home and out-of-home, in the three years prior to the Waiver Demonstration as a baseline with which to compare Waiver spending.

## Outcomes at the Interim Point

* After a **Crisis Response Team** response, 59% of children on Oʻahu and 54% of children on Hawaiʻi Island did NOT go into care.  The CRT was designed to prevent placement, especially short stays in placement (30 days or less).  Of those receiving a CRT response on Oʻahu, 19% became Short-Stayers; 17% became Short-Stayers on Hawaiʻi Island.
* **Intensive Home-Based Services** are very successful to date: only 7% of children have been placed in care after receiving IHBS on Oʻahu; no children have been placed into care on Hawaiʻi Island after participating in IHBS.
* **Family Wrap Hawaiʻi** has been highly successful to date: 49% of youth served on Oʻahu and 62% of youth served on Hawaiʻi Island have been reunified, as of May, 2017.  Reunifications occur within four months of the first Wrap meeting, on average.
* The **Safety, Permanency and Well-Being** Meetings have led to four reunifications, two adoptions, and one legal guardianship.  The most common change in legal status for SPAW participants is permanent custody by DHS, eliminating a legal barrier to adoption.

## Implementation and Model Fidelity at the Interim Point

We address implementation and model fidelity for each of the four intervention models used in the Title IV-E Waiver Demonstration.

### Crisis Response Team

The Crisis Response Team is responding to 1.5 times the number of children originally projected for the Waiver Demonstration.  The CRT was designed differently on Oʻahu and Hawaiʻi Island. On Oʻahu, the CRT is a stand-alone unit with ten dedicated staff. On Hawaiʻi Island, caseworkers from three units in East Hawaiʻi and two units in West Hawaiʻi respond to referrals from Intake that meet the CRT criteria. These caseworkers respond to all other referrals from Intake as well; the key distinction is that a CRT referral requires a two-hour response.

Focus groups with Child Welfare Services staff after the first year of implementation found that the CRT intervention is largely seen as a positive and needed addition to practice, but that there is confusion about eligibility criteria. After two years of the Demonstration, Intake workers were asked to respond via an on-line survey to two scenarios of child maltreatment that meet the eligibility criteria for a referral to the CRT. Fewer than half responded that they would have referred such a case to the CRT in either scenario. The evaluation is finding very broad trends, but no clear indicators of why an Intake worker refers a report to the CRT versus to CWS.

In the first year of implementation, there was widespread concern on Hawaiʻi Island that caseworkers would be unable to meet the two-hour response time required in a CRT response, due to the large geographical distances they have to cover. This seems to be a valid concern since in the first two years of implementation, 43% of CRT referrals on Hawaiʻi Island were seen within two hours, compared to 87% on Oʻahu.

The CRT intervention is, for most children, a one-event service. The CRT caseworker responds, assesses the risk to the child and the available options for safety if required, and processes the case. The CRT caseworker has the availability of Intensive Home-Based Services for those families for whom placement could be averted with immediate, short-term skill-building services. However, only 10% of children seen by CRT are referred on to IHBS.

Those children who DO become Short-Stayers after a CRT response are still having very short stays out-of-home, many returning home within five days.  The children who are Short-Stayers after CRT are those with acute problems related to parenting, such as lack of tolerance of child behavior, loss of control during discipline, etc. This is exactly the target population of IHBS.

### Intensive Home-Based Services

IHBS services do not extend past six weeks, per the intervention model, and families receive an average of at least 20 face-to-face sessions with their therapist in that time, at an average of 4 or 5 sessions per week. This intensive service has good outcomes nationally and is producing the same in Hawaiʻi, due in no small part to high fidelity to the model.

The children and families referred to Intensive Home-Based Services from the CRT are indeed those for whom IHBS was designed; the factors precipitating the maltreatment are most often related to parenting skills. Families with substance abuse or chronic neglect, challenges not easily solved in a four-to-six-week intervention, are not being referred.  However, IHBS is undersubscribed, operating at about half the numbers projected.

The IHBS providers experienced a slow start due to staff turnover. The intervention model is highly structured and model fidelity is assured by a long training and supervision period before therapists can carry their own caseload. This led to low acceptance of referrals in the beginning, while staff were meeting training criteria. In addition, the program has narrow eligibility criteria, resulting in some confusion about the referral process from CRT and the perception that many children and families would not be accepted into the service.

The CRT and other caseworkers in focus groups were very positive about the IHBS intervention after the first year of the Demonstration and saw it as an important addition to their referral opportunities. Many stated that they felt they could use this more intensive therapeutic approach for many families and believed it would divert many cases from moving further into the system.

In a survey of CRT workers after two years of the Demonstration, caseworkers presented with two scenarios of families that are appropriate for a referral to IHBS, fewer than half chose to refer either case to IHBS and many would refer the child directly to CWS for removal, citing safety concerns. While IHBS is largely seen as having narrow criteria for eligibility, caseworkers still do not understand that many CRT families are indeed eligible.

### Family Wrap Hawaiʻi (Wrap)

Wrap is undersubscribed on Oʻahu, and oversubscribed on Hawaiʻi Island. Overall, Wrap has served 50 children and youth in the first two years of the Demonstration, fewer than the projected 160. During Wrap, the Wrap family meeting occurs monthly, and most families have their first Wrap meeting within one month of agreeing to participate. On average, the Wrap intervention consists of seven monthly meetings.

After the first year of implementation, Child Welfare Services staff noted that the training they received about the two Long-Stayer interventions was not as thorough as that for the Short-Stayer interventions, focusing mostly on the new assessment tool associated with the Long-Stayer interventions. As a result, referral criteria and the referral process for the Wrap intervention were unclear.

To be eligible for Wrap, children and youth have to have been in care for at least nine months and be likely to reunify with their families. In the first two years of the Demonstration, almost half of the children served by Wrap have been in care for at least eighteen months, and most were first taken into care when younger than six years old. Many workers in focus groups expressed the hope that Wrap could be used earlier than having to wait for 9-months in care.

After the second year of the Demonstration, caseworkers were surveyed about their knowledge of the Wrap intervention, and the majority felt that they understand the purpose of Wrap, but expressed less agreement that the training for it was clear. In response to a scenario of a family appropriate for Wrap, about half of caseworkers reported that they would refer the family to Wrap, while many would instead discuss `ohana conferencing with the family. `Ohana conferencing is a well utilized family group decision making intervention used primarily to divert families from foster care; Wrap was designed for Long-Stayers.

One of the requirements in the Wrap referral process is the completion of the *Child and Adolescent Needs and Strengths* tool by the caseworker, to be sent to the Wrap provider in advance of the first Wrap meeting with the child and family. Completion rates for the *CANS* have been low, as CWS caseworkers cite the burden of extra paperwork and Wrap providers note the disconnect of a child-centered assessment within a family-centered intervention.

### Safety, Permanency, and Well-Being Meeting (SPAW)

SPAW is the most undersubscribed intervention of the four Waiver interventions, given annual projections of 273 youth to be served each year of the Waiver.  To date, 101 youth have had a SPAW Meeting.  While it was projected to have far fewer children participate in SPAW, Hawaiʻi Island has referred more children than has Oʻahu.

The referral process for SPAW is largely initiated by the SPAW providers, who regularly screen the All-In-Care list (the CWS list of all children currently in out-of-home care) for youth who meet the criteria for SPAW, review the particulars of the case, and contact the CWS supervisor of the case to discuss the potential of referral to SPAW. Although the SPAW intervention is largely defined as a one-meeting intervention, this repeated screening of the All-In-Care list and the resulting case review and case consultation with supervisors is a large part of the work of the SPAW providers, but is not easily captured in measures of workload.

The SPAW intervention is intended for children and youth who have been in care for at least nine months and are considered unlikely to reunify and in need of other permanent options. On average, the youth seen by SPAW in the first two years of the Waiver Demonstration had been in care at least two years. At their SPAW Meeting, their current likelihood of permanency (without further action) was judged by Meeting participants to be marginal to poor.

After the first year of implementation, caseworkers expressed support for the SPAW intervention, but saw the completion of a *CANS* assessment as a requirement for referral as a burden and a barrier. After two years of the Waiver Demonstration, fewer than 50% of SPAW Meetings have been informed by a completed *CANS* assessment of the child’s well-being.

## Cost Findings at the Interim Point

This *Interim Report* focuses on characterizing the pre-Waiver period from State Fiscal Years 2012-2014 to provide a baseline for the cost study of the Demonstration. Understanding costs and case volume prior to Waiver implementation will allow researchers to evaluate the impact of the Demonstration. This *Report* also includes expenditure data from 2015-2016, early years of the Demonstration. The main data source for the cost study is the Social Services Division (SSD) actual expenditures. These expenditures are reported by spending type (e.g. DHS payroll and purchased services), location (e.g. island), service type (i.e. in-home or foster care), and revenue source (e.g. state or federal).

Early analysis shows that while spending for out-of-home placements has increased gradually over the past four years, the proportion spent on direct services has increased relative to expenditures for out-of-home care in the first two years of the Demonstration (2015-2016). This is true for both state/general and federal spending. It is too early in the Demonstration to evaluate the extent to which this trend is impacted by the Waiver, and researchers will follow this trend closely moving forward.

The cost study also includes early analysis of Purchase of Service interventions. Researchers linked Waiver contract projections to actual expenditures, and spending for IHBS, Wrap and SPAW is available through State Fiscal Year 2016. The current spending figures are low, and may reflect the low uptake in Waiver interventions. The cost study plans to link these expenditures to child-level data in order to evaluate the per-child costs of Waiver interventions, and compare these costs to business-as-usual (e.g. foster care) child welfare expenses. The expenses for Waiver administration and the CRT are less clearly defined in the fiscal data. In the next year, the cost study will conduct a survey of CRT staff to generate data on the effort associated with the Waiver Demonstration.

The current cost study faces several limitations. The main limitation is the same as that for the evaluation in general; that system-wide, child level data are not yet available. In order to understand changes in out-of-home care utilization, the cost study must analyze longitudinal data on placement trends in the pre-Waiver and post-Waiver periods. The actual expenditure data is also limited in that some types of expenditures are not captured by location, and many child welfare services are for children both in- and out-of-home. This makes it difficult to evaluate changes in spending on the islands where the Waiver is being implemented (or not), and the impact of the Waiver on preventing or shortening out-of-home care. Linking the child level data to the actual expenditures should allow the evaluators to more accurately characterize where children are placed and in what type of care setting.

## Recommendations

The Waiver Demonstration is resulting in improved outcomes for children, but is limited by low uptake of most of the interventions. As in many Demonstrations, achieving and maintaining enthusiasm for, and fidelity to, new interventions is a constant exercise. The positive staff perceptions of the interventions that existed after the first year should be revisited and reaffirmed with the intention of increasing referrals and increasing fidelity to models as designed.

Broadly interpreted, it appears that children and families receiving a CRT response are indeed likely to have circumstances putting children at imminent risk of a short stay in placement. Those families with more intractable problems, such as parental mental illness and substance abuse, are referred by Intake to Child Welfare Services and not the CRT. However, many children seen by the CRT are still becoming Short-Stayers, with many entering and exiting care within five days. CRT caseworkers could make more and better use of IHBS; the risk factors among these Short-Stayers fit the criteria for IHBS perfectly.

Family Wrap Hawaiʻi is seeing high rates of reunification for the children and families it serves, and in a fairly short time-frame. Given that the Wrap intervention is undersubscribed, it might be useful to reduce the requirement that children be in out-of-home care for nine months before becoming eligible for Wrap.

The SPAW intervention is struggling to achieve permanency outcomes in the first two years of the Demonstration. Given that the population of children and youth served by SPAW to date has been in continuous out-of-home care for at least two years, it might seem unrealistic to expect high rates of adoption or guardianship, but the SPAW model has achieved higher rates of permanency after two years in other states. It is worth revisiting model fidelity and brainstorming with Casey Family Programs, who originally developed the SPAW model of intervention.

The *Child and Adolescent Needs and Strengths* assessment is the only new instrumentation introduced as part of the Waiver Demonstration. It is the state’s only standard measure of child well-being, and is intended to inform service planning and could be used to determine the level of care needed by children in foster care. Currently, caseworkers have mixed opinions about its utility and many don’t see its contribution to their knowledge of a child, and particularly of a family. The requirement of annual certification by users is a barrier to its use, as well. Revisiting the contribution of knowledge of children’s needs and strengths to case planning would not only increase model fidelity in the Wrap and SPAW interventions, but would enhance best practice in strengths-based child welfare casework, in general.

The evaluation of the Demonstration is a time- and labor-intensive activity, and is severely constrained by the absence of one analytic database for the Child Welfare Branch. More timely communication of successes of the Demonstration would be possible if there was one database that could be routinely updated and queried to support basic historical analyses as well as future outcome analysis.

This is the Executive Summary of the *Interim Evaluation Report*. For the complete copy of the report, please contact Mimari Hall, Title IV-E Waiver Program Project Manager, at MHall@dhs.hawaii.gov. A hard copy will be mailed to you.



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1. The particulars of the method for each form of evaluation are discussed in detail in the *Report.* [↑](#footnote-ref-1)