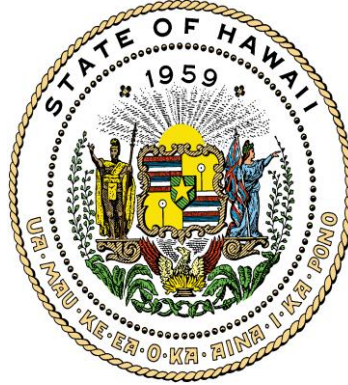
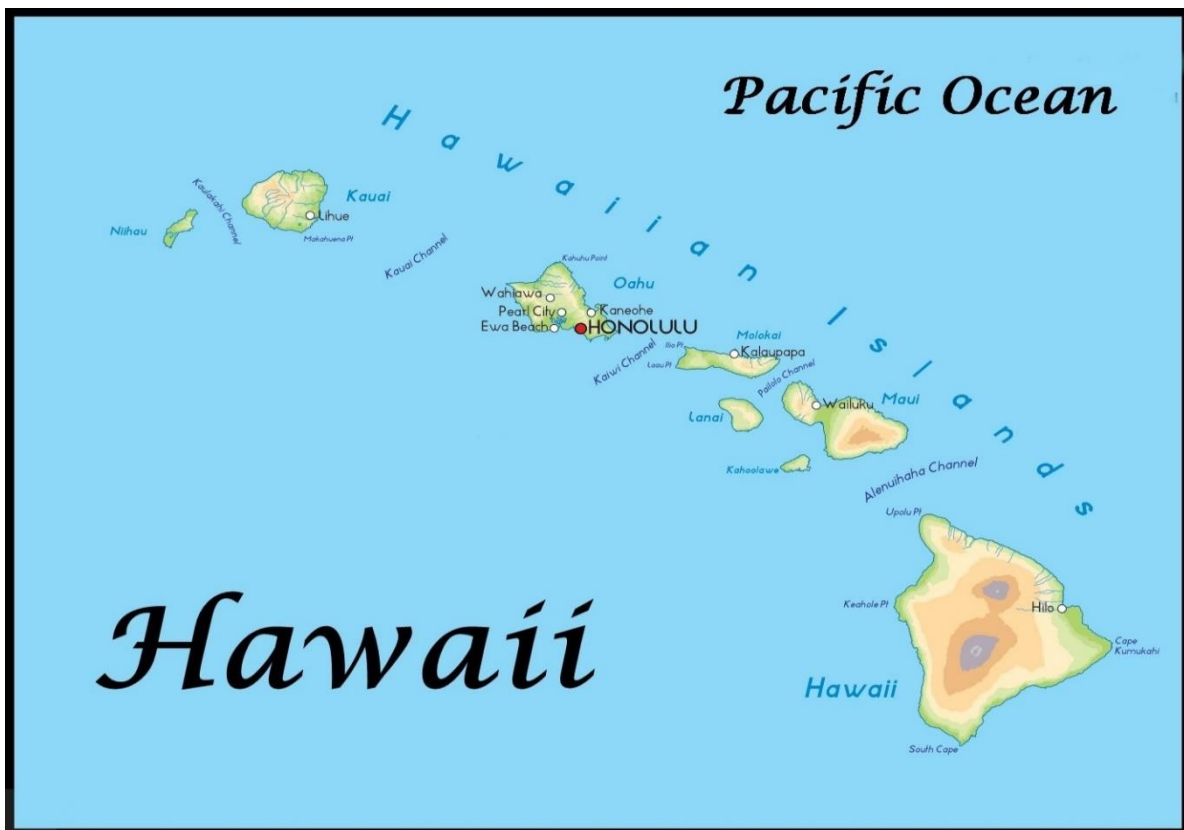


State of Hawaii  
Department of Human Services  
Social Services Division  
Child Welfare Services Branch



**Federal Fiscal Year 2020**  
**ANNUAL PROGRESS SERVICES REPORT**  
**(APSR) FINAL REPORT**



**Contact Information:**

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

Kayle M. Perez, ACSW, LSW  
Social Services Division Administrator  
1010 Richards Street, Room 216  
Honolulu, Hawaii 96813  
Phone: 808-586-5701  
Fax: 808-586-5700  
kperez@dhs.hawaii.gov

**Website Information:**

The approved final draft of this report will be available in the Child Welfare Services section of the State of Hawaii, Department of Human Services' website: <http://humanservices.hawaii.gov/ssd/home/child-welfare-services/>

Kayle M. Perez, ACSW, LSW .....	2
Social Services Division Administrator .....	2
1010 Richards Street, Room 216 .....	2
Honolulu, Hawaii 96813 .....	2
Phone: 808-586-5701 .....	2
ACRONYMS & ABBREVIATIONS.....	13
Section I. State Agency Updates and Changes.....	16
A. Department’s Strategic Plan.....	16
1. Vision .....	16
2. Mission .....	16
3. Core Values (THRIVE) .....	16
a. Team-oriented .....	16
b. Human-centered .....	16
c. Respectful .....	16
d. Intentional.....	16
e. Visionary.....	16
f. Evidence-based .....	16
4. Goals.....	16
B. Changes to Agency Priorities .....	17
C. Updates and Changes to Agency Organization.....	17
1. CWSB Special Team .....	17
2. Program Development Office (PDO) .....	18
3. East Hawaii Caseworkers.....	18
4. Child Welfare Intake.....	18
D. Targeted Plans .....	19
E. Child Welfare Workforce .....	19
Section II. CWSB Strategic Planning .....	20
A. Overview of Hawaii’s Child and Family Services Plan (CFSP).....	20
1. Hawaii’s CFSP and CFR.....	20
2. Hawaii’s Annual Progress and Services Report (APSR) .....	20
B. Data.....	21
1. Data Sources.....	21

2. Data Booklet .....	21
C. Collaboration on CFSP/APSR.....	22
D. CWSB Program Assessment.....	22
E. Interventions & Strategies .....	22
1. Interventions .....	22
2. Strategies.....	23
3. Child Welfare Title IV-E Waiver Demonstration Activities .....	23
Section III. Programs Supporting Safety .....	25
A. Programs and Services Supporting Safety Outcomes .....	25
B. Child Maltreatment Reports and Dispositions Statewide and Performance Assessment .....	25
1. Confirmed Reports .....	26
2. Number of Children in Foster Care .....	29
a. Increase Prevention Efforts.....	30
b. Strengthen Risk and Safety Assessments.....	31
c. CRT and IHBS.....	31
d. Reduce Caseload .....	31
e. Improve Supervision .....	32
f. Reallocate resources.....	32
g. Improve Concurrent Planning.....	32
h. Improve Parent Engagement .....	32
3. General Safety .....	33
a. CFSR Safety Outcome 1.....	33
b. National Safety Outcome 1 .....	35
4. Safety in Child's Home.....	37
a. CFSR Safety Outcome 2.....	37
5. Safety in Foster Care .....	42
a. National Standard for Safety Outcome 1 .....	42
Section IV. Programs Supporting Permanency .....	44
A. Program and Service Description .....	44
1. Overview .....	44
2. Reunification Efforts.....	44
a. Safety & Risk Assessment Tools.....	44

b. Monthly Caseworker Contacts.....	44
c. Ohana Conferences.....	45
d. Ohana Time .....	45
e. Project First Care .....	46
f. Assessments, Services, and Case Review .....	46
g. Trainings.....	46
h. Collaborations .....	46
i. Data Reports and Quality Assurance .....	47
j. Supervisory Support.....	47
k. Crisis Response Team and Intensive Home-Based Services .....	48
3. Most Vulnerable Populations.....	48
a. Children Aged 0-5.....	48
b. Native Hawaiian Children.....	58
c. Lesbian, Gay, Bisexual, Transgender, and Queer/Questioning Issues Efforts .....	63
d. Indian Child Welfare Act (ICWA) .....	65
4. Relative Placement Efforts .....	68
5. Adoption and Guardianship Promotion and Support Services .....	71
a. Support Services.....	72
b. Adoption and Legal Guardianship Incentive Payment.....	73
c. Inter-country Adoptions .....	73
d. CFSP 2019-2023 .....	73
B. Updates, Goals, Measures, Progress, and Action Steps .....	74
1. Permanency Outcome 1 (Permanency and Stability) .....	74
a. CFSR Item 4: Stability of foster care placement.....	74
b. CFSR Item 5: Appropriate and timely permanency goal.....	75
c. CFSR Item 6: Achievement of reunification, guardianship, and adoption goals .....	76
2. Permanency Outcome 2 (Continuity of Family Relationships) .....	78
a. CFSR Item 7: Placement of siblings .....	78
a. CFSR Item 8: Visiting with parents and siblings in foster care .....	79
b. CFSR Item 9: Preserving connections.....	81
c. CFSR Item 10: Relative placement .....	83
d. CFSR Item 11: Relationship of child in care with parents .....	84

Section V. Family Engagement and Child Well Being .....	87
A. Program and Service Descriptions.....	87
1. Monthly Caseworker Visits.....	87
2. Inappropriate Diagnoses .....	89
B. Updates, Goals, Measures, Progress, and Action Steps .....	91
1. CFSR Well Being Outcome 1 (Capacity to provide for the children’s general needs) .....	91
a. CFSR Item 12: Services to children, parents, and resource caregivers.....	91
b. CFSR Item 13: Engagement of child and parent in case planning.....	95
c. CFSR Item 14: Face-to-face contact with children .....	96
d. CFSR Item 15: Face-to-face contact with parents.....	99
2. CFSR Well Being Outcome 2 (Providing for the children’s educational needs) .....	100
a. CFSR Item 16: Educational needs of the child .....	100
3. Children’s Physical and Mental Health Needs.....	102
a. CFSR Item 17: Medical and dental health of children.....	102
b. CFSR Item 18: Mental health assessments and services for children.....	104
Section VI. Systemic Factors .....	107
A. Statewide Information System (CFSR Item 19).....	107
B. Case Review System.....	108
1. Item 20: Written Case Plan .....	108
2. Item 21: Periodic Reviews .....	110
3. Item 22: Permanency Hearings .....	110
4. Item 23: Termination of Parental Rights .....	112
5. Item 24: Notice of Hearings and Reviews to Caregivers .....	113
C. Quality Assurance System.....	114
1. Operates in jurisdictions where services included in the CFSP are provided. ....	114
a. Overview of Foundational Administrative Structure .....	114
b. Quality Assurance Process .....	115
c. CQI and QA Staff .....	115
e. HCWCQI Additional Activities .....	115
2. Standards to Evaluate the Quality of Services .....	115
3. Identifies Strengths and Needs of the Service Delivery System .....	116
4. Provides Relevant Reports .....	117

a. Case Review Section Reports and Annual Reports .....	118
b. CPSS Report of Investigations without Dispositions .....	118
c. CPSS Report of Children’s Length of Stay in Foster Care .....	118
d. CPSS Report of Worker’s Caseload .....	118
e. CPSS Data Report on All Children in Foster Care .....	118
5. Evaluates Implemented Program Improvement Measures .....	118
D. Staff and Provider Training .....	119
1. Item 26: Initial Staff Training.....	119
2. Item 27: Ongoing Training.....	120
3. New and Ongoing Training for Supervisors and Section Administrators.....	121
4. Item 28: Resource Caregiver and Adoptive Parent Training.....	123
a. Ongoing Training for Resource Caregivers.....	123
b. Resource Family Training Evaluations.....	127
c. Ongoing Training for On-Call Shelters.....	128
d. Adoption Training and Preparation .....	129
5. Partners in Development Hui Hoomalu Staff Training.....	129
6. Catholic Charities Staff Training .....	132
a. Training Structure .....	132
b. Ongoing and In-service Training .....	133
7. Family Programs Hawaii Staff Training.....	134
E. Service Array and Resources .....	136
1. Array of Services.....	136
2. Assessment of the strengths and needs of children and families.....	137
3. Addressing the needs of families and individual children to create a safe home environment	137
4. Enabling children to remain safely with their parents when reasonable .....	137
5. Helping children in foster and adoptive placements achieve permanency.....	138
6. Individualizing Services.....	138
7. CPSP plan for 5 years.....	139
F. Agency Responsiveness to the Community .....	139
1. Item 31: State Engagement and Consultation with Stakeholders pursuant to CFSP and APSR	139
2. Item 32: Coordination of CFSP Services with Other Federal Programs .....	140

G. Foster/Resource and Adoptive Family Recruitment and Retention .....	140
1. Item 33: Standards Applied Equally .....	140
a. Overview .....	140
b. Data .....	141
c. Future Plans .....	141
2. Item 34: Requirements for Criminal Background Checks .....	142
a. Overview .....	142
b. Activities .....	142
c. Future Plans .....	144
3. Item 35: Diligent Recruitment of Foster and Adoptive Homes .....	145
a. Faith based efforts .....	145
b. Native Hawaiian efforts .....	145
c. Utilization of resource caregivers, alumni foster youth, and birth families .....	146
d. Word of mouth referrals .....	146
e. Web based media .....	146
f. Recruitment of LGBT resource families .....	147
g. Child specific recruitment based on ethnicity .....	147
4. Item 36: State Use of Cross Jurisdictional Resources for Permanent Placement .....	148
a. Overview .....	148
b. Contract Changes .....	148
c. NEICE .....	149
d. Other Efforts .....	149
e. Data .....	150
f. Future Plans .....	151
g. Interisland Placements .....	151
Section VII. Program Support .....	153
A. Training and Technical Assistance from the CBC .....	153
1. Native Hawaiian Disproportionality .....	153
2. PIP Development .....	154
3. Supervision Model and Tool .....	154
4. Data Use/CQI Infrastructure Support .....	154
5. CCWIS Data Quality .....	155



B. TRAINING AND TECHNICAL ASSISTANCE TO cwsB STAFF .....	156
C. Strategic Planning Committee .....	156
1. Overview .....	156
2. Trauma and Healing Informed Care .....	156
3. Community Gatherings (Aha) .....	157
a. Oahu .....	157
b. Maui .....	157
c. East Hawaii .....	158
d. West Hawaii .....	158
e. Kauai .....	159
4. Leadership Development and Transition Planning .....	159
5. Waiver Sustainability and Spread .....	160
6. Plan for the Next Five Years .....	160
D. Strengthening Title IV-E Foster Care Eligibility Determination .....	161
1. Overview .....	161
2. Findings. ....	161
3. Plans for Improvement .....	161
Section VIII. Child Abuse Prevention and Treatment Act (CAPTA) Progress Report on State Plan .....	163
A. Overview .....	163
B. Statewide Citizen Review Panel .....	163
C. Child Fatalities .....	164
1. Fatalities in CWSB Cases .....	164
2. Child Fatalities Statewide .....	165
3. CAPTA Fatality and Near Fatality Disclosure Policy .....	166
D. Child Welfare Services Workforce .....	167
1. Overview .....	167
2. Staff .....	167
3. Caseload .....	167
4. Positions .....	167
5. Gender .....	167
6. Age .....	168
7. Education .....	168

8. Ethnicity.....	169
9. Length of Employment with CWSB .....	169
E. Juvenile Justice Transfers .....	169
F. Domestic Violence.....	170
1. Domestic Violence Shelter and Support .....	170
2. Teen Dating Violence Prevention and Intervention.....	171
3. Legal Services and Advocacy .....	171
4. Domestic Violence Services for Families .....	171
5. Collaboration .....	171
6. Trends.....	173
7. Five Year Plan .....	173
G. Substance Exposed Infants and Children .....	173
H. Human Trafficking .....	175
1. CWSB Human Trafficking Workgroup .....	175
2. CWSB Human Trafficking Protocol and Procedures.....	176
3. CWSB Staff Human Trafficking Training .....	177
4. Collaboration .....	177
5. Current Actions .....	178
6. 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). 178	
7. Trends.....	179
8. Five Year Plan .....	179
I. Continuous Growth.....	180
1. AFCARS Improvement Plan (AIP).....	180
2. Program Improvement Plan (PIP).....	181
3. CAPTA PIP .....	182
Section IX. Young Adults and Chafee .....	185
A. Independent Living Collaboration Contracts .....	185
1. Youth in Foster Care (ages 12-15) .....	185
2. Youth in Foster Care (ages 16 and older) .....	185
3. Former foster youth (age 18 up to age 27) who age out of foster care in Hawaii.....	186
4. Imua Kakou (extended foster care) for young adults (ages 18 up to age 21) .....	186

5. State-funded Higher Education Program for former foster youth (ages 18-26).....	186
B. Independent Living Collaborator .....	187
C. Higher Education Stipend and Education and Training Vouchers .....	188
D. Extended Foster Care (aka Imua Kakou) and Extended Assistance Programs .....	189
1. Extended Assistance Programs .....	190
2. SHAKA Database and Imua Kakou Data Tracking.....	190
3. Imua Kakou Applications.....	190
4. Participant Demographics and Other Tracker Data .....	190
5. Case Management, Case Plans, and 90-Day Transition Plans.....	191
E. Other Independent/Interdependent Living Areas .....	191
1. Chafee Funded Housing Support.....	191
2. Coordination and Linkage with Other Federal and State Programs .....	191
3. Youth Homelessness .....	192
4. Human Trafficking .....	193
5. Medical Coverage.....	193
6. E Makua Ana (Becoming an Adult) Youth Circles.....	193
7. CWSB Youth Advisory Board .....	194
8. National Youth in Transition Database .....	195
9. Youth-In-Court Facilitation Program .....	197
10. Planned Activities for FFY 2020.....	197
a. Youth Engagement and Empowerment.....	197
b. Independent Living Collaborator Contract .....	197
c. Independent Living and Imua Kakou Services Combined .....	198
d. Information Technology.....	198
e. Collaborations & Building Ongoing Relationships .....	198
Section X. Recent Hawaii Legislation .....	199
A. Visitation Centers at Correctional Facilitation Centers .....	199
B. Sexual Violence Prevention Education .....	199
C. Youth Suicide Prevention.....	199
D. Minor Sex Abuse by Clergy .....	199
E. Sustaining the Title IV-E Waiver .....	199
F. Ohana Nui.....	199

G. Assessing Children in Public Schools .....	199
H. Funding for Homelessness Services.....	200
I. Parent’s Disability Not Sole Factor to Determine Fitness .....	200
J. Child Care Regulations .....	200
K. Disclosing Child Care Facility Abuse .....	200
Section XI. Payment Limitations – Title IV-B .....	201
A. Payment Limitations – Title IV-B, Subpart I .....	201
B. Payment Limitations — Title IV-B, Subpart II.....	201
1. 1992.....	201
2. FFY 2020 .....	201
3. FFY 2017 .....	202
4. FFY 2016 and 2019 .....	202
C. Education and Training Vouchers (ETV).....	202
D. CFS-101 .....	202
Attachments.....	203
A. Data Booklet .....	203
B. CFS-101 Part I, II, and III .....	203
C. Citizen Review Panel Report and Response Letter .....	203
D. Annual Reporting of Education and Training Vouchers Awarded .....	203
E. CAPTA Program Improvement Plan .....	203
F. Title IV-E Waiver Demonstration Semi-Annual Progress Report January 1, 2018 to June 30, 2018 and Semi-Annual Evaluation Report January 1, 2018 to June 30, 2018 .....	203
G. Title IV-E Waiver Demonstration Semi-Annual Progress RePort July 1, 2018 to December 31, 2018 and Semi-Annual Evaluation Report July 1, 2018 to December 31, 2018 .....	203

## **ACRONYMS & ABBREVIATIONS**

ACF	Administration for Children and Families
ADAD	Alcohol and Drug Abuse Division (of the Department of Health)
AFCARS	Adoption and Foster Care Analysis and Reporting System
AIP	AFCARS Improvement Plan
ANI	Area in Need of Improvement
APA	Assistant Program Administrator
APCSB	Adult Protective Community Services Branch
APPLA	Another Planned Permanent Living Arrangement
APRN	Advanced Practice Registered Nurse
APSR	Annual Progress Services Report
BIA	Bureau of Indian Affairs
BESSD	Benefit, Employment, and Support Services Division (of DHS)
CAMHD	Department of Health, Child and Adolescent Mental Health Division
CANS	Child and Adolescent Needs and Strengths Assessment Tool
CA/N	Child Abuse and/or Neglect
CAPTA	Child Abuse Prevention and Treatment Act
CASA	Court-Appointed Special Advocate
CBC	Capacity Building Center for States
CCH	Catholic Charities Hawaii
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
CJIS	Hawaii Statewide criminal history record information system
CM	Case Management
CPR	Cardiopulmonary Resuscitation
CPSS	Child Protective Service System (DHS' computer database system)
CQI	Continuous Quality Improvement
CRP	Citizens Review Panel
CRT	Crisis Response Team
CSEC	Commercial Sexual Exploitation of Children
CWCA	Child Welfare Contributing Agency (as federally defined)
CWS	Child Welfare Services
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
EOEL	State of Hawaii Executive Office on Early Learning
EPSDT	Early Periodic Screening Diagnosis and Treatment
ETV	Education and Training Vouchers
FBI	Federal Bureau of Investigations

FCTC	Foster Care Training Committee
FFPS	Family First Prevention Services Act
FFY	Federal Fiscal Year
FPH	Family Programs Hawaii (social service agency)
FSS	Family Strengthening Services (a program of Hawaii's Differential Response System)
FVPSA	Family Violence Prevention and Services Act
GAL	Guardian Ad Litem
HANAI	Hawaii Assures Nurturing and Involvement (resource caregiver training)
HAR	Hawaii Administrative Rule
HCAHT	Hawaii Coalition Against Human Trafficking
HCJDC	Hawaii Criminal Justice Data Center
HCWCQI	Hawaii Child Welfare Continuous Quality Improvement Project
HCWEC	Hawaii Child Welfare Education Collaboration
HI H.O.P.E.S.	Hawaii Helping Our People Envision Success (current and former foster youth organization)
HIPPA	Health Insurance Portability and Accountability Act of 1996
HI SYNC	Hawaii State Youth Network of Care
HPD	Honolulu Police Department
HRS	Hawaii Revised Statutes
HSCDV	Hawaii State Coalition against Domestic Violence
HT	Human Trafficking
HVS	Home Visiting Services
HYCF	Hawaii Youth Correctional Facility
HYSN	Hawaii Youth Services Network
HZTT	Hawaii Zero to Three Specialty Court
ICF	Internal Communication Form
ICPC	Interstate Compact for the Placement of Children
ICWA	Indian Child Welfare Act
IEP	Individualized Education Plan
IER	Interim Evaluation Report
IHBS	Intensive Home-Based Services
IHI	Independent Living, Higher Education, and Imua Kakou Services
IK	Imua Kakou
IL	Independent Living
ILC	Independent Living Collaborator
ITCP	Infant Toddler Court Program
JJIS	Juvenile Justice Information System
KAEC	Kauai Animal Education Center
KOLEA	Kauhale Online Eligibility Assistance
LGBTQ	Lesbian, Gay, Bisexual, Transgender/Transsexual, Queer/Questioning
MCHB	Department of Health, Maternal and Child Health Branch
MDT	Multi-Disciplinary Team
MLT	Management Leadership Team
MEDQUEST	State of Hawaii Health Insurance
MQD	MedQUEST Division
MSO	Management Services Office

MSW	Master of Social Work
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
PDO	Program Development Office
PFC	Project First Care
PIDF	Partners in Development Foundation (social service agency)
PIP	Program Improvement Plan
PUR	Period Under Review
QA	Quality Assurance
QAR	Quarterly Activity Report
QIC	Quality Improvement Center for Research-Based Infant Toddler Court Teams
RBA	Results Based Accountability
RST	Rapid Screening Tool for child trafficking
SBCT	Safe Babies Court Team
SFHR	Safe Family Home Report
SFY	State Fiscal Year
SHAKA	State of Hawaii Automated Keiki Assistance (CWSB computer database system)
SHAKATown	Youth Portal to SHAKA (see above)
SPAW	Safety, Permanency and Well-being Roundtables
SPC	Strategic Planning Committee
SSD	Social Services Division
SwSA	Statewide Self Assessment
TA	Technical Assistance
THIC	Trauma and Healing Informed Care
TPR	Termination of Parental Rights
TVPA	Trafficking Victims Protection Act of 2000
UH	University of Hawaii
UHMC	University of Hawaii, Maui College
VCA	Voluntary Care Agreement (for Imua Kakou)
VCM	Voluntary Case Management (a program of Hawaii's Differential Response System)
WRAP	Family Wrap Hawaii
WWK	Wendy's Wonderful Kids
YC	Youth Circle
YES	Youth Empowerment and Success
ZTT	Zero to Three (Ages 0-3)

## **SECTION I. STATE AGENCY UPDATES AND CHANGES**

### **A. DEPARTMENT'S STRATEGIC PLAN**

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

#### **1. Vision**

The people of Hawaii are thriving.

#### **2. Mission**

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

#### **3. Core Values (THRIVE)**

##### **a. Team-oriented**

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

##### **b. Human-centered**

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

##### **c. Respectful**

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

##### **d. Intentional**

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

##### **e. Visionary**

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

##### **f. Evidence-based**

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

#### **4. Goals**

- a. Improve the self-sufficiency and well-being of Hawaii's individuals and families



- b. Improve service integration and delivery to develop solutions for sustainable outcomes
- c. Improve staff health and development

## B. CHANGES TO AGENCY PRIORITIES

DHS' Child Welfare Services Branch (CWSB) is continuing to incorporate the DHS' new Strategic Plan into its work. CWSB current priorities include:

1. Implementing Hawaii's third Program Improvement Plan (**PIP3**), based on the Child and Family Services Review (CFSR) Round 3 results (PIP3 is discussed in *Section VIII. I. Continuous Growth.*);
2. Building a new Comprehensive Child Welfare Information System (**CCWIS**) by 2025
3. Planning the ending of the **Title IV-E Waiver** Demonstration Project (2015 – 2019), including the transition of the most promising demonstration activities into post-waiver services; and
4. Integrating the **Ohana Nui** framework into practice.

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 youth in foster care. The program is Hawaii's approach to delivering integrated human services that focuses early and concurrently on whole families, which often includes more than two generations of family members. Two Ohana Nui projects that Hawaii CWSB has been involved in are: 1) merging Hawaii's Department of Health early home visiting programs with CWSB's early home visiting programs, and 2) establishing data-sharing among DHS divisions.

For more information about CWSB's priorities and goals, please see Hawaii's 2020-2025 CFSP, which is being submitted concurrently with this APSR.

## C. UPDATES AND CHANGES TO AGENCY ORGANIZATION

### 1. CWSB Special Team

CWSB established a new pilot unit, which will be supervised directly by the Branch Administrator. The purpose of the unit is to improve practice by supporting and mentoring staff across the State in their daily work. The Special Team Unit will consist of a supervisor, three seasoned caseworkers, and two seasoned staff assistants. The Unit will travel where needed throughout the State to work alongside staff on projects and initiatives that need attention. For example, if data indicates that a particular unit is struggling to complete adoptions timely, partially because they do not have the time, knowledge, and skill to properly complete and file the necessary adoption paperwork, this Special Team would come in and teach the staff the necessary skills, while completing any outstanding adoption paperwork. Another example, if data indicates

that a unit is struggling to close inactive cases, the Special Team could work with the target unit staff to close the inactive cases and help develop and implement a system that would help ensure timely case closure.

This unit is not yet staffed and operational, but it should be in SFY 2020.

## **2. Program Development Office (PDO)**

DHS Social Services Division (SSD) developed a reorganization plan to move the supervision of the CWSB Program Development Office (PDO) from CWSB to SSD. The plan, which was approved by the State legislature, 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.

Although this change has not happened yet, it is expected in SFY 2020.

## **3. East Hawaii Caseworkers**

An outcome from the community's concern regarding CWSB caseworkers carrying high caseloads was the passage of a bill in Hawaii's 2018 legislative session which mandated more caseworker positions for the CWSB East Hawaii Section. During SFY 2019, the East Hawaii Section has been successful in filling half of the new caseworker positions.

Despite the increase in caseworkers, the average caseload for workers in the East Hawaii region of the State remains high – the second highest (of the seven direct-service sections) in the State. Hawaii is optimistic that the caseloads will become more manageable with the implementation of some of the new PIP strategies.

## **4. Child Welfare Intake**

Hawaii's statewide Child Welfare Intake units have been reorganized with additional positions and a restructured staffing pattern to ensure readily-available supervision and 24-hour hotline coverage by trained, full-time intake staff.

Hawaii is struggling to fill the newly created intake staff positions, many of which are for non-traditional work hours. Discussions have begun among CWSB and the University of Hawaii at Manoa, School of Social Work regarding amending the Hawaii Child Welfare Education Collaboration (HCWEC) contract, which provides educational stipends to Master of Social Work (MSW) students in exchange for a commitment to work at CWSB upon graduation. The idea for the amendment is to target recruitment and training specifically toward the hardest to fill vacancies, like CWSB intake shift work positions.

## D. TARGETED PLANS

Revised targeted plans are being submitted concurrently with Hawaii's 2020-2025 CFSP:

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

## E. CHILD WELFARE WORKFORCE

As of May 2019, CWSB has 394 funded positions, 328 employees (83% of funded positions), and 66 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. Please see Figure 64: CWSB Staff Breakdown – May 2019 [Table] and Figure 65: CWSB Staff Breakdown – May 2019 [Graph].

Due to ongoing vacancy problems statewide, during SFY 2018 and 2019, CWSB partnered with State Human Resources staff to develop and implement a new and faster method of hiring CWSB staff, called *Wikiwiki Hire*. (*Wikiwiki* is the Hawaiian word for *speedy*.) The program started on June 14, 2018. As of April 9, 2019, the program had hired 45 new CWSB staff (20 support staff – aides and assistants; and 25 social workers). Wikiwiki Hire was initially authorized as a pilot project for one year, but due to the success, the pilot has been extended. In the extension of the pilot, office assistant and secretary positions will be added to the positions that can be filled through Wikiwiki Hire.

As noted in prior APSRs, CWSB continues its partnership with the University of Hawaii, School of Social Work, through the HCWEC, providing stipends to students in the MSW program who work for CWSB upon graduation. Eight MSW graduates are coming into the CWSB workforce from the 2018-2019 academic school year.

## **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 from prevention and protection through permanency.

CWSB integrated the Child and Family Services Review (CFSR) process and the Annual Progress and Services Report (APSR), which coordinates state effort to determine and monitor quality of performance. 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.

Hawaii's new 2020 – 2025 CFSP with new goals is being submitted concurrently with this APSR.

#### **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. This APSR is the final report on Hawaii's 2015-2019 CFSP. Due to the length of time it takes for State data to be made available for analysis, this APSR will discuss data on activities and services provided through State Fiscal Year (SFY) 2018. The focus of this APSR is specifically on programs, services, and activities provided in Federal Fiscal Year (FFY) 2019 and planned programs, services, and activities for FFY 2020.

In addition to some historical analysis of Hawaii's progress over the past five years (the span of the expiring CFSP), this document provides new information on services and activities provided since the submission of the FFY 2019 APSR and those to be provided after the submission of this FFY 2020 APSR. Fiscal year references in this report mean the following:

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

e.g., FFY 2019 = October 1, 2018 – September 30, 2019

This APSR primarily provides data from SFYs 2014 - 2018. Where possible, more 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, include:
  - 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's electronic database, CPSS, contains information for required federal reports, such as AFCARS and NCANDS. It is Hawaii CWSB's official system of record.
  - 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. SHAKA operates three trackers that are key in Hawaii's CFSR PIP: the Initial Contact Tracker, the Monthly Worker Visit with Child Tracker, and the Monthly Worker Visit with Parent Tracker.
- 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 2020 APSR (Data Booklet), included as Attachment C, compiles tables and charts in one document. Reference will be made throughout this report to figures in the Data Booklet, which will provide additional supporting information on specific topics. *The Data Booklet is not intended to be viewed independently of this narrative APSR, as the data is further defined, clarified, and given context in this report.*

## **C. COLLABORATION ON CFSP/APSR**

Hawaii's collaboration process and partners in developing the CFSP/APSR have not changed since the last APSR submission (FFY 2019). 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. CWSB's Advisory Committee (formerly CWSB's CQI Council) has been integral in the development and review of CWSB's plans. 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 2019 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), Section 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. Trauma and healing informed care;
- e. Honest and earnest communication approaches with everyone;
- f. Compassionate and caring approaches; and
- g. Strength-based supportive approaches to build family and community capacity to ensure child safety.

## **3. Child Welfare Title IV-E Waiver Demonstration Activities**

As of this report, Hawaii is in the fifth and last year of its Title IV-E Waiver Demonstration Project (“Waiver”). By the end of 2018, Waiver innovations served nearly 3,500 children from more than 1,800 families since the beginning. Crisis Response Team (CRT) served a total of 2,455 children from 1,327 families, and prevented 41.5% (n=1,021) of children from further being involved in the child welfare system at the time of response. Intensive Home-base Services (IHBS) served a total of 539 children from 227 families. Of those 227 families, only 11% (n=25) of the families experienced child removal during or immediately after the intervention. Family Wrap Hawaii (Wrap) served a total of 241 children from 119 families. Of those families, 40% (n=47) of them reunified thanks to the intense case coordination process. Safety, Permanency, and Well-being (SPAW) served a total of 196 children out of over 2,500 cases the SPAW team reviewed and mined. Of those 196 children, 37% (n=72) of the children achieved permanency due to the permanency review and barrier-busting case consultation.

All throughout 2018, Hawaii continued discussions on model improvements, data entry and cleanup, and the Waiver phase-down and sustainability discussions of each intervention. Passage of Family First Prevention Services Act (FFPSA) encouraged Hawaii Waiver to further the development of a transition/phase-down plan to sustain and improve the Waiver intervention models. The Waiver Steering Committee and workgroups continue to meet regularly to keep the Waiver on track. The Waiver Executive Committee continues to meet and re-educate the Fiscal

Management Office accountants on Title IV-E claiming and Waiver expense claiming, as well as discuss reinvestment of the realized Title IV-E savings to child welfare.

As part of the transition planning, the decision was made to sustain Intensive Home-based Services (IHBS) and Family Wrap Hawaii, and to close the Safety, Permanency, and Well-being (SPAW) by the end of September 2019. SPAW will be further modified and integrated into the case staffing model that is being developed under the Program Improvement Plan (PIP) 3.

Many action items identified in the transition plans continue to be worked on. One critical item is to secure State funds to sustain the Waiver interventions. At the time of this reporting, the Waiver continuity budget request was submitted to the 2019 Hawai'i Legislature and is going through the legislative process for approval. Meetings with House Finance and Senate Ways and Means budget analysts as well as the committee hearings are ongoing. CWSB was granted approximately 75% of the requested funding and is in the process of determining priorities and allocation of the funding.

The Waiver Evaluation Team continued to collect and clean data, provided feedback and asked questions for clarifications. In 2018, the Evaluation Team accomplished two (2) main tasks: (1) the identification of the numbers of children and families assigned to the Waiver Project interventions on Oahu and Hawaii Island from January 1, 2017 – December 31, 2017; and (2) compiling a data set representing all children served by the four Waiver Project processes/interventions from January 2015 – December 2017. Data on cases served by Waiver processes/interventions in 2015 and 2016 were previously presented in the *Interim Evaluation Report* and *Semi-Annual Report #6*. Those data were extracted several times by the Evaluation Team and verified multiple times, and will not be re-extracted.

As the Evaluation Team also worked with CWSB to identify and extract a significant amount of data to be used in both the cost analysis and outcome evaluation, the decision was made to delay the regular 6-month data extract until December 2018. This allowed CWSB to focus its resources on the new data request and enable the Evaluators to extract data on all cases served in 2018 at one time.

Please see the appendices for the Waiver Semi-Annual Reports #7 and #8 for more detailed Waiver Project progress, evaluation findings, and transition planning.



## **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, at no cost to the families, either directly by CWSB staff or by other social service agencies that are contracted by DHS to provide services to CWSB families.

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

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

### **B. CHILD MALTREATMENT REPORTS AND DISPOSITIONS STATEWIDE AND PERFORMANCE ASSESSMENT**

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 the types of calls received by the Statewide Intake Hotline for SFY 2014 through SFY 2018. “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 are assigned to CWSB or DRS (VCM or FSS) for action. Although there has been fluctuation in the total number of calls received in SFY 2014 through SFY 2018, the percentage of calls assigned for further action has remained relatively stable in the range of 21% to 26%. In SFY 2018, 24% of calls were assigned for intervention.

In addition to Data Booklet, Figure 1: Statewide Intake Hotline Calls, refer to Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS for a breakdown of calls assessed as appropriate for some level of intervention through CWSB investigation, VCM, or FSS. While the number of calls slightly increased from SFY 2017 (17,886) to SFY 2018 (19,328), the number of calls assigned for intervention has remained stable from SFY 2017 (4,609) to SFY 2018 (4,654).

Refer to Data Booklet, Figure 3: Percentage of Intakes Assigned to CWSB and DRS to review the percentage of cases assigned to CWSB and DRS for action for SFY 2014 through SFY 2018. The number of hotline calls assigned for CWSB investigation increased slightly by 3% from SFY 2017 (2,383) to SFY 2018 (2,448). The number of hotline calls assigned to VCM decreased by 7% from SFY 2017 (1,592) to SFY 2018 (1,487) and the number of hotline calls assigned to FSS increased by 12% from SFY 2017 (634) to SFY 2018 (710).

The number of calls and assignments in most areas from 2017 and 2018 remain similar.

#### Summary over the past 5 years:

Although the number of reports to intake 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 regarding risk levels 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 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.

#### Planning for the next 5 years:

Over the past five (5) years we have seen a slight decline in calls, however, the number of calls assigned for intervention has remained fairly consistent. We will continue to monitor calls and assignments to review trends and changes as they arise.

### **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: Factors Precipitating Incident for Confirmed Victims and Figure 5: Intake Disposition by County SFY 2018 for county specific data.

A victim is a child in an intake who may have been maltreated. A confirmed victim is a child whose abuse(s) has been confirmed or substantiated. Refer to Data Booklet, Figure 6: Victim Disposition by County SFY 2018 for county specific data.

In SFY 2018, 1,942 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 1,942 reports included 3,631 children, of which 1,202 (or 33%) were confirmed as victims of child maltreatment. Refer to Data Booklet, Figure 8: Cases Assigned for CWSB Investigation and Confirmation Rate for the numbers of cases assigned for CWSB investigation.

Please note that the numbers in Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS may not match the numbers in Data Booklet, Figures 6: Victim Disposition by County SFY 2018 and Figure 8: Statewide Cases Assigned for CWSB Investigation and Confirmation Rate for the numbers of cases assigned for CWSB investigation as Data Booklet, Figure 2: Intakes Assigned to CWSB and DRS includes cases that were assigned to CWSB for investigation directly from the initial intake by CWSB hotline while Data Booklet, Figures 6: Victim Disposition by County and Figure 8: Cases Assigned for CWSB Investigation and Confirmation Rate include cases that were assigned to CWSB for investigation from any source, including cases referred from VCM or FSS.

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

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

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 0.3% in SFY 2017. 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 27: Absence of Recurrence of Child Abuse and Neglect. More recently, the recurrence rate has decreased from 1.4% in SFY 2014 to 0.3% in SFY 2017.

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 9: Statewide Confirmed Maltreatment by Type SFY 2014-2018 [Table] and Figure 10: Maltreatment Type SFY 2014-2018 (Percentage) for details on the major types of maltreatment that are reported and confirmed by CWSB in SFY 2018.

There was a 0.6% increase in cases of threatened harm from SFY 2017 to SFY 2018. During the same timeframe, there was a 0.3% decrease in actual medical neglect, a slight decrease of 1.4% in physical neglect, and a slight decrease of 0.2% of physical abuse. Sexual abuse has remained near 5% from SFY 2014 and is currently 5.7% in SFY 2018. Psychological Abuse has also remained below 1% from 2014 and decrease to 0.5% in SFY 2018. The percentage of the type of harm confirmed appears to be consistent over the last 5 years.

#### Summary over the past 5 years:

Over the past 5 years, there has been a slight decline in the percentages of reported families confirmed for harm or threat of harm. In addition, there has been a slight decline in the percentage of families confirmed for neglect and a similar increase in the percent of families confirmed for threat of harm. This may suggest that reports and/or interventions are occurring sooner as to prevent actual harm and intervention when a safety threat is present.

#### Planning for the next 5 years:

Large scale refresher trainings on the safety model are offered irregularly to existing staff and was last offered in 2011 and 2014. Workers receive training on the safety model at new hire training and are supported in applying the model and safety threshold in practice through supervision. As part of the Program Improvement Plan, Staff Development will revise the safety and risk curriculum for new hire training and existing staff training, and incorporate the supervisor's role in the following areas:

- assessment – use of risk and safety tools, in-home safety analysis;
- conditions for return;
- information gathering;
- in-home safety planning and safety services;
- safety decision-making at critical junctures: – removal, reunification case closure;
- safety services matching; and
- safety threshold – safety vs. risk.

This will help refresh and reinforce the safety model and threshold as it relates to information gathering, assessment, and determination of whether harm or threat of harm exists.

In addition to training, supervisors will provide regular consultation and supervision that will further the consistency of practice. The confirmation rate and type of harm will continue to be reviewed annually to review trends and changes as they arise.

## 2. Number of Children in Foster Care

Please view the graphs in Data Booklet, Figure 12: Total Number of Children in Foster Care in Hawaii SFYs 2004-2018, and Figure 13: Monthly Average Number of Children in Foster Care in Hawaii SFYs 2004-2018. Hawaii experienced a remarkable and steady decline in the number of children in foster care from SFY 2004 to SFY 2011. Starting from SFY 2011, Hawaii experienced a few years where the numbers remained quite low. In the last several years, the numbers have slowly climbed. Over the past five 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 a 2.6% increase in total annual number of children in foster care from SFY 2017 (2,688 foster children) to SFY 2018 (2,759 foster children), and a 2.3% increase in the monthly average number of children in foster care from SFY 2017 (1,499 foster children) to SFY 2018 (1,533). This rise has continued in SFY 2019 and is consistent with national trends.

The percentage rise for both the total annual number of children in foster care and the monthly average number of children in foster care is the lowest that it has been over the past five years, with one exception – the 2% increase in the total annual number of children in foster care from SFY 2013 – SFY 2014. See Data Booklet, Figure 14: Percentage Rise of Children in Foster Care SFY 2013 through SFY 2018. Although it may be too soon to call it a trend, it is a positive sign that the percentage increase in both counts (total annual and monthly average) has gone down each year over the past three years. A visual representation of the past five years of the total annual number of children in foster care, along with the numbers of children that entered and exited care for those years can be found in Figure 11: Statewide Children in Foster Care, Entries, and Exits – SFYs 2014-2018.

When considering the rise of children in foster care over the five-year period of the CFSP, please consider the last two rows of Figure 14. These percentage increases are alarming, with a 27% increase in the annual total number of children in foster care, and a 40% increase in the monthly average number of children in foster care from SFY 2013 – SFY 2018. This means that, on a monthly basis, CWSB staff is working with 40% more children now than they were in SFY 2013, without additional staff or resources. Please see Figure 62: CWSB Staff Positions and Vacancies – 2013 – 2019.

Although this rise of children in foster care 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, Hawaii is not approaching the levels of the 2000s. See Figure 12.

The pattern of these increases has resulted in a decentralization of the foster care population, i.e., fewer children in foster care on Oahu and more on neighbor islands.

This points to a potential need to reallocate resources. See Data Booklet, Figure 15: Percentage of Children in Foster Care by Geographic Area SFY 2014 - 2018. Here one can see that the percentage of children in foster care has regionally shifted over the past five years. The percentages of the total statewide foster children in each neighbor island region have risen over the period SFY 2014 through SFY 2018, resulting in a decreased percentage for Oahu.

Data Booklet, Figure 16: Number & Percentage Change in Foster Care by Geographic Area SFY2014 to 2018, depicts children in foster care across regions over the same five year period, SFYs 2014 – 2018. The number of children in foster care for each year statewide and in each geographic region is provided, along with the number and percentage rise over this five-year period. The greatest percentage changes can be seen in West Hawaii and Kauai, with the largest numeric growth in East Hawaii. The most modest percentage growth can be seen on Oahu.

CWSB hypothesizes that the Title IV-E Waiver intervention, CRT, is one of the reasons why Oahu has been able to keep its numbers low. Although East and West Hawaii also have had this intervention and still seen significant increases, there are confounding factors in those regions that have caused the numbers to rise. Hawaii's Waiver data demonstrates that CRT has been highly effective in safely keeping children out of foster care.

Despite the continued statewide increase of children in foster care over the past few years, CWSB is pleased that the average length of stay has dropped since SFY 2011 and continues to stay relatively low. See Data Booklet, Figure 18: Average Length of Stay in Foster Care in Months, which graphically demonstrates the decline in length of stay for the SFYs 2011-2018. Also, see Data Booklet, Figure 22: Termination Type by Age Group for SFY 2014 - SFY 2018 for further information.

In looking forward to the next five years, Hawaii has several plans to safely reduce the number of children in foster care, along with the length of stay of children in foster care.

#### **a. Increase Prevention Efforts**

Perhaps the most obvious way to decrease the number of children in foster care is to invest in effective child abuse and neglect prevention. With support from the federal Families First Prevention and Services Act (FFPSA), CWSB is currently partnering with the Maternal and Child Health Branch of the Hawaii State Department of Health, Family Court, and the Court Improvement Project to identify prevention activities and shepherd the move to FFPSA.

## **b. Strengthen Risk and Safety Assessments**

A key strategy of Hawaii's CFSR PIP is to strengthen the quality of risk and safety assessments. Hawaii will be revising its safety and risk training curriculum, which will reinforce best practice in:

- i. Information gathering;
- ii. Safety threshold – safety versus risk;
- iii. Safety decision-making at critical junctures: removal, reunification, and case closure;
- iv. In-home safety planning and safety services;
- v. Assessment – use of risk and safety tools, in-home safety analysis, conditions for return; and
- vi. Safety services matching.

The supervisors' role in each of these areas will be specified.

## **c. CRT and IHBS**

Two of the Title IV-E Waiver Demonstration Project interventions that Hawaii will be continuing and expanding over the next several years are CRT and IHBS. Data from the Waiver Evaluation demonstrated that both are highly effective in keeping children out of foster care. CRT responds within two hours of a call to the hotline where a child may be imminently placed into foster care. With CRT in place in Hawaii for approximately four years, data showed that, of the children CRT served, the innovative response has been able to prevent 41.5% of children (over 1,000 children, over four years) from entering foster care. Additionally, IHBS, which serves families in their homes whose children would otherwise enter foster care, has been able to keep 89% of the children they served (approximately 480 children, over four years) out of foster care.

## **d. Reduce Caseload**

Another strategy to keep children safely out of foster care and safely reduce the amount of time children are in foster care is to make sure that the caseworkers have the time and energy to properly assess the families they work with. One key way to do this is to reduce caseload. Hawaii's PIP is approaching this from a few angles.

### **i. Closing Inactive Cases**

Hawaii is committed to closing all inactive cases and putting in place a system to ensure timely case closures.

### **ii. Monthly Supervision**

All cases will be reviewed monthly with the caseworker and his/her supervisor, which will ensure that cases that need to close are closed, and that all cases are actively moving toward permanency.

### **iii. Case Staffing**

A selection of cases will be part of the case staffing process every month to support superior practice and solve problems with challenging cases. This will promote cases moving more quickly and successfully through the system.

### **e. Improve Supervision**

A major focus of Hawaii's PIP is improving supervision. Supervisors will be trained on a new model and a supervision tool that they can use with their caseworkers, as they review cases. Supervisors will be provided with additional training on the implementation of new initiatives, so that they may successfully guide and coach their staff. These actions, in addition to the monthly supervision mentioned in c. ii. above, will support comprehensive casework and assessments, which will result in keeping children safely out of foster care.

### **f. Reallocate resources**

CWSB has been examining the structure of the Branch to optimize functioning and successful outcomes for the children and families of Hawaii. A Special Team Unit has been developed to support and improve CWSB practice across the State. Additionally, Branch Administrators are exploring reorganizing positions within the sections to allow many of the administrative functions of a line supervisor to be shifted to a support staff expert. This shift will help to afford supervisors the time that they need to mentor and coach caseworkers.

### **g. Improve Concurrent Planning**

Although CWSB staff understand the concept of concurrent planning, as part of the PIP, concrete concurrent planning efforts will be reinforced, and will be reviewed and monitored during monthly supervision meetings and at family court hearings. National research shows that time in foster care is greatly reduced when there is active effort on two permanent plans concurrently.

### **h. Improve Parent Engagement**

Hawaii has embraced a *Trauma and Healing Informed Care (THIC)* model to support caseworkers in empathic work with families. As Hawaii continues to infuse THIC principals throughout its work, the rapport between caseworkers and families will improve. Successfully engaging families is key to good assessments, matching services to the families' needs, and achieving timely permanency, all of which will



positively affect the number of children in foster care and the length of stay of children in care.

### **3. General Safety**

#### **a. CFSR Safety Outcome 1**

*Children are first and foremost protected from abuse and neglect.*

##### **i. CFSR Item 1: Timeliness of Initial Response of Investigations**

SFY 2018: 43 Cases Reviewed

32 STRENGTHS, 11 AREAS NEEDING IMPROVEMENT (ANI)

###### **1) 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).

###### **2) Summary of Data**

In 32 of 43 cases (or 74% of applicable cases reviewed), response times were met or sufficient efforts were made for contact. In those cases rated as strengths, efforts were early, physical attempts were made by the caseworker in addition to phone contacts as needed, and all child victims in the family were seen. 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 were entered in SHAKA, and others in logs and investigative screens.

Eleven cases (or 26%) were rated as needing improvement. The investigation was not initiated timely and/or contact with the children was not made in accordance with State timeframes.

- a) In 8 cases, the report was not initiated timely, and contact was not made timely. There were no reasons identified for the delays.
- b) In 3 cases, contact was initiated timely, but when the children were not located timely, ongoing efforts were needed to search for them.
  - i. In one case, the child was on the run.
  - ii. In one case, the child was seen timely, but there were not physical attempts to see the siblings timely.
  - iii. In one case, the child was in a mental health treatment center on another island.

To address circumstances where contact was initiated timely, but when the children were not located timely and ongoing efforts were needed to search for them, CWSB can refresh workers on the existing procedures to locate and contact children. During debrief sessions that follow case reviews, procedures are often reviewed, discussed, and as needed, clarified.

In addition, in circumstances where the report was not initiated timely, contact was not made timely, and there were no reasons identified for the delays as well as circumstances where contact was initiated timely but when the children were not located timely and ongoing efforts were needed to search for them, the reinstitution of the SHAKA Intake Tracker provides structure and accessible real-time information to review and assure timely responses and ongoing efforts are made to contact children. The reinstitution of the SHAKA Intake Tracker will be completed as part of the PIP.

### 3) Summary and discussion of the data from the past 5 Years

Year	2014	2015	2016	2017	2018
Strength Rating	84%	89%	80%	74%	74%

Hawaii's case reviews show statewide performance for Item 1 at 77.8% in SFY 2013, 88.6% in SFY 2015, and 74.1% in SFY 2017 (includes CFSR data). Previously, Hawaii implemented the statewide use of a management tool in SHAKA which tracked intake response times in real time. Data was entered by line staff and reviewed by supervisors and administrators on a regular basis. In addition, weekly statewide meetings were facilitated to discuss challenges in practice, brainstorm solutions, and clarify procedures. Staff widely acknowledge that this provided an opportunity for learning and support. Through this, Hawaii saw an improvement in performance.

In 2016, statewide meetings ceased as data targets were met and management of the SHAKA Intake Tracker was shifted to the sections and contracted providers. The Tracker calls provided the opportunity for learning and problem solving around initial contact. This learning was transferred to workers through section meetings, morning briefing, and other tracking methods. The information continues to be tracked in most sections; however, the frequency and method may vary and discussions regarding challenges to contact and brainstorming strategies may not occur consistently. One section has maintained 100% strength ratings in each case review since SFY 2015 and this section reports continued use of SHAKA Intake Tracker as a management tool. The SHAKA Intake Tracker shows

consistent data entry by VCM statewide but inconsistent data entry by CWSB and overall decreased performance since the shift.

**4) Planning for the next 5 years:**

Recognizing the progress made through the tracker call as a method for tracking as well as ongoing learning and transfer of knowledge, Hawaii will revisit this strategy with revisions to the prior model to promote the utilization of the Tracker and allow for learning opportunities within each section with section administrators, supervisors, and caseworker participation, as opposed to the statewide venue where participants are limited to the section administrators. Clear guidelines related to Tracker use, frequency of data input and review, participants, and discussion items, facilitation, and topics and strategies for discussion will be defined and these changes will improve upon an already tested method of increasing performance. The additional clarification and structured oversight will permanently integrate this change in Hawaii's practice. Guidelines provide clear expectations for sustained consistent use. In addition, the data gathered by the sections will be reviewed and discussed at Branch meetings which will help sustain the Tracker utilization and integration into practice.

Consistent Tracker use may help with timely initiation of response and sustained efforts when the child is not located or when other siblings must be seen.

As a part of the PIP, supervision for caseworkers will be enhanced to include regular supervision and consultation which will also include a review of timely contact with children and a discussion on efforts and strategies to locate children and parents.

Both the use of the Shaka Intake Tracker and enhanced supervision will assist in supporting the goal related to the workforce.

**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 93.9% or higher, CWSB's rate of Absence of Recurrence of Child Abuse and Neglect in SFY 2018 was 98.8%. Please refer to the Data Booklet, Figure 27: Absence of Recurrence of Child Abuse and Neglect, for information on the rates for SFY 2014 – SFY 2018.

CWSB'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 staff training on family engagement. Families that are fully engaged in services and have good rapport with their workers are less likely to re-offend. CWSB continues to enhance its practice utilizing safety and risk assessments.

CWSB will review and possibly revise its practice regarding documenting reports on open cases as a call of additional information or new intake when a subsequent report of maltreatment is made.

A training and learning collaborative was provided to CWSB staff on Trauma and Healing Informed Care in 2018. This may improve family engagement and Hawaii's assessments of children and parents and the effects of their trauma experiences, and develop opportunities and ideas to support each child and his/her parent or caregiver to prevent subsequent maltreatment from occurring.

In addition, large scale refresher trainings on the safety model are offered irregularly to existing staff and was last offered in 2011 and 2014. Caseworkers receive training on the safety model at new hire training and are supported in applying the model and safety threshold in practice through supervision. As part of the PIP, Staff Development will revise the safety and risk curriculum for new hire training and existing staff training, and incorporate the supervisor's role in the following areas:

- assessment – use of risk and safety tools, in-home safety analysis;
- conditions for return;
- information gathering;
- in-home safety planning and safety services;
- safety decision-making at critical junctures – removal and reunification case closure;
- safety services matching; and
- safety threshold – safety vs. risk.

This will help refresh and reinforce the safety model and threshold as it relates to gathering information and assessing, determining and providing appropriate safety related services to support families, and addressing the safety concerns. Through thorough assessments and individualized services, safety concerns will be addressed and minimize repeat maltreatment.

In addition to training, supervisors will provide regular consultation and supervision that will further the consistency of practice.

#### **4. Safety in Child's Home**

##### **a. CFSR Safety Outcome 2**

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

##### **i. CFSR Item 2: Services to prevent removal and maintain children safely in their home**

SFY 2018: 63 Cases Reviewed

34 STRENGTHS, 29 AREAS NEEDING IMPROVEMENT

##### **1) 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.

##### **2) Summary of Data of Current SFY**

In 34 of 63 cases (or 54% 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 contributed to guided decision making and good documentation in cases rated as strengths.

Twenty-nine cases (or 46%) were rated as needing improvement. Lack of appropriate, accurate safety assessments contributed to the negative rating.

- a) In 24 cases, appropriate safety-related services were not provided to the children to prevent entry into foster care or re-entry.
- b) In 12 cases, timely assessments were not made to ensure appropriate safety-related services were provided.
- c) In 5 cases, the quality of the assessment(s) was not sufficient.
- d) In 2 cases, there was no safety plan developed, when it was necessary to ensure safety.
- e) In 2 cases, efforts were not made to facilitate a family's access to needed services and to engage the family in those services.

##### **3) Discussion of Current SFY Data**

CWSB workers continue to 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.

In some instances, the assessment may not identify the specific safety concerns that require safety services. In other instances, some safety concerns may be identified but safety services are not provided.

CWSB has identified opportunities for clarification, refresher training, consultation, enhanced supervision, and coaching to improve assessments that identify safety concerns, provide safety services to meet the family's needs, and maintain the child's safety.

This will also include the clarification and review of safety services available through the family's support system, CWSB's service array, and community resources as well as safety vs. risk and in-home safety plans that include immediate actions to address imminent dangers or threats to child safety (such as a protective caregiver in the home when the children are present, a public health nurse visiting daily to assess the health of the child, removal of the offending parent or caregiver from the home, providing children breakfast and lunch at school and a neighbor brings dinner to the family) are either not developed or are written as case service plans that include services that address long-term needs such as UA's, substance abuse assessments, and parent skill building.

#### **4) Summary and discussion of the data from the past 5 Years**

<b>Year</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>
<b>Strength Rating</b>	<b>83%</b>	<b>88%</b>	<b>75%</b>	<b>76%</b>	<b>54%</b>

Over the past 5 years, we have seen some positive growth in practice and service array and accessibility. With the inclusion of the Crisis Response Team and Intensive Home-Based Services (on Oahu and Hawaii Island), families are seen and assessed promptly and services are rapidly individualized to meet their needs in their family home and community. However, CWSB have experienced challenges related to staffing and increased assignments to CWSB and VCM workers over the past 5 years.

Large scale refresher trainings on the safety model are offered irregularly to existing staff and was last offered in 2011 and 2014. Caseworkers receive training on the safety model at new hire training and are supported in applying the model and safety threshold in practice through supervision;

however, without consistent reinforcement through training and supervision, it is possible that drift may occur, assessments may not be comprehensive, and safety planning and management may not accurately meet the needs of the families.

From SFY 2013 to SFY 2017, the volume of assigned CWSB intakes increased 6.8% from 2,220 to 2,383 and VCM intakes increased 13.6% from 1,375 to 1,592. On Oahu, a gap in services associated with a contracted VCM provider change in July 2017 resulted in intakes being assigned to CWSB caseworkers with already full caseloads and CWSB not being able to transfer any cases to VCM. This issue has since been resolved effective May 29, 2018, as Oahu VCM is accepting all new intakes and CWSB case transfers. Also, on Oahu, the court's requirement for caseworkers to attend all Temporary Restraining Orders Court hearings whether or not they are child abuse cases take much time away from other duties.

## **5) Planning for the Next Five Years**

CWSB also plans to maintain the Title IV-E Waiver interventions, Crisis Response Team (CRT) and Intensive Home-Based Services (IHBS), as the primary goal of both initiatives is to maintain children in the family home whenever safely possible, thereby avoiding unnecessary removals. Both interventions continue to demonstrate a positive impact for families. CWSB is currently reviewing the possibility of expanding IHBS to other geographic locations in Hawaii pending funding and staff availability and provider capacity. Hawaii also plans to monitor the number of reports assigned to CWSB and VCM to manage workload and assignments.

As mentioned above, as part of the PIP, Staff Development will revise the safety and risk curriculum for new hire training and existing staff training and incorporate the supervisor's role in multiple areas. For more detailed explanation of this curriculum, see *National Safety Outcome 1 in Section III. Program Supporting Permanency, B. Child Maltreatment Reports and Disposition Statewide, 3. General Safety.*

While strategies are currently being explored by CWSB administrators to designate casework positions to TRO cases, enhance CWSB's partnership with Family Court and address caseworker workload, including review and closure of inactive cases, this will also be addressed respectively in the Permanency and Supervision/Workload section of this PIP.

## **ii. CFSR Item 3: Safety and Risk Assessment and Management**

105 Cases Reviewed  
33 STRENGTHS, 72 AREAS NEEDING IMPROVEMENT

### **1) Purpose**

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

### **2) Summary of Data**

In 33 of 105 cases (or 31% 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, closings and new safety threats. 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.

Seventy-two cases (or 69%) were rated as needing improvement. Lack of monthly caseworker visits contributed to lack of ongoing assessments. There was limited documentation to describe how risk and safety was assessed.

- a) In 59 of 106 cases, ongoing risk and safety assessments were not conducted for children in care or children remaining in the home.
  - i. Caseworker contact with children was less than monthly; sometimes, consecutive months were missed (52).
  - ii. In 27 cases, risk/safety assessment were not comprehensive.
  - iii. In 23 cases, there were safety concerns pertaining to the child in foster care and/or any child remaining in the family home that were not adequately addressed.
  - iv. In 18 cases, the development and monitoring of safety plans were needed.
  - v. In 3 cases, the case was closed while significant safety concerns still existed in the home.
  - vi. In 2 cases, there was not sufficient monitoring of visitation by parents/caretakers or other family members.

### **3) Discussion**



As mentioned above in Item 2, CWSB experienced challenges related to staffing and capacity as well as increased assignments to CWSB and VCM over the past 5 years. The staffing and capacity challenges may have impacted completed monthly worker visits. Also as mentioned above in Safety Item 2, CWSB has identified opportunities for clarification, refresher training, consultation, enhanced supervision, and coaching to improve assessments that identify safety concerns and provide safety services to meet the family's needs and maintain child safety.

#### 4) Summary and Discussion of Data for the Past Five Years

##### Item 3: Risk Assessment and Safety Management

Year	2014	2015	2016	2017	2018
Strength Rating	66%	67%	56%	44%	31%

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

Year	2014	2015	2016	2017	2018
Strength Rating	64%	56%	56%	51%	34%

When face-to-face contacts do not occur regularly, the ability to assess and manage safety may be impacted.

As mentioned above, large scale refresher trainings on the safety model are offered irregularly to existing staff and was last offered in 2011 and 2014. Caseworkers receive training on the safety model at new hire training and are supported in applying the model and safety threshold in practice through supervision; however, without consistent reinforcement through training and supervision, it is possible that drift may occur, assessments may not be comprehensive, and safety planning and management may not accurately meet the needs of the families.

#### 5) Planning for the Next Five Years

As mentioned in Item 2, Hawaii plans to monitor the number of reports assigned to CWSB and VCM to manage workload and assignments.

As mentioned above, as part of the PIP, Staff Development will revise the safety and risk curriculum for new hire training and existing staff training and

incorporate the supervisor's role in multiple areas. For more detailed explanation of this curriculum, see *National Safety Outcome 1 in Section III. Program Supporting Permanency, B. Child Maltreatment Reports and Disposition Statewide, 3. General Safety.*

In addition, CWSB plans to implement a tracker to monitor face-to-face contacts for all active cases between caseworkers and children and between caseworkers and parents. The purpose is to improve Hawaii's regular contact with families. These new trackers will pull data directly from contact logs that have been inputted into CPSS, logs which are currently entered as part of documentation. No new or additional documentation will be necessary. The implementation of these monthly visitation trackers will incorporate lessons learned from the Intake Tracker and include:

- clear expectations reinforced during monthly supervision with caseworkers; and
- clear guidelines;
- continual review of tool use and functionality as well as course correction;
- discussion of data at Unit, Section, and Branch meetings; and
- no duplicate data entry (as mentioned above).

## **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?*

#### **i. Current SFY:**

At the rate of 99.8% in SFY 2018, CWSB is above the national standard of 99.7%. Refer to the Data Booklet, Figure 28: Absence of Maltreatment in Foster Care for a chart of the SFY 2014– SFY 2018 rates.

#### **ii. Review of the Data of the Past 5 years:**

Absence of Maltreatment in Foster Care SFY 2014 - 2018:

Year	2014	2015	2016	2017	2018	National Standard
	99.7%	99.1%	99.1%	99.9%	99.8%	99.7%

The 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 also assists caseworkers to 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 their respective supervisor. Caseworkers are then required to include the results of assessments in their court reports.

### **iii. Discussion of the Past Five Years**

Resource caregivers have received a variety of training over the past five years that emphasize understanding trauma and its impact on child behavior, and strategies and resources that are available to assist caregivers caring for children in foster care. The promotion of prudent parenting and normalcy for children in foster care may also positively impact case workers and caregivers as well as the larger system's partners to engage and support children in foster care. Using a more enhanced and holistic approach and connection to resources and activities that strengthens the children's protective factors, such as participation in pro social activities and positive connections with peers and caring adults, may further improve their well-being. Understanding and caring for children through a trauma informed lens may further reduce maltreatment in foster care.

### **iv. Planning for the Next Five Years**

CWSB will continue to monitor the safety of children in care and review confirmed cases to identify opportunities to improve practice and data collection. CWSB will also review opportunities to share the work of our Trauma and Healing Informed Care with resource caregivers and partners, and promote opportunities for normalcy for children in foster care.

## **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 is in the process of creating strategies for PIP3 and continues to use the overall PIP2 strategies that include the development and revision 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 improvement. PIP3 will build on and enhance the efforts of PIP2 by addressing areas where CWSB has identified gaps in service and/or areas in need of improvement in order to meet federal requirements.

#### **2. Reunification Efforts**

Reunification efforts are integral to CWSB's philosophy and practice. The items listed below are key to promoting timely and safe reunification, and are explored more fully throughout the document.

##### **a. Safety & Risk Assessment Tools**

CWSB case workers utilize many tools to mitigate unnecessary removal and maintain children in the family home whenever possible. The utilization of the safety and risk assessment tools, such as the Child Safety Assessment, Worker Monthly Contact Forms, Safety in Placement Tool, and Comprehensive Strength and Risk Assessment, continue to help prevent unnecessary removal and promote a more thoughtful, planned, timely, and safe return home.

##### **b. Monthly Caseworker Contacts**

CWSB recognizes that the frequency and quality of monthly worker contacts is not currently meeting federal expectations and is making efforts to address this issue. To assist in increasing the monthly worker contacts, in addition to supervisor training, CWSB implemented supervision coaching to focus on equipping supervisors with the tools necessary for supervising staff and practicing in a positive and strengths based manner. Recruiting is always ongoing as staff turnover remains a consistent issue leading to missed visits or delays in case movement. Units use tools, technology, teaming, and recruiting to assist in mitigating missed worker visits. For information on monthly case worker contacts, refer to *Section V. Family Engagement and Child Well Being, A. Program and Service Descriptions, 1. Monthly Caseworker Visits*.

### **c. Ohana Conferences**

Ohana Conferences (OCs), by EPIC Ohana have been an important part of Hawaii's family engagement practice for many years. Nationally, many states have consulted with EPIC in designing their family-decision making models. OC is a significant approach to giving voice to the family regarding safety, permanency and well-being.

As noted in Data Booklet, Figure 44: Ohana Conferences/ First Meetings & Youth /Imua Kakou Circles – SFY 2014-SFY 2018, in SFY 2018, 843 OCs were held. It is an increase compared to the 793 OCs in SFY 2017. However, the previous years noted a decline in utilizations from 936 in SFY 2014. As OC is still viewed as one of the most successful strategies of family engagement and giving voice to family self-determination, the strengths and barriers are being further explored to continue the increase in the utilization of OCs.

The following are some efforts to increase the utilization of OCs: Clarifying, Reinforcing, Enhancing the monitoring of the mandatory automatic referral to OC process, if children are placed into foster care; re-conferencing for follow-up; Explore the expansion of first meetings at court with birth parents, CWSB and EPIC Ohana staff to engage and expedite Family Finding of relatives and coordination of OCs; Include the utilization of OCs on the development of a supervisory tool; and Exploring and addressing other barriers for staff to increase utilization.

### **d. Ohana 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 a time to visit. 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, CWSB revised procedures and forms and the National Resource Centers and national consultants provided trainings and consultation. All CWSB staff are trained during new hire orientations on the practice and use of Ohana Time.

However, efforts continue to improve Ohana Time through ongoing clarification of procedures; reinforcing resource caregiver trainings regarding working with birth parents, including facilitating visitations; enhancement of Trauma and Healing

Informed Care (THIC) trainings for staff and community; including Ohana Time on the development of a Supervisory Tool; and collaborations with Casey Family Programs and Liliuokalani Trust on improving Ohana Time with birth parents and siblings.

**e. Project First Care**

Project First Care continues to provide temporary care with intensive upfront services without significant changes. See FFY 2018 Annual Progress and Services Report for more information on Project First Care.

**f. Assessments, Services, and Case Review**

CWSB continues to work toward establishing appropriate permanency goals for all children in care including reunification, adoption, legal guardianship, or APPLA. To ensure continuing improvements, CWSB currently utilizes revised and updated curricula for new staff and providers, and refresher curricula for long-time staff to incorporate changes in training into workforce practice. A statewide APPLA training was implemented in SFY 2018 and 2019 to inform practice around utilizing this method for youth emancipating.

**g. Trainings**

In 2018, with the support of Casey Family Programs, training on Trauma and Healing Informed Care was developed in conjunction with CWSB and other stakeholders. This training was in response to the need that children who are in foster care experience from their own experience with abuse in addition to the trauma of removal from their family. The trauma training was provided to all CWSB staff, both front line and support staff, in order to educate on how we can minimize the impact and prevent more trauma from coming to the children and families we serve. This training was an important component to permanency because we as an organization need to be sure we are also communicating to the families who will be providing permanent homes to children whose parent's rights have been terminated. These children have often not only experienced severe abuse or neglect, but also may have experienced many placements in care, may have special needs, and generally will have need for some trauma-informed parenting wherever they end up.

**h. Collaborations**

CWSB is in the fifth and final year of its Title IV-E Waiver project and continues to utilize CWSB internal workgroups and collaborative workgroups with CWSB partners to inform and drive practice changes. CWSB also utilizes aha (community gatherings) and collaborations with other departments, stakeholders, and partners to strengthen overall efforts to prevent removals, support reunification or other

permanency options, and to maintain connections. In 2018, CWSB signed onto a Memorandum of Understanding with other state entities to formalize the Hawaii State Youth Network of Care (HI SYNC) collaboration. HI SYNC focuses on cross-cutting situations and allowing access to services in all state child-serving departments to allow for the best outcomes for youth with multiple challenges and/or multi-system involvement.

CWSB also collaborates with the judiciary, CIP, numerous community providers, It Takes an Ohana, Liliuokalani Trust, Hawaii Families as Allies, Casey Family Programs, and other agencies, on initiatives to support and empower birth parents and strengthen reunification efforts.

**i. Data Reports and Quality Assurance**

CWSB continues the utilization of ongoing CQI Case Reviews to focus on continuously striving to implement best practices related to reunification and permanency. For more information on case reviews, see *Section VI. Systemic Factors, C. Quality Assurance System*.

In addition to the statewide reviews, the CQI team also conducts targeted reviews on areas CWSB recognizes as areas needing for improvement. CWSB utilizes these targeted reviews to further explore those targeted subject areas. For example, in partnership with the CIP, CWSB and UHMC is undergoing a targeted review on delays to permanency for youth who were adopted. Although this project began with CIP in 2017 and was based on preliminary data, a larger more comprehensive study is currently ongoing to look at systemic barriers where CWSB and its partners may be able to intervene and eliminate unnecessary delays in permanency.

**j. Supervisory Support**

The early intervention of CRT and IHBS, at the very beginning of a family's involvement with CWSB and prior to a child placement into foster care, assists in supporting the family and avoiding 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). For more information on CRT and IHBS, see *Section II. CWSB Strategic Planning, E. Interventions and Strategies, 3. Child Welfare Title IV-E Waiver Demonstration Activities*. Although the overall number of children in care statewide has increased, the CRT numbers remain very promising.

In 2017, CWSB identified the need for and engaged in strengthening and supporting supervisors. CWSB continues its efforts to train on curriculum for supervisors with the added support of a position with UHMC. The curriculum encompasses coaching supervisors in real time on real cases with their CQI findings and any day to day

supervision issues that may arise. With many new CWSB supervisors, CWSB is focused and committed to training and preparing new supervisors for the transition from a case worker position to a position of oversight as a supervisor. Strengthening supervision is a focus of PIP3. One way that CWSB plans to provide the necessary oversight of supervisors and their work is to train CWSB administrators in many areas that Hawaii needs the line supervisors to be strong in, so that the administrators can lead the line supervisors from their own knowledge.

**k. Crisis Response Team and Intensive Home-Based Services**

Please see Data Booklet Figures 22, 23, 24. From 2014 to 2018, as the percentage of reunification declined, the percentage of adoption and guardianship rose. Emancipation rate appeared stable. Reunification remains Hawaii's primary goal. Because the percentages of the termination types are interactive, Hawaii's increased success in adoption and guardianship may appear as a lack of success in reunification. The SPAW program, part of the Title IV-E Waiver Demonstration Project, focused on achieving permanency with challenging cases. The successful efforts here may account for the changes seen. The numbers and rates of reunification still remain high throughout the past five years.

CFSP Next Five Years

As we move into the next five-year period, Hawaii has enhanced and modified the SPAW process into a case staffing model, taking the most promising aspects of SPAW and adding higher accountability. In addition as part of Hawaii's PIP, the time frames to hold Ohana Conferences for specific families will be clarified and implemented. Hawaii is optimistic that this will improve timely reunification.

**3. Most Vulnerable Populations**

As Hawaii has noted in the past few years, the largest percentages of children in foster care cluster in two distinct areas: children aged 0-5 and Native Hawaiian children. In this section, Native American children and LGBTQ youth are also addressed, as these populations are particularly vulnerable as well.

**a. Children Aged 0-5**

Because infants and toddlers must rely on their caretakers to meet all of their needs and have almost no capacity to protect themselves, this population of children is at the highest risk for abuse and neglect worldwide. It is therefore unsurprising that this youngest cohort is also the largest cohort in foster care in Hawaii.

One can see in the Data Booklet, Figure 18: Number of Children in Foster Care by Age Group: SFY 2014 – SFY 2018, the numbers of children in foster care by age over



the past five years. Data Booklet, Figure 19: Age Distribution of Children in Foster Care by Number and Percentage: SFY 2014 – SFY 2018 displays this age distribution as percentages of the total annual number of children in foster care for each of the past five years. During this period, the percentage of children in foster care who are aged 0-5 has ranged from 42% to 46% of all children in foster care annually.

Targeted efforts and services for children aged 0-5 have been in place for the full five years of the CFSP, unless otherwise noted. All children under age 5, whether they are in-home, in a community-based setting, or in foster care are receiving all of these services.

### **i. Reducing Length of Stay**

There are numerous services and activities that are employed in Hawaii to reduce the length of time without a family that children in foster care under age of five experience. Several of these are summarized below.

#### **1) Ohana Conferencing**

Ohana Conferencing is provided for all children in foster care. Upon entry into care, an automatic referral is made to the contracted agency to begin the process to arrange a conference for the identified parties and to begin family finding efforts. Quick referrals to the provider move the case faster and identify relatives who may become the placement for the child or support the family. For further description of this program, refer to *Section IV. Programs Supporting Permanency, A. Program and Service Descriptions, 2. Reunification Efforts, c. Ohana Conferencing* of this report.

#### **2) Project First Care (PFC)**

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 to provide 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, or placed with relatives. If reunification or placement with relatives does not occur within 60 days, the foster child is transitioned to a general licensed 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.

### **3) Crisis Response Team and Intensive Home-Based Services**

Title IV-E Waiver Project's Crisis Response Team and Intensive Home-Based Services provide the family and children with supports necessary to prevent placement and reduce the number of children who enter foster care for short periods of time. For more information on these programs, see *Section II. CWSB Strategic Planning, E. Interventions and Strategies, 3. Child Welfare Title IV-E Waiver Demonstration Activities.*

### **4) Home Visiting Services**

CWSB Home Visiting contracts provide services in the home for children ages 0-3 with a confirmed report of child abuse and/or neglect statewide. Services are provided to children, resource caregivers, and biological parents. These supportive services are provided in the family's natural environment, and are family-centered, strengths-based, and culturally responsive. CWSB Home Visiting Services promote positive caregiver-child relationships. The contracted providers statewide offer an array of services that include crisis counseling, parenting skills, transportation, and developmental screenings and assessments to identify children at-risk for suboptimal health and for developmental delays. Some of the providers have a nurse on-call for children and families that may need more medical interventions.

During SFYs 2016 - 2018, approximately 1667 children and 1521 families were served by CWSB Home Visiting Programs, which is largely supported by TANF funds.

Over the past several years, CWSB and the Department of Health (DOH) have collaborated in exploring the possibility of a seamless statewide home visiting program based on the Ohana Nui approach. This one program would serve both families at-risk for abuse and neglect (DOH's focus) and families with confirmed allegations (CWSB's focus). Currently, CWSB and DOH run separate, but very similar, home visiting programs. The key idea is to merge them. With community input, CWSB and DOH compared their programs and identified common elements.

At the January 2018 community planning session, stakeholders supported the following ideas:

- a) enhancing communication about the available resources for referrals;
- b) expanding child care services to be available at any hour of the day or night;
- c) identifying attainable prevention goals;

- d) implementing tracking of services provided to avoid duplication, waste, and overlap; and
- e) increasing client's access to workforce development to help them become more job ready;
- f) providing service navigators to families; and
- g) streamlining home visiting services.

To serve the different populations for CWSB and DOH, one of the home visiting programs that is being considered is an evidence-based maternal child-health program. The DHS Director's Office has been spearheading the consideration of this evidence-based model to prevent child abuse and neglect and child fatalities, serving high-risk families and low-income women who are pregnant with their first child. This program identifies mothers who would like the assistance of a nurse coming into their home for individualized training, modelling, and support. CWSB first-time mothers would be able to enroll in the program, as well as pregnant or parenting teens in the foster care system and former foster youth who are enrolled in the Imua Kakou program. Consideration of other programs for joint home visiting services continues for the two departments.

## **5) Hawaii's Zero to Three Court Specialty Court (HZTT)**

The Safe Babies Court Team (SBCT) began in 2008 in Hawaii. The HZTT provides a valuable structure and process for families and children ages zero to three involved with the Family Court and Child Welfare Services. The HZTT has resources that help support parents and caregivers establish a safe, nurturing home. Numerous studies have shown the benefits to children and society when children's length of stay in foster care is shortened with effective case management, and children and their families are successfully reunited – the goal of HZTT.

The voluntary nature of this program makes it a unique model in the child welfare system and emphasizes motivating families to participate and learn what is necessary to eventually eliminate reliance on the judiciary and child welfare system.

Families are provided special attention and given more time and social opportunities to learn from each other and professionals in the field. The success of the program is built upon the limited number of families served at one time; frequent court hearings; specialized services available for the families; and trusting relationships built between families, case manager, and service providers. Many families report they enjoy working with the case

manager and thus want to stay in the program even though monthly court hearings are cumbersome.

The national ZTT's Quality Improvement Center for Research-Based Infant-Toddler Court Teams published its evaluation report that included data on Hawaii's ZTT Court. Here is the link to the September 30, 2017 report:

<http://qicct.org/sites/default/files/QIC-ITCT%20Final%20Evaluation%20Report%20Executive%20Summary%202017.compressed.pdf>.

Over the past five years, HZZT has continued to provide families with intense, voluntary, and fast track to reunification or other permanency options such as adoption or guardianship within 12 months. Monthly court hearings monitor the families' progress toward achieving the desired goal. Below are descriptions of recent activities and accomplishments of HZTT.

#### **a) HZTT Projects and Notable Activities**

- 1) The HZTT court program held a conference in July 2018 which brought presenters from the national ZERO TO THREE, including its Executive Director and Director of the QIC. The conference focused on the importance of early intervention for infants and toddlers in foster care because of their early exposure to negative experiences and providing supports to the families of these infants and toddlers who are often themselves victims of complex trauma. The attendees were a mix of those involved with these cases such as judges, attorneys, Judiciary staff, social workers, Department of Health (DOH) staff, nurses and other medical professionals, CASA social workers, agency staff, substance abuse treatment program staff, a legislator, and other community agencies involved in providing services to children and families. The overall response to the conference by the attendees was extremely positive with most participants reporting that they would use the information from the conference in their work, and support was strengthened for continuation of the HZTT.
- 2) On the same day as ZTT court hearings, the HZTT continues to organize monthly parent workshops to support, inform, and provide opportunities for parents to meet other parents involved with the HZTT, develop a positive network with court team members, and receive information from a local nonprofit on a variety of topics designed to be useful for parents and caregivers of 0-3-year-olds. A play area is set up for the infants and toddlers that come to court. During the workshops, parents are served lunch and introduced to vital and relevant community-based programs and classes. Past

parent activities and discussions have included topics such as benefits of reading to children, creating musical instruments with household items, creating family traditions, healthy nutrition, sleep routines, and good hygiene for parents and children. Parent activities have also focused on topics such as surviving loss and attachment issues facilitated by Argosy University.

- 3) In addition to the monthly parent activity and court hearings, the HZTT Judge and case manager, a representative from the CIP, and representative from CWSB and DOH participate in monthly support and training calls with the Quality Improvement Center for Research Based Infant Toddler Court Teams (QIC) Technical Assistance Grant and, since October 2019, the Infant Toddler Court Program (ITCP), which is currently funded by a grant through the Health Resources and Service Administration, an agency of the U.S. Department of Health and Human Services.
- 4) The 12th Annual Cross Sites meeting, “A Healing Community: Collaboratively Supporting Individual, Family, and Professional relationships,” sponsored by the ZTT and the Quality Improvement Center for Research-Based Infant-Toddler Court Teams, was held in Ashville, North Carolina in August 2018. The Cross Sites meeting of 12 demonstration sites covered topics such as racial equality, engaging fathers, engaging families with substance abuse disorders, bias and the impact of infants and their families, mindfulness, domestic violence, and Safe Babies Court Teams approach.
- 5) During a convening of judges, attorneys, and QIC sites, the HZTT judge and CIP Co-Coordinator provided feedback that will be used to develop an online curriculum for judges and attorneys on issues that are pertinent to working with infants and families involved in the Zero to Three court.

#### **b) HZTT Statistics**

As of December 2017, HZTT had accepted 63 cases, involving 78 infants and toddlers, plus 24 siblings. In 2017, nine new cases were accepted into the program. The new cases involved eleven infants and toddlers, and eight older siblings. As of March 18, 2018, there are 17 active cases and 28 children involved. In SFY 2018, 19 families were served by the ZTT court program, and involved 39 children. In May 2019, ZTT was actively serving 25 children.

#### **c) Evaluation**

The QIC completed an evaluation of the HZTT for the period July 2015 through May 2017. Some highlights of the report include: The mean length of time that children are placed in out of home care is 12 months and the mean number of placements is two or less. Among children no longer in out of home care, close to 80% were reunified and 20% reached permanency through guardianship. There were no recurrences of substantiated or indicated maltreatment during the first 12 months after children were returned home; this is much lower than the current national standard of 9.1% and lower than the child welfare outcomes 2014 national median of 4.9% for recurrences of maltreatment. The HZTT's strengths are judicial leadership, the community coordinator (case manager), active court team, and the mental health team. "They are engaged with the community and have made tremendous strides to ensure that they are family centered through their services and programming. Across systems, there is a diverse leadership and champions working to leverage resources. However, sustainability of the program will depend on their ability to explore alternative sources of funding and make the team more visible in the community."

#### **d) Challenges**

Over the last several years, the HZTT has faced turnover in key stakeholders, including the judge and the community coordinator. There have been legislative proposals to appropriate funds for the Hawaii Zero to Three Court and for permanent positions for the program. Having stable funding for positions will support the healing and development of the most vulnerable children and their families. In 2019, the legislature approved conversion of a temporary Judiciary position to permanent status; this legislation is awaiting the Governor's final approval.

#### **e) CFSP**

Although there is no formal five-year plan for the HZTT, there is an informal goal to stabilize and continue to grow this specialty court. The Judiciary is interested in establishing a ZTT court on Kauai and the hope is that this will happen in the next several years. The Infant Toddler Court Program, which provides technical assistance to HZTT, is currently funded by a grant from the Health Resources and Service Administration, an agency of the U.S. Department of Health and Human Services. A major focus under this new grant is prevention and that focus is being incorporated into ITCP goals and objectives, which in turn will affect the work of HZTT. A new evaluation of

the Safe Babies Court Team approach will be conducted with a quasi-experimental design in partnership with ZERO TO THREE.

## **ii. Addressing Developmental Needs**

Many of the services and interventions discussed immediately above help to properly address the developmental needs of children under five. One service from the list above is highlighted below, along with other services, programs, and plans that help to address the developmental needs of young children.

### **1) Home Visiting Services**

This statewide service, discussed briefly above, is designed to meet the developmental needs of young children. The service provides developmental screenings and necessary referrals for early intervention services as needed.

### **2) Pre-Placement Physical Exam**

When a child enters foster care, the child undergoes a pre-placement physical exam. The exam physician:

- a) checks for injuries;
- b) treats any acute conditions;
- c) checks for any current medical issues;
- d) checks for ongoing medical issues;
- e) provides prescriptions, if necessary;
- f) makes referrals for any needed follow-up;
- g) provides care instructions and medical advice for the resource caregiver, as needed; and
- h) ensures that the child is healthy enough to be cared for in a resource home.

### **3) Comprehensive Medical Assessment**

A comprehensive medical assessment is required for all children within 45 days of entry into foster care. This includes the Early Periodic Screening Diagnosis and Treatment (EPSDT) and mental health assessment/screening. Confirmed child victims who are served in their homes must be referred for a comprehensive medical assessment within 60 days of the intake.

### **4) Early Periodic Screening Diagnosis and Treatment**

EPSDT services are guaranteed to all children in foster care and include complete and regular medical and dental exams, hearing and vision tests, lab tests, immunizations, skin tests for TB, unlimited mental health benefits, and assistance with transportation.

## **5) Early Childhood State Plan 2019-2024**

CWSB participated in the development of The Early Childhood State Plan 2019-2024 for children from birth to age eight. The plan is an overarching framework to coordinate efforts of the state, counties and community by setting shared priorities and driving the need to collaborate and leverage resources to improve the lives of Hawaii's children and their families.

The five-year plan was facilitated by the State of Hawaii's Executive Office on Early Learning (EOEL), the State entity tasked with developing the State's early childhood system (including the recent State-funded pre-kindergarten program) in collaboration with the wide range of stakeholders in both the public and private sectors, and guided by the State Advisory Council.

Steering-committee collaborators from public and private sectors statewide met monthly and worked between meetings to develop the plan.

153 additional participants, including statewide focus groups and interviews, also spent time reviewing the drafted plan. Individuals provided candid feedback; contributed to the final version; and expressed a unanimous priority to look "system-wide, beyond early learning" to consider the needs of the whole child. Participants represented a broad spectrum of Hawaii's community, including parent groups, health professionals, policymakers, early care and education professionals, advocates, philanthropists, higher education, attorneys, and State department personnel.

With the core value statement that "Every child in Hawaii is our child, and deserves our commitment to their care, learning, and wellbeing," the community agreed on five building blocks needed to ensure a comprehensive and coordinated early-childhood system that addresses the needs of our children, families and workforce.

Building Block #1: Ensure that families have the resources they need to be safe and healthy. This includes medical, dental, hearing, vision, mental health, and nutrition services and support as well as domestic



violence and substance-abuse prevention and treatment. It prioritizes the needs of Hawaii's most vulnerable populations — poverty stricken children and families, and those living in remote and rural communities. The plan proposes advocacy for and investment in universal home visiting for families with newborns.

**Building Block #2:** Children, from birth to age 8, have the supports from their caregivers to nurture their physical, social-emotional, and intellectual growth. Simplifying access to services is key. This encompasses increasing public and private early-care and education settings, increased support for children with special needs; and an emphasis on children's social-emotional development so they are better prepared to learn.

**Building Block #3:** Ensure families have access to affordable, quality early childhood care and education.

**Building Block #4:** Promote the development of a highly competent and adequately compensated early-childhood workforce. Staff shortage in many early childhood professions is a continuing major concern when trying to meet nationally accepted standards for best practices and earning staff credentials in child development, which is critical in helping Hawaii's children achieve positive outcomes.

**Building Block #5:** Ensure that data, infrastructure and the coordination and collaboration of the early childhood system through public and private partnerships are aligned and accessible to the concerned entities so that informed decisions can be made to establish policy and quality programs.

Hawaii will continue its work to implement the Early Childhood State Plan within the next year with the award in January 2019 of the Preschool Development Grant Birth through Five (PDG B-5) of approximately \$1 million. DHS will be the fiscal agent and grant operations will be managed by the Executive Office on Early Learning (EOEL).

The EOEL will work toward a coordinated, high-quality mixed delivery system (MDS) to address equitable access to and transitions between high quality programs and services for all children birth through five statewide, to support health, safety, and readiness for lifelong learning. EOEL will work on establishing governance, building the infrastructure, resources, or technical expertise needed.

Hawaii strives to achieve this vision through the grant by:

- a) Conducting a statewide needs assessment
- b) Developing a strategic plan
- c) Developing a community of practice framework to support professional learning for providers through the sharing of best practices;
- d) Convening a State Early Childhood Summit to share the strategic plan and best practices to promote the envisioned high-quality MDS.

## **b. Native Hawaiian Children**

According to census statistics, children of the Pacific Islander population, including Native Hawaiians and those of Polynesian, Micronesian, and Melanesian ancestry, make up 34% of the general population of children in the State. For the three-year period of SFYs 2016-2018, CWSB internal data analysis shows that Native Hawaiian children comprised 32-34% of all children in intakes, and 41-42% of all children in cases that CWSB Intake staff assigned to CWSB for a full investigation. For the five-year period of SFYs 2014-2018, CWSB internal data analysis shows that Native Hawaiian children comprised 40-48% of all children who entered foster care, 46-49% of all children in foster care, and 36-62% of young adults emancipating from foster care at age 18. Please see Figure 30: Native Hawaiian and Part Native Hawaiian Children in CWSB. The first four rows of the table (Native Hawaiian or Part Native Hawaiian Children in CWSB Intakes) show the number and percentage of Native and Part-Native Hawaiian Children in intake calls in Hawaii's CWSB' hotline. The next four rows (Native Hawaiian or Part Native Hawaiian Children Assigned to CWSB for Investigation) display the number and percentage of Hawaiian children that CWSB Intake staff assigned to CWSB Assessment staff for investigation, based on the application of their risk and safety assessment tools. The next four rows in the figure (Native Hawaiian or Part Native Hawaiian Children who Entered Foster Care) provide the number of Native Hawaiian or Part Native Hawaiian children who entered foster care in each of the past five SFYs, along with their percentage out of the total number of children who entered foster care in each year. A higher percentage of Native Hawaiian children is entering foster care than exist in the general population in Hawaii. This is disproportionality. The next set of rows in Figure 30 (Native Hawaiian or Part Native Hawaiian Children in Foster Care) displays the annual total unduplicated number of Native Hawaiian children in foster care, along with their percentage out of the total unduplicated number of all children in foster care in Hawaii for each SFY. In comparing the percentages of Hawaiian children entering care to those in foster care each year, you can surmise that Native Hawaiian children are staying in foster care longer than non-Hawaiian children. In the final set of four rows in Figure 30 (Native Hawaiian or Part Native Hawaiian Children who Emancipated from Foster), one can see both the number of Hawaiian young adults who exited care by reaching age 18 without a permanent family and the percentage of Native Hawaiian and Part Native Hawaiian young adults who

emancipated foster care each year out of the total number of young adults emancipating in that year.

The average length of stay in foster care for Native Hawaiian children is higher than it is for non-Native Hawaiian children in foster care, and their permanency outcomes are poorer.

While younger children are inherently at greater risk of maltreatment, poverty adds another risk factor. National studies have shown that poverty plays a key role in representation in foster care. According to a statewide census data for Hawaii, 18 percent of Native Hawaiian families with children live in poverty, compared with 12 percent of all families with children. CWSB's Native Hawaiian overrepresentation is sadly similar to disproportionality in numerous social services and programs throughout the State: juvenile justice, adult criminal justice, probation, TANF, MedQuest, SNAP, WIC, substance abuse treatment, Vocational Rehabilitation, and community mental health, public housing, special education, and others. CWSB is concerned about this issue and is working to ameliorate this complex situation. Hawaii has numerous targeted efforts and programs to meet the cultural needs of Native Hawaiian families. Efforts and targeted services over the past five years are discussed below.

**i. CWSB Native Hawaiian Disproportionality Workgroup and the CBC**

In 2014, a group of CWSB administrators, staff, contracted providers and community stakeholders were meeting to look at data and discuss ways to understand the data and address potential bias within the child welfare system to improve the disproportionate representation of Native Hawaiian families in CWSB.

In 2015, Hawaii requested assistance from the Capacity Building Center for States to build its own capacity to improve its disproportionality quality assurance/ continuous quality improvement infrastructure. A group of selected CWSB staff and community partners met with representatives from the Center and developed a detailed work plan in March 2016.

In 2016, CWSB revised its procedures and guidelines, regarding collection of race and ethnicity data to improve cultural engagement with families, along with the quality of the data.

In 2017, this group successfully implemented revised ethnicity coding in CPSS, to better capture Hawaii's ethnic diversity and those with multiple ethnicities.

From 2016 through the present, a committed group of data analysts have been meeting regularly to discuss and work through CWSB ethnicity data. This core group includes DHS research analysts, a CBC data maven, CQI staff, database experts, and a University of Hawaii professor who specializes in child welfare data. The data is later shared and discussed again with a larger group of CWSB staff, administrators, partners, and community stakeholders.

Based on a thorough analysis of CWSB's internal data, this group has demonstrated that there is no evidence of bias at the point where a CWSB Intake worker makes the determination of whether or not refer a call from the hotline on to CWSB for investigation. This conclusion is based on comparing cases with Native Hawaiian and Part Native Hawaiian children to cases with Asian children, and separately comparing cases with Native Hawaiian children to cases with Caucasian children.

There is also preliminary data to suggest that CWSB assessment workers are not biased when making disposition decisions about whether or not to confirm allegations of abuse and/or neglect. Hawaii's Disproportionality Workgroup will explore this data further in order to reach a more definitive finding.

The group will move on to explore potential disparity at other key decision-making points, e.g., entering foster care and terminating parental rights.

## **ii. Pono for Families**

In 2015-2017, Hawaii CWSB was working on a series of programmatic improvements, based on a report, whose purpose was to enhance Hawaii's CWSB system in anticipation of implementing a new CWSB database. One of the Pono for Families' workgroup was devoted to the Native Hawaiian population in child welfare. This group's efforts focused on improving engagement with the Hawaiian communities across the State as a method to decrease disparity within CWSB.

## **iii. Aha**

Supported by Casey Family Programs, beginning in 2008, in an effort to develop a better understanding of the strengths and needs of Native Hawaiian communities, including their families and children, CWSB has co-hosted community gatherings (called aha in the Hawaiian language) on all islands. CWSB staff have successfully partnered with many Native Hawaiian community leaders, businesses, agencies, groups, and individuals to come together with law enforcement and family court representatives to focus on the common goal of supporting safe and healthy Native Hawaiian

communities. At the aha, community members share details of community norms and practices and how best to work with and understand Native Hawaiian families. CWSB has received positive feedback from community stakeholders and staff participants about the aha, and continues planning and hosting these gatherings.

**iv. Wahi Kanaaho**

In the Waianae Valley of Oahu, there is a 21-day residential program for troubled youth, run by a local Native Hawaiian cultural practitioner. The curriculum revolves around the Hawaiian cultural practice of hooponopono, a self-reflective process that emphasizes healing and strengthening relationships to restore balance in one's life. Through the program, the youth learn to plant kalo (taro) and other crops, which is used as a healing metaphor. In order to be successful, the teenagers need to demonstrate the same discipline in their lives as with their plants.

Wahi Kanaaho is part of a new system for juveniles called Hoopono Mamo, which allows first-time youth misdemeanor offenders and/or youth arrested for status offenses an alternative to the juvenile justice system. Although a program of the Juvenile Justice System, half of the youth in the program are also foster youth.

**v. Ke Kama Pono**

Founded in 2009, Ke Kama Pono is a residential safe house for teen law-violators. It is run by the community non-profit Partners in Development Foundation. The facility incorporates Hawaiian practices into its activities. This program has been able to track successful outcomes. Over a three-year period, the recidivism rate for youth who left the program was 37%, based on Foundation-internal data analysis. This compares favorably to the 75% recidivism rate over three years for youth who exited from the Hawaii Youth Correctional Facility, based on Pew Charitable Trust data analysis.

**vi. Aha Koa**

On Hawaii Island, this program employs teaching tools, based on Hawaiian cultural practices, like traditional navigational techniques, to help strengthen the relationships between fathers and sons. Anecdotally, it has been very successful with CWSB families. The program has been on hiatus, as it works to develop a method for measuring outcomes.

**vii. Board and Stone**

This culturally-based parenting program worked with a small group of families involved with CWSB on Oahu. The families in the program make a board and stone to pound poi. The cultural leader of the classes linked the activities to repairing and strengthening family relationships. Although this program is not currently active, CWSB hopes to secure funding to bring back these classes in the future.

**viii. Kamalama Parenting Classes**

This Hawaiian-based parenting education curriculum has been used on Oahu, Kauai, and Maui with CWSB families. The program emphasizes Hawaiian values, such as kuleana (responsibility) and malama (caring, protecting) throughout the classes.

**ix. Liliuokalani Trust**

Liliuokalani Trust is a private operating foundation founded in 1909, for the benefit of orphan and destitute children with preference given to Native Hawaiian children. Over the past two years, CWSB has increased its partnership with Liliuokalani Trust to investigate the disproportionality of Native Hawaiians in the Child Welfare system statewide, as well as the best ways to support Native Hawaiian families throughout the CWSB system.

LT and CWSB are currently collaborating on a pilot project in the Leeward area of Oahu, which increases family visits for Native Hawaiian children in foster care, thereby increasing support and connection.

**x. CFSP**

As CWSB looks toward the future, Hawaii plans to enhance the efforts we have started and move toward greater goals, as described below.

- 1) Know whom the system is serving by reviewing and reinforcing the use of clear and consistent definitions of Hawaiian and other ethnic groups;
- 2) Ensure that supervisors guide and support line staff in asking for race and ethnicity information of a family throughout the life of a case in order to both better serve the family and to improve the quality of racial and ethnic data;
- 3) More accurately identify how decisions are made throughout the life of a case to improve the experiences of families involved with CWSB;
- 4) Better identify the needs of those served;
- 5) Improve the quality and availability of culturally-responsive services;
- 6) Identify and address bias within CWSB;

- 7) Identify and address the cultural training and support needs of CWSB staff and contracted providers;
- 8) Monitor and examine CWSB response to children and families from a cultural lens; and
- 9) Share information regarding Native Hawaiian disproportionality and CWSB's cultural efforts with the community.

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

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 wellbeing of LGBTQ children and youth.

Additionally, CWSB is committed to supporting LGBTQ parents, resource caregivers, contracted provider staff, and CWSB staff, ensuring that everyone who works with CWSB is well respected, and that diversity is embraced.

**i. Recent Accomplishments**

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

- 1) With numerous stakeholders and community partners, developed and drafted *Anti-Harassment and Non-Discrimination Best Practice and Procedure Guidelines Regarding People who are Lesbian, Gay, Bisexual, Transgender and/or Questioning (LGBTQ)* for CWSB in 2015 – 2016;
- 2) Statewide, all CWSB staff, full-day training on LGBTQ Awareness in May 2016;
- 3) From June 2017 through August 2017, Resource Caregiver Trainings provided by a local expert through Family Programs Hawaii on Oahu (Honolulu and Waianae), Hawaii Island (Kona and Hilo), Maui, and Kauai;
- 4) Updated and organized by island LGBTQ resources in CWSB's youth-friendly on-line portal SHAKATown in September 2017;
- 5) Updated LGBTQ Glossary of Terms in SHAKATown in February 2018;
- 6) Revised LGBTQ module in CWSB New Hire Training in December 2017, and implemented changes in all 2018 trainings;
- 7) Expanded the membership of the Family Court's LGBTQ committee to include key CWSB-contracted community providers. The committee will help the providers in the following ways:

- a) Review the provider agency's policies re: LGBTQ language and practice issues;
  - b) Offer LGBTQ trainers and LGBTQ training resources to provider agencies;
  - c) Provide LGBTQ training for resource caregivers; and
  - d) Provide consultation on individual cases or staff situations that the providers encounter;
- 8) In April 2019, CWSB representatives attended the 3rd Annual Training Conference on *Building Competency in Serving Lesbian, Gay, Bisexual, Transgender, Queer, and Other Sexual Minority (LGBTQ+) Youth in Juvenile Justice, Social Services, Health, and Education Programs in Hawaii*, sponsored by the Family Court's Committee on LGBTQ Youth; and
  - 9) DHS's Deputy Directory spoke at the above-referenced 2019 LGBTQ+ conference, regarding the Department's efforts toward more inclusivity and community efforts in all branches of DHS, including Child Welfare.

## ii. Future Plans

CWSB will continue its effort to serve its LGBTQ children in the next five years by doing the following:

- 1) Add more CWSB contracted community providers to the Family Court's LGBTQ committee, so they may take advantage of the benefits detailed immediately above;
- 2) Assist CWSB contracted providers in actualizing LGBTQ training for their staff;
- 3) Revise, finalize, and issue CWSB LGBTQ Best Practice Guidelines;
- 4) Modify the HANAI (Hawaii Assures Nurturing and Involvement – Hawaii's resource caregiver training curriculum) to include LGBTQ content; and
- 5) Continue involvement with:
  - a) Family Court LGBTQ Committee;
  - b) Rainbow Youth Coalition;
  - c) Honolulu Police Department (HPD) LGBTQ Task Force; and
  - d) Other LGBTQ+ community groups and organizations.
- 6) Include LGBTQ+ curriculum into the policies and procedures of CWSB in order to align with the training that all CWSB workers receive regarding working with the LGBTQ+ community, recruitment of LGBTQ+ informed resource homes, and align with the training that resources caregivers receive in regard to youth identifying as LGBTQ+.



- 7) Ensure that the anti-discrimination policies and procedures reflect the department's values of openness and inclusion in all of its guidelines and procedures.

**d. Indian Child Welfare Act (ICWA)**

There are no federally-recognized tribes in the State of Hawaii.

**i. Recent data and Information**

During SFY 2018, CWSB had 23 children in foster care who were of Native American ancestry.

Hawaii has experienced greater success collaborating with some tribes than others. In SFY 2017, Hawaii noticed that tribes tend to be easier to work with and more communicative early in the case, and less so later in the case. Because of this, Hawaii is making efforts to reach out to the tribes early and regularly to help avert the difficulties of late engagement. Due to time zone differences, and numerous changes in tribal staff, there were communication challenges which impeded effective coordination. One method that CWSB is using to address both of those challenges is to use email as the primary method of communication. Email allows questions and answers without having to coordinate across time zones, and it provides a written record of the status of the case and steps that have been taken, which can be especially helpful when new tribal staff steps in.

In the conversations that CWSB has with the tribes, Hawaii makes it clear that it is open and supportive of a change in jurisdiction, if the tribe believes that is what is best for the child. Hawaii works with the tribe to help ensure the child's safety, by discussing the child's needs and the resources available in varied settings.

**ii. Hawaii's ICWA Process**

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

- 1) what must be addressed when consulting tribes;
- 2) notification to Native American parents, tribes, and the Bureau of Indian Affairs (BIA);
- 3) CWSB efforts to prevent breakup of the Native American Family;
- 4) placement preferences for Native American children in foster care; and the importance of tribal input in all stages of the case.

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

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

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

CWSB also utilizes CQI case reviews to ensure that it is complying with ICWA. The CQI review checks to see if ICWA status was identified appropriately at the beginning of a case and if there were sufficient inquiries made to determine whether the child is a member of a tribe. If a child is found to be potentially eligible for ICWA and was not so identified, 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.

### **iii. ICWA Compliance Improvements**

Between the 2014 CFSP and now, several activities have enhanced Hawaii's ability to comply with ICWA: a new relative notification system, the Cultural Specialist position within the CWSB Program Development Office, improved race and ethnicity coding, and expedited birth certificate access.

#### **1) Relative Notification**

Since the end of 2014, CWSB contracted with a community provider, who was already contracted to complete family finding efforts on child welfare foster care cases, to coordinate and mail out the federally-required relative notification letters for children in foster care. CWSB staff had been struggling to meet the federal timelines for relative notification, and only had time to complete a couple of searches for each family. With the contracted provider completing the family finding searches and mailing the notification letters, this work is more timely and more comprehensive. Finding relatives early in a case helps with ICWA compliance, as relatives often provide ethnic heritage information about the children.

#### **2) Cultural Specialist**

To promote culturally-informed practices within CWSB, including ICWA compliance, in January 2017, CWSB's Program Development Office brought on a new Cultural Specialist staff member. In the few years prior, the position was specifically focused on LGBTQ issues, but the scope was broadened to address a wide range of communities that require special attention from CWSB, including Native Hawaiians, military, Native Americans, religious groups, Micronesians, and LGBTQ people. With the focus of the Cultural Specialist, ICWA compliance can be improved.

#### **3) Race and Ethnicity Coding**

In October 2017, CWSB released revised guidelines and policies regarding coding of race and ethnicity. Following the release of the revised policies, section administrators and unit supervisors discussed with line staff the importance of engaging with families to discuss their ethnic and racial identities, as well as the importance of collecting accurate race and ethnic data. Hawaii is optimistic that these efforts will enable Hawaii to better identify Native American children.

#### **4) Birth Certificate Access**

Since the last CFSP, CWSB has collaborated with the Benefit, Employment and Support Services Division (BESSD) of DHS and the Office of Health Status Monitoring of the Department of Health to create a more expeditious system for CWSB to obtain birth certificates of children in foster care. One option being explored would allow CWSB staff immediate viewing access of a child's birth certificate. Among other benefits, this access could also inform workers of Native American ancestry very early in a case.

#### **4. Relative Placement Efforts**

##### Overview and Data

CWSB considers placement with relatives a strength of practice in working with children and families. See Data Booklet, Figure 31: Monthly Averages-Number of Children in Relative and Non-Relative Care SFY 2014-2018[Graph] and Figure 31: Monthly Averages-Percentage of Children in Relative and Non-Relative Care SFY 2014-2018 [Graph] to review the trend for the last years.

##### Relative Placement Targeted Review

CWSB continually strives to strengthen this practice and improve performance outcomes regarding relative placement. During their December 2017, targeted review of Relative Placement, HCWCQI identified existing strengths and opportunities for improvement. The following are some examples of promising case practices that were identified:

- Extensive family finding efforts were made with relatives, even if they were all located out-of-state.
- When difficulties were encountered in finding appropriate placements for children with challenging behavior, DHS continued to evaluate and re-evaluate relatives for possible placement
- In several cases, involvement of the child and parent in case planning lead to relative placements

Several opportunities were identified to improve Hawaii's performance around relative placement.

- The practice of informing and evaluating relatives was infrequent, although relatives were identified and located.
- Documentation of family finding efforts in the case file was inconsistent or inadequate in explaining decisions and describing efforts.
- CWSB staff appear to lack a clear understanding of procedures for relative placement.

- Data entry is inconsistent and contains errors.

Hawaii has already begun taking steps to improve the quantity and quality of children's placements with relatives. DHS has been collaborating with EPIC, its community partner, and HCWCQI to revise the relative notification letter to improve clarity of purpose. In addition, procedures are being reviewed to address concerns that documentation of family finding efforts are inconsistent and inadequate. One strategy being discussed is collaboration with EPIC to conduct the follow-up contact with relatives identified through Family Finding. The goal of this strategy is to ensure that relatives who are interested in being a placement resource are provided with an application within 15 days of request, as required by HRS section 587-A. Hawaii is currently developing a brochure for relatives to provide information about being a relative resource caregiver/support.

### Case Reviews

Findings from the SFY 2018, the HCWCQI Project statewide case review:

- Children in 71% the cases were placed with relatives; and
- these placements were stable; or
- efforts were made to place children with relatives.

An identified area needing improvement was the need to provide staff with clarification on "ongoing efforts" for identifying, locating, informing and evaluating suitable relatives for placement.

In order to ensure that "ongoing efforts" on relative placements occur:

- Collaboration with EPIC to expand the discussions during Ohana Conferences about relative placements; and
- Issuance of periodic status updates on provisionally licensed relatives; and
- Identification of alternate placement should the need arise.

### Kinship Navigator

The Kinship Navigator funding was awarded on July 1, 2019 as a supplement to the Resource Family Support Services (RFSS) contract with the provider, Family Programs Hawaii. The goal of the additional Kinship Navigator funding is to enhance, support, develop, and/or implement what is already being provided to relative caregivers. For example, some of the funds were used to support the attendance of 4 of Hawaii's contracted providers that work on licensing and support to attend an out-of-state conference "2019 Global Intergenerational Conference" from June 12 – 14, 2019 in Portland, Oregon. Attendance at the conference is applicable to the needs of the

contract providers as they plan, in partnership with the Department, to develop, enhance, and implement a kinship navigator program for relative resource caregivers. The providers were able to increase their knowledge by networking and learning about innovative practices and programs of kinship navigator programs with other leaders, educators, and intergenerational advocates from around the world.

The proposed funding plan for each part is described below:

**Part One:**

RFSS has submitted a plan which includes enhancing and extending the hours of the Warm Line which is a statewide phone support system that is offered to resource caregivers, providers, and the public. The Warm Line hours will be extended from Monday through Friday, 8:30 a.m. to 5:00 p.m., to now include Sunday through Saturday from 8:30 a.m. to 10:00 p.m. when support is often needed and plans to be fully operational by October 1, 2019 once staff have been hired and trained.

**Part Two:**

Additional staffing for the extended Warm Line hours will include four (4) part-time Peer Support Specialists who have lived experience as a current or former resource caregiver. The part-time Peer Support Specialists will be a person located on Maui, Kauai, Hilo, and Kona. The local Peer Support Specialists have knowledge about their island specific community resources. In addition, the Peer Support Specialists will also be available for in-person meetings with resource caregivers, may also serve as a co-facilitator at support groups, and/or as a back-up childcare provider at in-person training or mentoring events. Peer Support Specialists will assist in making outreach calls during the evenings and weekends when resource families may be more available. For child-specific resource caregivers, the Peer Support Specialists will offer to provide in-person contact support families on their respective island shortly after receiving a placement for the first time.

**Part Three:**

There is a great benefit to children who are placed with relative resource caregivers and the Ohana Navigator Program will focus on helping to stabilize and maintain placement with these families. There are two components of the Ohana Navigator Program. The first component will be to provide and establish a one-to-one supportive peer mentoring relationship between seasoned resource caregivers (Peer Navigators), and the new relative resource caregivers. The Peer Navigators will be used to assist new families to navigate the child welfare system, including to identify and connect new resource caregivers to community resources for themselves and the children in their

home, and provide the individualized support needed to improve retention and minimize placement disruptions.

#### Part Four:

The second component of the Ohana Navigator Program is to coordinate and provide quarterly social events and ongoing training opportunities to promote a greater connection to resource family networks and resources, recruitment, and Peer Navigator connections. There will be quarterly Ohana Navigator events in various geographic areas statewide. They will be held in family friendly locations, places that are easily accessible by families, and at times that are convenient for them. Food and qualified childcare will be provided when necessary. On-call childcare providers, contacted providers, and program staff will be utilized to ensure a safe and comfortable environment for children needing childcare. Quarterly Ohana Navigator events and social support activities will be offered and made available to resource caregivers regardless of their participation in the mentoring program.

The newly created Ohana Navigator position will be one (1) full-time person who will oversee activities statewide described in Parts 1, 2, and 3 above. Currently, Resource Family Support Services is in the recruitment phase and plans to have this position filled and begin implementation in Hilo and Waianae by January 1, 2020. By July 1, 2020 the plan is to implement this Ohana Navigator Program statewide. To provide support to the Ohana Navigator, a part-time case assistant will be hired and Resource Family Support Services are currently in the recruitment phase for this position.

The variety of planned opportunities made available through the Kinship Navigator funds help enhance Hawaii's service array to support children in foster care and their resource caregivers. In addition, this may assist with the efforts in item 12 – a and 12 – c: Needs and Services of the Child and Resource Caregivers as well as promote Item 4: Placement Stability. This also promotes the CFSP goal of collaboration with our providers.

### **5. Adoption and Guardianship Promotion and Support Services**

From 2014 to 2018, the number of adoptions increased from 141 to 201 and the guardianships increased from 102 to 163. While reunification remains CWSB's primary permanency goal for children, when reunification does not occur timely, the next appropriate permanency goal is adoption or legal guardianship to relatives. Data Booklet, Figure 33: Exits by Adoptions and Legal Guardianships SFY 2014-SFY 2018 Numbers [Graph] and Data Booklet, Figure 34: Adoption and Legal Guardianship SFY 2014-SFY 2018 Percentages [Graph] show the number and percentage of children who

were adopted or achieved legal guardianship compared to all children who exited foster care from SFY 2014 to SFY 2018. There was an overall increase in adoptions from the last CFSR to present. The Data Booklet, Figure 39: Timely Adoption (Within 12 months) - SFY 2014 – SFY 2018, shows how effective Hawaii's effort have been in achieving timely adoptions, as CWSB is above the national standard of 32% with 47.9% of children in foster care exiting to adoption timely.

Wendy's Wonderful Kids (WWK) continues to work closely with CWSB staff to find permanency matches for children. The SPAW team searches for cases where youth have been in custody for longer than nine months, and shares the names and background information of these cases with WWK to assist the WWK recruiter on prioritizing cases. The goal is to promote maintenance of safe and appropriate connections with birth family, especially siblings, when possible. For more on CWSB's efforts to achieve permanency through adoption or guardianship with a relative placement, please see *Section IV. Programs Supporting Permanency, A. Program and Service Description, 2. Reunification Efforts* and *Section IV. Programs Supporting Permanency, A. Program and Service Description, 4. Relative Placement Efforts*.

For the percentage of children who re-entered foster care within 12 months after exiting foster care, see Data Booklet, Figure 36: Re-entry into Foster Care within 12-Months of Exit. 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 from 2014 through 2018. Hawaii currently is just .2% above the national standard for re-entry and on a steady positive trajectory toward being under that standard since 2016.

#### **a. Support Services**

CWSB contracts with local agencies to provide statewide support services for CWSB adoptive and guardianship families and continues to search for additional ways to support these caregivers. Since 2014, CWSB augmented its contract with Catholic Charities to provide permanency support services for all families who need support pre and post guardianship or adoption from Hawaii's foster care system, regardless of length of time since facilitation of the guardianship or adoption. With a focus on strengthening connections and preventing disruption of the permanent placements, services include assessment, case management, family and individual counseling, skill building, in-home crisis intervention, seminars, and workshops.

A CWSB contracted community provider also continues to operate the Warm Line, available to all foster and permanent caregivers, which provides resources and referrals to caregivers calling in need of support. The provider also offers support groups to caregivers and ongoing training specific to resource caregivers and adoptive or guardianship caregivers.



#### **b. Adoption and Legal Guardianship Incentive Payment**

In 2015, Hawaii received \$20,000 in adoption incentive funds to be used by the end of 2019. In 2016, Hawaii received \$5,317 in adoption incentive funds. Hawaii readily expends the full amount of these funds timely. These funds continue to be utilized to enhance support services under the Statewide Resource Family Recruitment contract, currently Hui Hoomalu. The contract provides support groups for parents and legal guardians, operates a warm line that provides resources and direction for parents and legal guardians needing supports, and provides ongoing trainings to families who have adopted or obtained a legal guardianship through CWSB. See Data Booklet, Figure 35: Adoption and Legal Guardianship Incentive Awards for a recap of the awards for FFY 2012 through FFY2016.

#### **c. Inter-country Adoptions**

Since the writing of the CFSP in 2014, there was only one inter-country adoption. Inter-country adoption is a rarity in the State of Hawaii for children leaving foster care and inter-country adoptions into Hawaii are considered private adoptions typically handled through a child placing agency. CWSB is aware of how to work with the Adoption Division, Office of Children's Issues at the State Department to receive technical assistance to ensure all the requirements of The Hague Convention on the Protection of Children and Cooperation in Respect of Intercountry Adoption (Hague Convention) are fulfilled when an inter-country adoption occurs. CWSB Program Development also provides support and information to the section and Family Court when an inter-country adoption takes place, given the extra requirements this entails.

#### **d. CFSP 2019-2023**

CWSB intends to increase prevention services, such as in home base services and crisis services, earlier to prevent the need for children to enter foster care. When children need to be placed in foster care, CWSB makes every attempt to find family and those with close connections to the children in order to create the very least upheaval possible. CWSB plans to look at increasing the utilization of family finding, including utilizing family finding multiple times for cases that are open for longer periods of time. CWSB recognizes that families change and simply because a family member did not have the ability to care for a child when the child was first removed, it does not necessarily mean there won't be a change in circumstances. CWSB recognizes the importance of revisiting family connections in order to ensure that children are placed with those closest to them whenever possible and able to maintain those ties with family.

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

### **1. Permanency Outcome 1 (Permanency and Stability)**

*Children have permanency and stability in their living situations.*

See Data Booklet, Figure 36: Re-entry into Foster Care within 12-Months of Exit for the percentage of children who re-entered foster care within 12 months after exiting foster care from SFY 2013 through 2018.

*DHS will prevent multiple entries of children into foster care.*

#### **a. CFSR Item 4: Stability of foster care placement**

SFY 2018: 67 Cases Reviewed

52 Strengths, 15 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 of Data**

In 52 of 67 cases (or 78% 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.

Fifteen cases (or 22%) were rated as needing improvement.

- 1) In 15 cases, the child 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.
- 2) In 5 cases, the child's current placement was not stable.
- 3) In 1 case, the child's placement at the time of review was a temporary shelter or other temporary setting.

##### **iii. Discussion**

From SFY 2017 to SFY 2018, CWSB had an almost 7% decrease in placement stability for foster youth who had no more than two placements. CWSB continues diligent upfront efforts to make the first placement the only placement through early Family Finding searches and attempts to hold Ohana Conferences for every child entering foster care when a child first enters care. See Data Booklet, Figure 37: Placement Stability – Two Less Placements SFY 2014-SFY 2018 for 5-year aggregate data showing the percentage of foster youth who had no more than two placements.

#### **iv. Five Year Trend**

Although CQI reviews show a dip in placement stability in 2017, the stability of foster care placement increased to 78% in 2018 which is consistent with 2014 through 2016 where placement stability remained between 79% and 80%. CWSB has, over time, consistently remained around this 80% number.

#### **CFSP**

In the coming 5 years, CWSB will continue to utilize IHBS to work with families to make every effort to prevent children from being removed from the family home. IHBS will be expanded to reach more families by including cases prior to the current 9 months in care threshold utilized under the Title IV-E Waiver. CWSB plans to utilize as many prevention measures as possible to keep children from being placed in care and if placement is unavoidable, CM Standby will be made available to address open cases where a placement may disrupt or alternatively, a worker on an active case may refer a resource caregiver family for in home services to preserve the placement.

#### **b. CFSR Item 5: Appropriate and timely permanency goal**

SFY 2018: 65 Cases Reviewed  
40 Strengths, 25 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 40 of 65 cases (or 62% of applicable cases reviewed), the child's permanency goal was established timely and was appropriate to the needs of the child. In

some of these cases, reunification was still appropriate beyond 12 months because efforts were slow to engage the parents who were engaged in services toward reunification.

Twenty-five cases (or 38%) were rated as needing improvement. In some of these cases, while reunification was the child's goal, this goal was no longer appropriate, as parents did not progress in services toward reunification. When there were concurrent goals for the child, it was usually the secondary goal that should have been considered earlier. In several cases, the child did not want the goal that was established.

- 1) In 14 cases, the child's goal was not established timely.
- 2) In 12 cases, the child's goal was not appropriate to the child's needs for permanency and to the circumstances of the case.
- 3) In 6 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**

CWSB recognizes that appropriate permanency goals and timely establishment of those goals has been a challenge. Since the last CFSP was written in 2014, CWSB has experienced high turnover in units statewide, including supervisor positions. Existing supervisors have not set structure or timelines for mentoring staff and working with their case managers toward permanency goals from the onset of a case.

#### **CFSP**

New goals of the 2019 Program Improvement Plan (PIP) include a focus on permanency which includes the following three strategies: 1) employ early concurrent planning; 2) implement case staffing meetings; and 3) partner with Family Court. Moving forward there will be set expectations as to how often supervisors meet with their staff and that permanency planning will begin from day one of the case. Commencing in 2019, the PIP will focus on supervisor training then allowing supervisors to mentor their staff. In late 2018, CWSB began work with the Praed Foundation to streamline CWSB's assessment tools and reduce redundancy with the hope of lightening the workload and enabling supervisors to spend the necessary time with their line staff. Subsequently, the line staff would be able to spend the time required to meet deadlines with their families and keep cases moving toward timely permanency.

### **c. CFSR Item 6: Achievement of reunification, guardianship, and adoption goals**

67 Cases Reviewed

### 33 Strengths, 34 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, guardianship, or adoption in a timely manner.

#### **ii. Summary of Data**

In 33 of 67 cases (or 49% of applicable cases reviewed), reunification, guardianship, adoption or other planned permanent living arrangement was achieved or likely to be achieved timely. In these cases, there were quality monthly contacts with parents or caregivers and children, Ohana Conferences, and regular visits or Ohana time for children and their parents. Also, services were provided as needed and referrals were made timely. Early concurrent planning was also evident in these cases.

Thirty-four cases (or 51%) were rated as needing improvement. In all cases, reunification, guardianship, adoption, and other planned permanent living arrangement permanency goals were not or will not be achieved permanency timelines.

- 1) In 34 cases, efforts were not made to achieve the child's permanency goal timely. In many of these cases, there were few caseworker contacts with the child and parents, and they were not engaged in their case planning. Efforts were not made to have meaningful conversations with parents regarding permanency. Urgent and joint planning towards permanency was needed. Time children were in care:
  - i. 0 – 12 months 10 cases
  - ii. 13 – 24 months 11 cases
  - iii. 25 – 36 months 8 cases
  - iv. 37+ months 5 cases
- 2) In 5 cases, although the child was in foster care for less than 12 months with the goal of reunification, ongoing efforts were not being made to achieve reunification.

#### **iii. Discussion**

CWSB recognizes that there has been a progressive decline in this item and it is thoroughly addressed in the 2019 Program Improvement Plan (PIP) in a multipronged approach that includes Staff Development, Program Development,

supervisors, and caseworkers. There has been a lack of clarity and understanding regarding required parent engagement efforts when working toward guardianship without terminating a parents' rights and when working toward APPLA. Procedures do not clearly address the need for continued parent engagement when permanency goals shift from reunification. Clarification on this topic was provided to staff in the APPLA trainings that were held in December 2018 and January 2019. Further clarification will be provided through the concurrent planning trainings that are planned as part of the PIP3.

### CFSP

In plans laid out in the 2019 CFSP, permanency is an identified focus area. The challenges have been identified in the formulation of the PIP3 and work has begun implementing key activities. Concurrent planning must be at the center of a child welfare case when any child comes into foster custody. Concurrent planning procedures will be revised by Program Development staff in conjunction with the Court Improvement Project and Family Court. A family-friendly fact sheet will be created to explain concurrent planning and ease that conversation between the case worker and family. Case staffing that promotes shared and supportive decision-making will be used and coaching specific to CFSR items 5 and 6 will be targeted to begin the case staffing process, also delineated in Hawaii's PIP3.

## **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 2018: 38 Cases Reviewed  
35 Strengths, 3 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 of Data**

In 35 of 38 cases (or 92% of the applicable cases reviewed), siblings in foster care were either placed together or siblings were placed apart due to special circumstances.

Three cases (or 8%) were rated as needing improvement.

- a) In 3 cases, siblings were placed apart initially, and efforts during the period under review were needed to revisit placing siblings together.

### **iii. Discussion**

CWSB improved in this particular item and continues to be committed to keeping siblings together in foster care which can be challenging given the number of large sibling groups in Hawaii. Early in the case process, CWSB utilizes Ohana Conferences and Family Finding to identify relatives who may be willing to take sibling groups, and through contracted agencies, conducts targeted recruitment of resource caregivers who are willing to care for sibling groups.

#### CFSP

Hawaii continues to maintain the goal of always placing siblings together, when appropriate. With larger sibling groups who must be split, CWSB will make every effort to place sibling groups in close proximity to each other and maintain them in the same school district to support as much continued interaction as possible.

### **a. CFSR Item 8: Visiting with parents and siblings in foster care**

SFY 2017: 54 Cases Reviewed  
20 Strengths, 34 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 20 of 54 cases (or 37% 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 resource caregiver or by the DHS aide or contracted provider.

Thirty-four cases (or 63%) were rated as needing improvement. Documentation by the contracted provider and resource caregivers to explain circumstances contributing to barriers was not available to the caseworker for the ongoing evaluation. Also, in many cases visitation was facilitated by family members rather than by CWSB or contracted providers. Frequently, in these cases visits with for the parents occurred informally and loosely under the facilitation of a family member even: in some instances even when safety threats that brought the child into foster care had not been mitigated. The lack of oversight and documentation of the visitation precludes caseworker's ability to assess the quality of visitation, need for parenting support, and progress towards reunification.

- a) In 22 cases, efforts were needed to ensure frequent visitation for *mothers* and their children.
  - i. In ten (10) of these cases, child visits with *mother* were not explored and arranged.
- b) In ten (10) cases, efforts were needed to ensure quality 'Ohana time for *mothers* and their children.
- c) In 19 cases, concerted efforts were needed to ensure frequent visitation for *fathers* and their children.
  - ii. In ten (10) cases, child's visits with *fathers* were not explored and arranged (10).
- d) In ten (10) cases, efforts were needed to ensure quality Ohana time for *fathers* and their children.
- e) In nine (9) cases, efforts were needed to ensure frequent visitation for *siblings*.
  - iii. In three (3) cases visits with *siblings* were not explored and arranged.
- f) In six (6) cases, efforts were needed to ensure quality visits with *siblings*.

### iii. Discussion

CWSB realizes that the performance on this item is poor and has become progressively worse over the last several years. CWSB recognizes that the largest current barrier to providing quality Ohana Time is lack of staff and lack of time. This is a challenge shared by all State agencies. CWSB hopes to support efforts to improve this situation across agencies.

While the number of children in care has increased, staffing levels have stayed stagnant. Heavy workload and staff turnover are just two of the many reasons staff list as to why visits aren't occurring as they should. However, CWSB recognizes that this is a priority and will continue to strive to improve / increase visitation and documentation.



Ohana Time for incarcerated parents continues to be a challenge. In 2018, a bill was reintroduced in the Hawaii State 2018-2019 Legislature to create more visitation space and supervision for this population.

CWSB was unable to complete planned revisions in 2018, of the resource caregiver trainings to include more training on the importance of Ohana Time and how to effectively support and facilitate Ohana Time. New Program Development staff have been hired to work on this program with the goal of completing the training in 2019.

The Trauma and Healing trainings in 2018 and 2017 addressed the trauma a child incurs when removed, the trauma of being without their siblings while in care, and the damage caused to children when they are not afforded quality visitation. In the coming five-year plan, CWSB plans to share this training with other providers and the community.

#### CFSP

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

CWSB began collaborating with Liliuokalani Trust on a visitation center for the leeward side of Oahu in an effort to increase visitation and the quality of visitation for children in care.

CWSB plans to continue and expand the Wraparound model which brings together many people connected to family, and provides the family with the opportunity to identify and explore the potential resources within the extended family circle to help support and facilitate child-parent visits.

### **b. CFSR Item 9: Preserving connections**

SFY 2017: 66 Cases Reviewed

46 Strengths, 20 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 46 of 66 cases (or 70% applicable cases reviewed), children were maintained in their same community and kept connected to their culture, school, family (including older siblings, grandparents, cousins), sports, and friendships.

Twenty cases (or 30%) reviewed were rated as needing improvement:

- a) In 20 cases, concerted efforts were needed to maintain the child's important connections. Often, connections were not identified so that they could be maintained.
  - i. Efforts were needed to maintain child's contact with siblings who were not in foster care in four (4) cases.
  - ii. Efforts were needed to keep the child connected to extended relatives in two (2) cases.
- b) In ten (10) cases, sufficient inquiry was not conducted to determine whether a child might be a member or eligible for membership in a federally recognized Indian tribe.

## **iii. Discussion**

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

### CFSP

As mentioned previously, CWSB will be overhauling its HANAI training and one of the items of focus in that training is on keeping connections.

CWSB is currently finalizing an MOA with the Department of Education (DOE) which spells out procedures and processes for determining the best interest of the child when making school placement change decisions. This will help CWSB to advocate for a child to stay in their home school and provide a mechanism to work with the DOE.

The CFSP five year plan emphasizes case staffing which will also look at the needs of the child and whether they have been allowed to keep connections

while experiencing child welfare involvement and lessening the trauma of their foster care experience.

**c. CFSR Item 10: Relative placement**

SFY 2017: 66 Cases Reviewed

47 Strengths, 19 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 66 cases (or 71% of the applicable cases reviewed), children were placed with relatives and they were stable, or efforts were made to place children with relatives. Relative searches through EPIC were completed to identify and locate appropriate relative placement for the child. Also, letters were sent by EPIC to inform them.

Nineteen cases (or 29%) were rated as needing improvement. In many cases, although a Family Finding was completed before the review, efforts were not made to evaluate or re-evaluate relatives during the period under review.

- a) In 13 cases, concerted efforts were needed to pursue *maternal* relatives for placement during the period under review, including the need to:
  - i. Identify (6)
  - ii. Locate (7)
  - iii. Inform (9)
  - iv. Evaluate (12)
- b) In 18 cases, concerted efforts were needed to pursue *paternal* relatives for placement during the period under review, including the need to:
  - i. Identify (11)
  - ii. Locate (12)
  - iii. Inform (14)
  - iv. Evaluate (17)
- c) In one case, Family Finding search efforts were not completed or were not known to have been completed by the current caseworker at time of review.

**iii. Discussion**

Relative placement is a great strength of Hawaii's CWSB, with more than relative placements than non-relative placements. CWSB also continues to make concerted efforts to identify relatives through Family Finding, engaging maternal and paternal relatives, when possible, and maintaining children in their communities to the extent possible.

#### CFSP

For the next five-year CFSP plan, CWSB intends to improve upon its family finding efforts through strengthening the initial auto referral process and revisiting family finding after a child has been in care for a while to see if the family members status has changed. Through our IV E Waiver project and the SPAW intervention, one of the questions asked in every meeting was "what has been tried before that could be tried again", and inevitably family finding was something that came up over and over. The circumstances for families and relatives often change over time. Revisiting these relatives after a child or youth has been in care for a period of time, may find that the relatives are not willing and able to care for the child/youth. However, without talking with the family again, family often don't know that their services are still needed. This will also be a part of supervision questions that will be guided by CFSR items.

#### **d. CFSR Item 11: Relationship of child in care with parents**

SFY 2017: 47 Cases Reviewed  
17 Strengths, 30 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/her 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 of Data**

In 17 of 47 cases (or 36% 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 in coordinating 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.

Thirty cases (or 64%) were rated as needing improvement. Better documentation about barriers or efforts may have improved these ratings.

- a) In 23 cases, efforts were needed to support the children's relationships with their *mothers*.
- b) In 20 cases, efforts were needed to support the children's relationships with their *fathers*.

### **iii. Discussion**

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

CWSB also partners with the Family Court, and other systems involved with the families, to train on the importance of family engagement and reunification.

The persistent staff shortages, strained resources, and lack of time have created challenges for CWSB in successfully meeting the goals of the CFSR items, as well as challenges in documenting the efforts to attain the goal. When interviewing staff and families, often there have been visits but the documentation just does not make it into the record.

#### CFSP

CWSB is very anxious to award the contract and begin building the new SACWIS system of record. The current computer system is over 20 years old and staff find it incredibly cumbersome to navigate. The benefits of a new system will be many fold. It is anticipated the time saved inputting data into the new system will result in more time to complete the required case work and also to more thoroughly document the good work that is being done.

In the next five years, CWSB will be reorganizing its structure and current position allocations. This will increase staffing in some locations and add/restore needed positions that were lost during the 2009 reduction in force.

The Program Improvement Plan currently in action focusses back on fundamentals for line staff, supervisors, and section administrators; many of

whom are new to their positions. Through the *wikiwiki* hiring process, CWSB has been able to fill many long vacant positions. The next five years will be crucial in training and re-training staff in the best practice for the work we do.

## SECTION V. FAMILY ENGAGEMENT AND CHILD WELL BEING

### A. PROGRAM AND SERVICE DESCRIPTIONS

#### 1. Monthly Caseworker Visits

Frequent, quality contact between the CWSB caseworker and the child are the cornerstone to successful casework. Despite some of the case review data (CFSR Item 14) which may indicate otherwise, Hawaii prioritizes monthly caseworker face-to-face visits with children. When discussing the matter with caseworkers, they state they know that the expectation is that they see every child on their caseload face-to-face every month. Although staff are aware of this expectation, Hawaii is not successful in ensuring these visits.

Please see Data Booklet *Figures 40 – 43*. The data displayed in these four figures is from the annual Title IV-B Worker Visit Survey. In Hawaii, due to limitations of the data system, only a sample of children are reported in the survey each year – this sample is roughly 20% of the applicable children statewide.

In considering Hawaii's data regarding caseworker visits with children, it is important to note that the Worker Visit Survey data only includes children who were in foster care, in contrast with the CFSR Item 14 data, which includes children in foster care and children in in-home cases, including VCM.

*Figure 40: Worker Visit Survey FFY 2014 – FFY2018* and *Figure 41: Worker Visit Survey Percentage of Monthly Visits to Children in Care FFY 2014-2018*, show how, over the past five years, Hawaii has continued to struggle to meet the national Standard of 95% monthly caseworker visits with children in foster care. With some of the strategies outlined below in the discussion section of *V.B.1.a. CFSR Item 14: Face-to-face contact with children*, CWSB is optimistic about improvement.

Hawaii is more successful in consistently exceeding the National Standard of 50% of caseworker visits with the child being in the home where the child is living. This data is shown in *Figure 40: Worker Visit Survey FFY 2014 – FFY2018* and *Figure 42: Worker Visit Survey – Percentage of Monthly Visits to Child's Home: FFY 2014 – 2018*. Each year, Hawaii has exceeded the 50% standard, ranging from a low of 53% in FFY 2016 to a high of 65% in FFY 2015.

The most useful of the Worker Visit Survey data figures is *Figure 43: Worker Visit Survey – Reasons for Lack of Visit – FFY 2018*, because this figure provides insight into Hawaii's challenges in caseworkers seeing the children on their caseloads every month. Each year, when Hawaii gathers data for this survey, when there is a missed visit, the caseworker is asked why the visit did not occur. The data in Figure 43 is from

caseworker self-report. A more complete description of each coded reason is provided here.

**a. No Documentation/Unknown**

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

**b. Workload**

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

**c. Scheduling Problems**

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

**d. ICPC Issues**

When a child is placed in another state via ICPC, CWSB works to set up monitoring visits for that child in the new location with a local social worker. Unfortunately, the child is often placed in the new state without those arrangements being fully in place, and visits are then missed. Often during this gap period, the Hawaii caseworker will Skype, call, and/or text the child to try to ensure his/her safety, but since the contact is not live face-to-face contact, these are counted as missed visits. Hawaii is pleased to see that this number was lower in FFY 2018 than it had been in past years.

**e. Youth on the Run**



When a child in foster care runs away from placement, Hawaii follows a Missing Children protocol to try to find the child. Even if the caseworker is successful in having some contact with the child in a given month, if that contact was not face-to-face, this still counts as a missed visit.

**f. Transfer or Courtesy Case**

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

**g. Worker Oversight**

Worker oversight is as it implies, that the worker made a mistake and forgot to see the child. Failure to remember important job responsibilities could be a symptom of overwork, and therefore some of the strategies in the discussion section of *V.B.1.a. CFSR Item 14: Face-to-face contact with children* may prove useful. Although the missed visits due to worker oversight can be viewed as simple human error, and given the relatively small number (18 out of 617 in FFY 2018), one can imagine that some percentage of missed visits is unavoidable, Hawaii is confident that this category of missing visits will disappear with the Worker Visit Tracker's statewide implementation and integration into daily practice.

**2. Inappropriate Diagnoses**

Hawaii has a Health Care Oversight and Coordination Plan that addresses the concerns of over-diagnosing and over-prescribing medications to youth in foster care, as well as corresponding policies and procedures in place to prevent this. CWSB procedures require all children in foster care are referred for a mental health assessment or screening within 45 days of placement (Children's Mental Health Procedures ICF, dated 4/26/12; and DHS CWSB Procedures Manual, Part III, Section 4.9.1 Pre-placement physical). In addition, confirmed child victims of abuse or neglect and children in in-homes cases in need of a referral for a mental health assessment or treatment must be referred within 60 days of intake.

Children in foster care receive medical coverage through the Department of Human Services MedQuest Division. Placement of foster children in hospitals, treatment programs, and residential facilities involves coordination and consultation with the Department of Health, Child and Adolescent Mental Health Division (CAMHD), and the Department of Human Services MedQuest Division through team meetings. Such placements require medical oversight and approval and are based on medical necessity. Referral for placement is made by the treatment team, which includes a clinical expert.

Having a variety of team members from different disciplines and perspectives provides checks and balances to the placement approval system. Placement settings are further approved and monitored through family court, as mandated by HRS § 587A-15. Placement of a foster child at an out-of-State facility requires the recommendations of the treatment team, the family court, and two doctors.

CWSB has taken additional steps to ensure children's medical and mental/behavioral health needs are appropriately met. MedQuest Division representatives attended a CWSB Management Leadership Team (MLT) meeting in June 2018 to speak about working together to share information on the medical homes for foster children, dental and medical records, last known physicians, and EPSDT.

For over a decade, CWSB has contracted a Multidisciplinary Team to provide clinical expert consultation to CWSB on its cases. The Team's pediatricians and pediatric nurses provide insight and perspective into medical diagnoses and conditions, review medical records, and help to ensure appropriate treatment. The Team's child psychologist similarly aids in mental health and developmental health related cases and matters.

In 2017, CWSB added an APRN position to its Multidisciplinary Team and Consultation contract to provide an additional level of supervision and oversight for those youth who struggle with behavioral health issues. This APRN has oversight of all youth in care who are prescribed psychotropic medication and is tasked with reviewing each of those cases for appropriateness and flagging any concerns to be further reviewed by the treatment team. Consultation is also available for all children with medical and mental/behavioral health needs. CWSB staff has received training on psychotropic medication in the foster youth population and understands the importance of proper diagnosis and the potential dangers of psychotropic medication. In addition to the MDT APRN's oversight, CWSB has procedures in place to ensure children are not over-prescribed, for the CWSB caseworker takes the following actions: ensures that all of a youth's questions are answered by the prescribing physician prior to starting psychotropic medication; discusses the youth's progress and reactions to medication at monthly face-to-face visits with the youth, the resource caregivers, and the parents; documents efforts to track and monitor the foster child's use of psychotropic medication in the CPSS database; and sets up a team meeting when a youth expresses a desire not to take prescribed or recommended psychotropic medication (Psychotropic Medication Guide for Youth ICF, dated 12/18/12; and Psychotropic Medication Companion Guide for Youth ICF, dated 9/4/15).

CWSB has monthly scheduled meetings and interim communication regarding children placed in treatment facilities, in order to effectively collaborate to meet the goals of bringing children back into their communities as quickly as safely possible or preventing facility placement altogether. CAMHD began a new program in 2018 called Kaeru, meaning "to return (home)" in Japanese, which is aimed at keeping Hawaii youth in

Hawaii with appropriate supports to prevent mainland residential placements as well as supporting youth in returning from mainland residential placements and transitioning back into the community. CWSB is an integral partner in this process with CAMHD to ensure the most appropriate level of care is provided to such youth. Both agencies meet monthly to discuss policy changes, facility needs for the State, and specific youth who are dual-agency involved. These meetings are also attended by the State Medical Director for Medicaid. Because the number of children in foster care who are placed in treatment programs and residential facilities is relatively small (less than 25 at any given time), this multi-agency group, along with CWSB staff and CAMHD staff, are able to regularly monitor these placements and take action as needed.

Over the last five years, CWSB has made great strides in protecting youth in care from both inappropriate diagnosis and out of state placement. CWSB staff have noted an increase in the acuity of behavioral health issues facing kids coming into care. In 2019, CWSB and CAMHD began discussions around a multiagency-supported local facility that could address youth in crisis and quickly work to bring a child's team, including family, together to manage that crisis whether that youth is already enrolled in one of the state care systems or not. CAMHD, CWS, and ADAD came together to jointly fund this program and in 2019 issued an RFP via CAMHD. The contract was awarded in February 2019 and will be available to youth in crisis ages 6 to 18. The goal of this facility is to keep youth in care for as short a time as safely possible while wrapping services around them and enrolling them in services in order to manage the crisis and return the youth home with supports in place. This new facility may also, in some cases, serve as a step down from the local inpatient psychiatric hospital, Kahi Mohala, where multi-agency involved youth can go before being placed in a more permanent setting. The contracted agency hopes to open its doors in July 2019.

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

### **1. CFSR Well Being Outcome 1 (Capacity to provide for the children's general needs)**

#### **a. CFSR Item 12: Services to children, parents, and resource caregivers**

105 Cases Reviewed

29 STRENGTHS, 76 AREAS NEEDING IMPROVEMENT

##### **i. 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, at the child's entry into foster care if the child entered during the period under review, and on an ongoing basis; identify the services necessary to achieve case goals and adequately address the issues relevant to the agency's involvement with the family; and provide the appropriate services.

## ii. Summary of Data

In 29 of 105 cases (or 28% 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.

Seventy-six cases (or 72%) were rated as needing improvement. 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 their needs and that progress was being made toward case goals.

- 1) In 37 cases, ongoing, comprehensive assessments were not provided to *children* to determine their needs.
- 2) In 33 cases, appropriate services were not provided to *children* to meet their needs.
  - a) Assessments to determine *children's* needs were not comprehensive (23).
  - b) Services were not provided for Independent Living Skills (2).
- 3) In 48 cases, ongoing, comprehensive assessments were not provided to *mothers* to determine their needs.
- 4) In 44 cases, appropriate services were not provided to *mothers* to meet their needs.
  - a) Assessments to determine *mothers'* needs were not comprehensive (13).
  - b) Efforts were not made to locate mothers (8).
  - c) Efforts were not made to follow up on needed services for mothers (6).
  - d) Efforts were not made to engage mothers in services (5).
- 5) In 60 cases, ongoing, comprehensive assessments were not provided to *fathers* to determine their needs.
- 6) In 52 cases, appropriate services were not provided to fathers to meet their needs.
  - a) Assessments to determine fathers' needs were not comprehensive (14).
  - b) Efforts were not made to locate fathers (7).
  - c) Efforts were not made to follow up on needed services for fathers (6).
  - d) Efforts were not made to engage fathers in services (3).
- 7) In 22 cases, ongoing, comprehensive assessments were not provided to *resource caregivers*.
- 8) In 21 cases, appropriate services were not provided to *resource caregivers*.
  - a) There was limited caseworker contact/communication with resource caregivers (12).
  - b) Needed services were not provided to resource caregivers so that they could adequately care for children (5).

- c) Assessments for resource caregivers were not of quality (5).
- d) There was no caseworker contact/communication with resource caregivers during the PUR (4).

### **iii. Discussion**

The concerted efforts to assess the needs of children, parents, and resource caregivers and to provide the appropriate services to achieve case goals and adequately address the relevant issues, have shown a sharp continual decline in the strength rating from SFY 2014-SFY 2018. SFY 2014 had a strength rating of 69% ending with a strength rating of only 28% in 2018, a decline of 41% in 5 years.

Although the use of automatic referrals to Ohana (family) Conferences, implementation of monthly “Ohana Time” (child visit with parents), trainings, procedures clarifications and collaborations with DOH, DOE and service providers, were implemented prior to and during the last 5 years, those activities did not help increase performance in this area. In many of the cases, individuals were referred for services but ongoing assessments were not made to ensure the services met the needs of the individuals and that progress was being made toward case goals.

Hawaii theory’s is that the decline of performance is caused by multiple factors such as staff-shortages, inconsistent supervision, lack of training/refresher training, and limited tracking/monitoring system. Hawaii believes that as we increase monthly face-to-face visits between social worker with child, parents and resource caregivers, we will likely increase performance in this area and other outcomes, such as, timely permanency.

To help support the staff and improve the quality of monthly face to face visits, Hawaii developed a Monthly Face to-Face Contact Record in 2011 for staff to use as a guide during monthly visits to focus the discussion with the child, parents and resource caregivers on: identifying their needs; services to meet their needs; case plan, permanency goal; follow-up actions; and other concerns relating to their CWSB case and reunification.

Staff were initially trained on the Monthly Face-to-Face Record Tool in 2011, however, the tool was not included in the core training curriculum for new staff, which resulted in a dependency on supervisors to inform, enforce, and track the use of this tool. Supervisors who were carrying cases due short-staffed issues found themselves unable to monitor or enforce the use of the tool.

Looking forward, Hawaii plans to include the training specifically of this tool in the CWSB core training curriculum, with a refresher training available on-line to

struggling units/section as identified. Topics such as interviewing/conversational skills will be part of this training module as well. By January 2020, Hawaii anticipates completion of core training curriculum to include this tool. By July 2020, an on-line refresher module will be made available to staff and supervisors.

Inconsistent supervision is believed to have contributed to the decline in this area as well. There were 4 cases that had no contact and 12 cases where there was limited contact with the resource caregiver, in 15 cases there were no efforts to contact eight mothers and seven fathers. Of could say there were 19 cases that had no contact and 12 cases with limited contact. Consistent monthly supervision between supervisor and social worker would have given the supervisor an opportunity to identify families that the social worker has not visited, reasons and a follow-up plan. For the next two years, supervision, as part of Hawaii's PIP3 activities will receive much attention and work. In the first quarter of PIP3, (May – July 2019) the focus is on closing deadwood cases, and ensuring that supervisor do not carry a caseload which would allow them to be available, accessible to staff, and to monitor/track this activity progress in this CFSR item.

Hawaii currently does not have procedures or tools to support quality supervision of casework staff. High caseloads, with many inactive cases that needed to be closed, and high staff turnover limit the time supervisors can spend with their staff. As part of the PIP3 strategy regarding supervision, Hawaii's plans to develop guidelines and structure for supervision which will help provide the needed case support and oversight to achieve the families' case goals. Strides are being made to improve supervisory training for new supervisors using the model from the Leadership Academy for Middle Managers (NCWWI). By improving the staff's ability to actively and effectively engage individuals and increasing the use of Ohana Conferencing, Hawaii believes that families and resource caregivers needs and services will be more transparent, and consistently met, which will ultimately lead to successful attainment of the case plan goals. With accurate assessments and timely provision of appropriate services, it is anticipated that timely permanency will be achieved, and reunification rates will increase with children quickly returning home, or exit foster care to adoption or legal guardianship quicker than previous years.

Collaboration efforts with personnel office, and department of human resources have resulted in the "wiki wiki" hiring process being implemented. CWSB was able to quickly hire staff about 25 new social work staff and 20 support staff have been hired to date. The increase of staff means lower caseload and more support to social workers. Social workers will have more time to conduct monthly face to face visits with child, parents and resource caregivers, ultimately

resulting in quicker identification of needs, and offering services to meet those needs.

To track and monitor progress, Hawaii plans to utilize its SHAKA system which already has the functionality to track and monitor monthly face to face visits between social worker and child, and timeliness of response to intake report. By March 2020, this functionality will be enhanced to allow the social worker and the supervisor to track, monitor, and flag cases with missing monthly visits data with parents and resource parents. Training will be implemented by July 2020 and full implementation to begin by September 2020. The list of cases with missed visits with child will be reviewed monthly among section administrators and child welfare program development office in order to resolve barriers, action items and progress to target goal.

**b. CFSR Item 13: Engagement of child and parent in case planning**

100 Cases Reviewed

36 STRENGTHS, 64 AREAS NEEDING IMPROVEMENT

**i. Purpose**

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

**ii. Summary of Data**

In 36 of 100 cases (or 36% 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.

Sixty-four cases (or 64%) were rated as needing improvement. In many of these cases, the infrequency of contact and quality of contact did not allow for the child and parent to be engaged in case planning. Parents and children in these cases were not seen monthly, and in some cases, for several consecutive months. In many of these cases, Ohana Conferences could have helped to improve communication and to facilitate case planning with the parents.

- 1) In 34 of these cases, children were not engaged in case planning.
- 2) In 45 of these cases, mothers were not engaged in case planning.
- 3) In 52 of these cases, fathers were not engaged in case planning.

### **iii. Discussion**

With a decline from 87% to 49%, in SFY 2015 to 2019, below find possible solutions to address this issue.

Caseworkers' frequency of contact finding indicates that if contact with clients were more frequent, there would be significant improvement in this item. The development of a worker visit tracking tool is promising to increase frequency.

Quality of caseworker contact, engagement, and case planning would be enhanced with improved supervision in both frequency and quality which is being addressed in the PIP3 by focusing on strengthening supervision. One proposal to advance the goal of providing superior supervision to staff is to ensure dedicated supervision time. With dedicated one-on-one supervision meetings between the caseworker and his or her supervisor to discuss each case regularly, many problems will hopefully be caught early enough to address them successfully. Also, tools for tracking worker visits and to guide quality supervisory meetings would support supervisors and staff.

Strengthening the partnership with EPIC, through Ohana Conferencing, and CWSB would enhance the skills of caseworkers and assist caseworkers in engaging with children, parents, and relatives in their case planning. This could be explored in PIP3 with revisiting barriers, clarifying mandatory procedures for initial and holding multiple Ohana Conferences.

Discussed above is the need for strengthening supervision, tracking tools, strengthening EPIC Ohana Conferences and CWSB partnership, revisiting barriers, clarification of procedures, reinforcing mandatory procedures, and holding multiple Ohana Conferences. This continued work will address the CFSP goals of collaboration, workforce, prevention, and CQI.

### **c. CFSR Item 14: Face-to-face contact with children**

105 Cases Reviewed

36 STRENGTHS, 69 AREAS NEEDING IMPROVEMENT

#### **i. Purpose**

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

#### **ii. Summary of Data**

In 36 of 105 cases (or 34% of applicable cases reviewed), the frequency and quality of visits between caseworkers and children/youth were sufficient to

Hawaii APSR FFY 2020

September 30, 2019

Page | 96



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.

Sixty-nine cases (or 66%) were rated as needing improvement. Although in some Sections, there were a large number of inactive cases that were kept open beyond the caseworkers' identified case closure dates, the cases counted and captured as needing improvement were those open in CPSS in which families thought their case was still open, there were pending caseworker activities, and/or there was no case closing report or Court's dismissal of the petition.

- 1) In 59 cases, the frequency of contact with the child(ren) was less than monthly. In some cases, children were not seen for consecutive months at a time. It was often difficult to tell why contact was not made in 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) appeared to account for several cases.
- 2) In 46 cases, the quality of visits with the child(ren) was not of sufficient.
  - a) Interviews with children did not sufficiently address safety, permanency, and well-being (22).
  - b) Child(ren) were not met with alone, and efforts were not made to meet alone (15).
  - c) Caseworker visits with the child(ren) were never or rarely in the child's home (10).
  - d) While children were seen during some months, information from documentation and interviews did not describe sufficient quality (8).
  - e) The length of time of the caseworker visits with the children did not allow for the quality of visits (6).

### **iii. Discussion**

Hawaii CWSB knows that frequent, quality contact with children translates directly to improved outcomes. A key activity of Hawaii's new CFSR PIP is to track and monitor frequency of face-to-face visits between caseworkers and children. A tracker for face-to-face visits between the workers and children has been implemented, and it is beginning to be used by staff, supervisors and administrators to prioritize work to help ensure all children are seen monthly.

Additionally, with the PIP3's focus on improved supervision, supervisors will soon be better able to guide, coach, and support caseworkers in completing quality visits with children.

When considering data from the Title IV-B2 Worker Visit Survey, Figure 43 Worker Visit Survey – Reasons for Lack of Visit – FFY 2018, use of the tracker alone would only potentially address 3% of missed visits that were not completed due to worker oversight. In this same figure, one sees that 26% of the missed visits were due to the caseworker's workload being too much to allow time for the visit. If workers have a more manageable workload, it seems likely that they would also have more time to document their visits and/or the reasons for lack of visits. Similarly, if caseworkers had reduced caseloads, there would likely be fewer missed visits due to scheduling problems, because they would be able to go out again within the same month, if the child absent from school that day, was too sick to be seen, or wasn't not home when the worker first visited. Since the three most common reasons for lack of visits (No Documentation, Workload, and Scheduling Problems) make up 85% of the missed visits and are all directly related to workload, addressing caseworkers' workload appears to be key to success on this item. Please note that these three reasons have consistently been the top three reasons for missing visits for the past five years.

CWSB is working to make caseworkers workloads more manageable in several ways:

- 1) Filling vacancies through Wikiki Hire more quickly than in the past (Please see Section I.E. of this document for more information about Wikiki Hire.);
- 2) As part of the PIP, improving supervisory support, through implementing a supervisory model and tool, and mandatory monthly supervisor-caseworker supervision meetings;
- 3) Closing cases timely, with the help of new guidelines; and
- 4) Moving some administrative duties to support staff.

As Hawaii moves into the next five-year period, its plan is to tackle improving performance on this essential item by first addressing frequency of visits through: use of the visit tracker; closing inactive cases and thereby lowering workload; and regular supervision meetings, which will help in prioritizing work to ensure visits occur. Once these actions to increase the frequency of visits have started, Hawaii will begin to address the quality of the visits through coaching and mentoring of caseworkers by supervisors; and a revised caseworker visitation tool to ensure all key areas are touched upon at each visit.

**d. CFSR Item 15: Face-to-face contact with parents**

89 Cases Reviewed

21 STRENGTHS, 68 AREAS NEEDING IMPROVEMENT

**i. Purpose**

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

**ii. Summary of Data**

In 21 of 89 cases (or 24% 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.

Sixty-eight cases (or 76%) are rated as needing improvement. According to supervisors and caseworkers that were interviewed, a combination of turnover and limited documentation resulted in much information being unknown.

- 1) In 57 of these cases, contact with the *mother* was not monthly. In 6 of these cases, mothers were never seen during the PUR.
- 2) In 32 cases, visits with the *mother* were not of quality.
  - a) There was lack of meaningful conversations with mothers; issues related to case planning, services, and goal achievement were not thoroughly addressed (18). In 9 of these cases, the typical location of the visits was limited to Court, Ohana time, or CWSB offices.
  - b) Efforts were not made to engage mothers in case planning during visits (12).
  - c) There were no visits with mothers during the PUR (12). In 3 of these cases, mothers were incarcerated. In 2 cases, mothers were in residential treatment centers.
  - d) There was no documentation regarding the quality of caseworker visits with mothers, so quality could not be determined (4).
- 1) In 57 of these cases, contact with the *father* was not monthly. In 18 of these cases, fathers were never seen during the PUR.
- 2) In 29 cases, visits with the *father* were not of quality.
  - a) There was lack of meaningful conversations with fathers; issues related to case planning, services, and goal achievement were not thoroughly addressed (16). In 11 of these cases, the typical location of the visits was limited to Court, Ohana time, or CWSB offices.

- b) Efforts were not made to engage fathers in case planning during visits (13).
- c) There were no visits with fathers during the PUR (12). In 8 of these cases, fathers were incarcerated for a period during the PUR.
- d) There was no documentation regarding the quality of caseworker visits with fathers, so quality could not be determined (1).

### iii. Discussion

Please see the discussion section for Item 14 above, as many of the issues are similar. As part of the CFSR PIP, Hawaii is implementing a Worker Visits with Parents tracker, which will help staff, supervisors, and administrators ensure frequent visits with both mothers and fathers. The tracker will also be able to aid in identifying barriers to visits, like incarceration or residential placement that can be addressed with supervisory support.

In addition to reducing workload for caseworkers to allow more time to see parents (which is discussed in Item 14 above), Hawaii is focusing on improving CWSB staff's engagement with parents in its PIP. Hawaii knows that children achieve permanency faster (reunification, adoption, or legal guardianship) and more safely, when parents are actively involved with the case. Building rapport with parents is vital to their involvement.

In SFY 2019, CWSB staff statewide were trained in Trauma and Healing Informed Care (THIC), and this philosophy is the basis Hawaii's parent engagement efforts. Over the next several years, THIC will be further indoctrinated into CWSB culture. Plans for the next two years include mentoring staff and supervisors, as they infuse THIC principles in their daily practice and interactions with parents.

## 2. CFSR Well Being Outcome 2 (Providing for the children's educational needs)

### a. CFSR Item 16: Educational needs of the child

79 Cases Reviewed  
51 Strengths, 22 ANI

#### 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 of Data

In 51 of 79 cases (or 65% of applicable cases reviewed), children were assessed and provided with services to meet their educational needs. In some of these cases, resource caregivers are credited for initiating and following up on much of the work needed to meet children's education needs.

28 of the cases (or 35%) were rated as needing improvement.

- 1) In 25 cases, initial and/or ongoing *assessments* were not completed of children's educational needs.
- 2) In 24 cases, efforts were needed to address educational needs and provide appropriate services.
  - a) While services were provided, there was no oversight to ensure services were appropriate to meet children's needs (16).
  - b) Services including tutoring/academic support were needed for children who were not performing at grade level (3).
  - c) DOH and DOE services were needed to address children's academic and behavioral needs (2).
  - d) School attendance issues existed but were not addressed (1).
  - e) Speech-related needs for the child were not addressed (1).
  - f) GED support was not provided (1).
  - g) Pre-school enrollment assistance was not provided (1).

## iii. Discussion

Since the last CFSP five years ago, CWSB workers have continued to work in collaboration with DOE to address the individual educational needs of children through communication with DOE teachers, counselors, student services coordinators, and school officials, and when applicable, Individualized Education Program plans. The last five years have been focused on educational stability and maintaining children in their home schools when possible and educating the foster care system on how important this can be for a foster child. With the passage of ESSA, the DOE joined in CWSB's mission to ensure educational stability. The DOE and CWSB continue to work toward a more integrated system of information sharing. An MOU was finalized in early 2018 to address information sharing and data sharing through information technology between the CWSB and DOE respective computer systems. Another MOA is being finalized for DOE and CWSB to jointly make Best Interest Determination decisions for youth in foster care when their placement is changed or they enter foster care in order to ensure educational stability. Drafting this MOA involved a joint taskforce composed of interested court entities such as CASA, a GAL, CIP,

DOE, and CWSB. These two MOAs are momentous steps toward sharing responsibility and information between the Departments and should allow for more seamless transitions of youth in the care of both systems.

Looking toward the coming five year plan, CWSB and DOE will collaborate to ensure educational stability for every child coming into care or moving while in care by participating in a Best Interest Decision team, which will take all pertinent factors into consideration and ultimately place each child in the school that best meets the child's needs--both social and emotional as well as educational and practical. The court have been an integral part in these discussions and children will also have their legal representative advocating for them at the table when best interests are determined. Once the MOA is approved, some policies and procedures within both agencies may need to be adjusted and joint training will be rolled out statewide for all CWSB and DOE staff.

### **3. Children's Physical and Mental Health Needs**

#### **a. CFSR Item 17: Medical and dental health of children**

90 Cases Reviewed in SFY 2018

56 STRENGTHS, 34 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 the agency is committed to ensuring child's medical and dental health needs are met.

##### **ii. Summary of Data**

In 56 of 90 cases (or 62% of applicable cases reviewed), children were assessed, and provided with services to address their physical and dental health needs. PPE's were common. In some cases, resource caregivers, unit aides and assistants initiated and followed up on much of the work needed to meet children's medical and dental needs.

Thirty-four of the cases (or 38%) were rated as needing improvement.

- 1) In 16 cases, *assessments* were not completed to determine the child's *physical health* needs.
- 2) In 16 cases, *assessments* were not completed to determine the child's *dental health* needs.

- 3) In 3 cases, appropriate agency oversight of the child's prescription medication(s) was needed.
- 4) In 20 cases, appropriate *services* were needed to address the child's *physical health* needs, but were not provided.
  - a) Routine physical health exams were needed (14).
  - b) Comprehensive physical exams were needed to address medical issues (4).
  - c) Oversight/monitoring of the children's medical issues was needed (7).
  - d) The child's speech delay was not appropriately addressed (1).
- 5) In 20 cases, appropriate *services* were needed to address the child's *dental health* needs, but services were not provided.
  - a) Routine dental exams/cleanings were not provided to children (20).

### iii. Discussion

From 2014-2018, the CFSR data shows a decline in the strength ratings in SFY 2017 and 2018. The decline is significant, a 13% decline from SFY 2016 to SFY 2017, and a 7% decline from SFY 2017 to SFY 2018.

CWSB is concerned about the continued downward trend of this item since 2016. Contributing factors to this issue include staff shortages, inadequate supervision, work-force fatigue, inconsistent monthly face-to-face visits with child, parent, and resource caregivers, insufficient training, and lack of a structured tracking/monitoring system.

CWSB anticipates improved outcome in this area within the next five years. With the implementation of the new "wikiwiki" expedited hiring process, CWSB has been able to fill vacancies expeditiously in the past two years. In addition to this, Hawaii's PIP3 which was implemented May 1, 2019, includes major themes such as supervision, workforce, and engagement. Activities in these areas will assist with strengthening supervision, work-force development and well-being, and improve engagement with families and resource caregivers.

While Hawaii plans to design and implement its CCWIS in the near future, there is an urgent need for an automated alert/ tickler system to assist staff in tracking/monitoring of this item. At this time, SHAKA system is the only worker friendly option for tracking this item. Plans for development and implementation of this tracking function should be completed by January 2020. This function will include an alert/tickler to the assigned social worker and supervisor when a child's medical or dental appointments is required, and will allow social workers and support staff to track case progress. Beginning first quarter of 2020, extract of data and review of children who need medical/dental

care will be conducted quarterly by the CWSB program development office, and information will be shared with the child welfare operational units for follow-up.

The current new hire training curriculum will be enhanced to specifically address the child's medical and dental health, and including this as a topic for discussion in the monthly face-to-face visits. CWSB also plans to implement a refresher training, starting in January 2020, on specific CFSR items, including medical/dental health, and the use of the Monthly Face-to-Face Contact record for all Sections. This plan will include identifying the Sections with most challenges in this area and prioritizing training for those Sections.

Within the next five years, CWSB plans to establish a mandated yearly refresher training (seven [7] hours) for all CWSB social workers, supervisors, section administrators, and support staff. Topics for the refresher training will include specific CFSR items identified as needing improvement, and others as necessary. The yearly refresher training will be tracked to ensure all CWSB staff complete the refresher training yearly.

CWSB has initiated work to increase, support and promote partnership between resource caregivers and parents, with plans for CWSB to provide training and opportunities for resource caregivers to mentor and coach parents.

By January 2020, CWSB will have identified all licensed resource caregivers who are willing to start mentoring/coaching of parents. Training for these resource caregivers will be implemented by the contracted service providers for recruitment/training of resources caregivers in partnership with CWSB program and staff development unit.

Within the next five years, all resource caregivers must commit to mentoring and coaching parents as part of their roles as a licensed resource caregivers. With this successful partnership, timely identification of child's needs between resource caregivers and parents will result in child's health needs being met on time. Other benefits for the child and family as result of this partnership, should be enhanced timely reunification and on-going support system for the child's parents.

**b. CFSR Item 18: Mental health assessments and services for children**

91 Cases Reviewed  
45 Strengths, 46 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 of Data**

In 45 of 91 cases (or 49% of applicable cases reviewed), children were assessed and provided with services to address their mental/emotional health needs. Resource caregivers contributed in setting up appointments and transporting children.

46 cases (or 51%) were rated as needing improvement.

- 1) In 43 cases, *assessments* were not completed but were necessary for children who experienced abuse and/or neglect, or who exhibited a need for mental health screening.
- 2) In 42 cases, appropriate *services* were needed to address the child's mental health.
  - a) No services were provided (13).
  - b) A formal assessment of mental health was needed for children but was not provided (9).
  - c) There was no caseworker oversight with regard to assessment and treatment of children's significant mental health needs (such as suicide ideation, depression, and self-harm) (8).
  - d) Individual and/or family therapy was identified as a need but not provided (8).
  - e) Although children were exposed to domestic violence, needs were not assessed or addressed (8).
  - f) Transportation services were needed so that the child could attend therapy regularly, but it was not provided (1).
  - g) The child was not regularly attending needed mental health therapy, but this issue was not addressed (1).
- 3) In four cases, agency oversight was needed for administering of the child's psychotropic medication.

## **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 intake or sooner, if appropriate. The trajectory of meeting these goals has been trending negatively over the last five years and a number of issues could account for this. More children coming into care with less staff to meet their needs has definitely created a challenge in meeting timelines and follow up

for this item. CQI reviews over this time period have continued to identify that assessment practices vary and information gathered is often inadequate and not integrated into case planning. CWSB had MQD representatives attend CWSB Management Leadership Team (MLT) meetings in 2018 to speak about working together to share information on the medical homes for foster children, dental and medical records, last known physicians, and EPSDT.

CWSB added an APRN position to its Multi-Disciplinary Team (MDT) contract in 2017 to provide an additional level of supervision and oversight for those youth who struggle with behavioral health issues in an effort to improve in this area as well as to support staff with decision making and understanding of a youth's diagnosis and needs.

A significant component of the CWSB plan for the PIP and the CFSP is to enhance supervision and coaching to improve practice that affects multiple items, including behavioral health outcomes. Consultation, review, and tracking of key activities with workers may lead to the completion of a mental health assessment within 45 days of entry into foster care and other procedural requirements that support the outcome items.

Additionally, efforts will be made to improve the quality of assessments to identify needs and services that meet a child's needs. CWSB will also focus on improving the frequency and quality of both worker visits with youth as well as with caregiver(s) to identify needs and services on an ongoing basis. These activities are included in the 2019 PIP and CFSP strategies.

## **SECTION VI. SYSTEMIC FACTORS**

### **A. STATEWIDE INFORMATION SYSTEM (CFSR ITEM 19)**

Hawaii continues to use its legacy system of record which currently supports Child Welfare Services Branch (CWSB) and Adult Protective Community Services Branch (APCSB). The child protective services system (CPSS) was launched in 1989 and continues to be the main system of record for both Branches. CPSS stores a registry known as the “Central Registry” with the names of all confirmed perpetrators of child/adult abuse/neglect, which allows CWSB to provide employment background clearances for employers. All CWSB unconfirmed cases are also stored in CPSS data base and not available for the general public, but are only available for CWSB for future risks and assessment of safety, as authorized by CAPTA. CPSS continues to collect, store, and help generate NCANDS, NYTD, and AFCARS reports to ACF.

Since 2006, the State of Hawaii Automated Keiki Assistance (SHAKA) systems was developed to provide web-based functions to allow CWSB and APCS staff to conduct real time tracking and monitoring of its case work. The SHAKA system initially created a web-based rapid intake tool to assist and document worker decisions during the initial call. At this time, SHAKA continues to provide support to CWSB and APCS staff with functions such as: on-line assessment tools like CANS and child and safety assessment tool; real time tracking and monitoring of worker’s monthly face to face visits; Title IV-E waiver interventions family/child’s enrollment and participation in services for evaluation purposes; tracking of children’s in foster care length of stay; collecting, storing and generating NYDT reports for CPSS to submit yearly to ACF, and storing on-line CWSB procedural manuals, and policy internal communications forms (ICF). SHAKA has proven the serious needs for CWSB to develop and build a web-based system that should be the one system of record, instead of having two systems (CPSS and SHAKA) which duplicate the staff’s efforts and could impact the quality of data.

Hawaii continues its effort to design, develop and implement its comprehensive child welfare information system (CCWIS). The CWSB efforts initially began in 2014 for a Statewide Automated Child Welfare Information System (SACWIS). On August 1, 2016, the CCWIS final rule became effective and Hawaii submitted its intention to build a Hawaii CCWIS. On March 7, 2019 Hawaii received conditional approval from ACF to release its RFP for a vendor to build Hawaii CCWIS. At this time, CWSB continues its final checks of RFP documents prior to releasing to the public.

Hawaii continues with its Program Improvement Plan for AFCARS and very close to closing the AFCARS PIP.

## **B. CASE REVIEW SYSTEM**

### **1. Item 20: Written Case Plan**

The case plan is defined in Hawaii Administrative Rules (HAR) 17-1610-26 and Hawaii Revised Statutes (HRS) §587A-4, and consists of a safe family home factors and the service plan or permanent plan. The HAR 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. For in state cases, this written case plan must be developed with the family, written and approved, no later than sixty days following the date of the receipt of the report of abuse or neglect.

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 before a scheduled return hearing, periodic review, permanency hearing, and termination of parental rights hearing, pursuant to HRS §587A-18.

Hawaii assesses whether each child has a written case plan developed jointly with the parents, and whether efforts were made to engage both parents in the case planning process, through: 1) the statewide case review process; and 2) a targeted review process.

Hawaii's case review data for SFY 2018 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 40% or 19 of 47 applicable cases.
- The percentage of cases in which concerted efforts were made to actively involve the father in case planning (Item 13, C) was 26% or 11 of 43 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 2018. All children selected as part of the foster care sample were included in this targeted review process. During this process, reviewers first determined if there was a current case plan in the child's file, then if parental rights had not been terminated, whether parents were involved in case planning.

The targeted review results for SFY 2018 show the following:

- Of the 64 applicable cases, 59 cases files (92%) contained a current Safe Family Home Report. Five cases (8%) did not contain a case plan. Two cases were NA because they were under Voluntary Foster Custody and did not have court involvement. One case was NA due to a missing case file.
- Of the 43 applicable cases, 19 case plans (44%) were developed with the mother.

- Of the 37 applicable cases, 6 case plans (16%) were developed with the father.

SFY 2014-2018 shows a steady decline in the efforts to include parents and children in case planning. The following table shows the results of the targeted reviews on this topic from SFY 2015 – 2018. The continued decline in the case planning with parents reflects the continued challenges with lack of staffing, tracking of visits, and the need to enhance the quality of supervision regarding the quality of worker visits with parents.

State Fiscal Year	Case plan developed with mother	Case plan developed with father
2015	59% of 49 cases	45% of 38 cases
2016	59% of 49 cases	45% of 38 cases
2017	50% of 48 cases	32% of 37 cases
2018	44% of 43 cases	16% of 37 cases

Please see Section V, B.1, item 13 for a further discussion of this trend.

Written case plans are not coded in CPSS or in the Family Court’s database. However, CWSB plans to include this tracking function in CCWIS. Additionally, although the Family Court’s Child Protective Act Benchbook recommends judicial inquiry into whether parents understand and agree with their service plan, it does not include inquiry into whether the case plan was prepared jointly with the parents.

To engage the family and be able to develop appropriate case plans, the CWSB staff need to have regular visits with the families and the time to discuss case direction, progress in services and the case plan with the family, especially when there are any changes being planned for the service plan. CWSB has incorporated various approaches into the PIP3 to help support staff, including the following:

- Use of the wikiwiki expedited hiring process to increase staffing and lighten caseload;
- Reinstate the SHAKA Monthly Contact Tracker to track worker monthly worker face-to-face visits with parents;
- Develop guidelines for staff on how to conduct quality monthly visits with parents;
- Improve supervisory training and coaching practice to help improve the quality of worker contact with families;
- Limit caseloads for supervisors to allow more supervisory coaching time with their staff regarding client engagement;
- Strengthen the use of Ohana Conferencing, through clarification of the mandatory procedures for initial Ohana Conferences and subsequent re-conferences, to enhance the engagement of families in case planning.

## **2. Item 21: Periodic Reviews**

The timeliness of periodic reviews is ensured through court orders that require reviews to be held at no longer than six month intervals, pursuant to Hawaii statute. This requirement is also memorialized in the Judiciary's Child Protective Act Benchbook. Also, Family Court judges, judicial clerks, Deputy Attorney Generals, GALs, CASAs, parent counsel, and CWSB staff have been trained on statutory timelines for dependency hearings.

CWSB's attorneys, trained to comply with Hawaii state law, prepare the court orders memorializing the findings and orders for each periodic reviews, including setting the next court hearing. Similarly, when the current Child Protective Act (Hawaii Revised Statutes, Chapter 587A) was enacted, judicial clerks were trained on the statutory timelines and are therefore aware of the need to ensure hearings are scheduled accordingly. Periodic reviews are also coded as events in the Judiciary's database and can be extracted if formal requests are approved.

As a system, the DHS is doing well collaborating with the courts on periodic reviews. One possible area needing improvement is the standardization of the title of the court orders given after review hearings. There have been issues with identifying the type of hearings on the court orders, i.e. whether the hearing is a review or permanency hearing. While the court orders should be standardized statewide, the circuits in Hawaii have variations in their court orders. The DHS and Court Improvement Program (CIP) have already begun an initiative to address this issue.

Please see Data Booklet Figure 45: Periodic Reviews FFY 2015B – 2018B for a graphic representation of the number of review hearing held and not held during the FFY periods 2015B through 2018B.

For the next 5 years, the DHS and CIP will continue to coordinate and facilitate collaborative quarterly meetings to discuss permanency and other PIP initiatives for which CWSB and the Family Court have decision making authority, responsibility, and influence.

## **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 of the child's date of entry into foster care for the first permanency hearing and every twelve months thereafter for children in foster care, and every six months thereafter for children in permanent custody. For children in foster care, permanency hearings are usually held simultaneously with periodic reviews after the first permanency hearing.

Each permanency hearing includes a discussion and/or decisions about:

- a. the extent to which each party has complied with the case plan;
- b. the appropriateness of the child's in-state or out-of-state placement and whether it is in the best interest of the child;
- c. the court's projected timetable for reunification;
- d. whether the child is placed with siblings or, if siblings are not placed in the same household, visitation with siblings;
- e. the appropriate permanency goal for the child, the Department's efforts to finalize that permanency goal, and the projected date of the permanency goal; and
- f. the services to assist the child with transitioning to independent living, when age appropriate.

For SFY 2018 in all CWSB sections, there were 38 applicable cases. There were a total of 16 permanency and/or permanency review hearings. Thirteen cases (34%) had a permanency hearing no later than 12 months from the child's entry into foster care or every six months for children in permanent custody. There were 25 (66%) cases that did not have a permanency hearing or the hearing was not timely. It is unclear in the court orders whether the hearing held at the time a permanency hearing should have occurred, was in fact a periodic review hearing or a permanency hearing.

- a. Moving forward and looking at the next five years of the CFSP, CWSB's current PIP requires Program Development and Staff Development to work in collaboration with at least three high-performing supervisors to develop a formal monthly supervisory tool, which will include the following:
  - i. Quality initial and ongoing risk and safety assessments,
  - ii. Engagement of both parents using methods including timely 'Ohana Conferences,
  - iii. Timely and quality monthly visits with children and parents, specifically addressing the inclusion and authentic engagement of non-custodial and incarcerated parents,
  - iv. Appropriate needs assessments and service planning linked to safety and risk and case plan goals,
  - v. Timely permanency and concurrent planning, and
  - vi. Efforts toward safe reunification and conditions for return.

Through early concurrent planning, casework staff will have clear, prepared timelines for moving children through the process of court hearings in order to achieve permanency. Once CWSB has a CCWIS system in place, there will be an automated process to track these goals; however, for now it must be tracked by the individual worker and followed up by the supervisor to ensure timelines are met. Staff

Development and CQI will train section administrators and supervisors to coach and develop staff, focusing on specific CFSR PIP items, i.e., safety, engagement, and permanency with reference to pertinent CFSR PIP data.

#### **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 also utilizes case record reviews analyzed by the UH Maui College HCWCQI Project to assess whether motions for TPR are being timely filed.

In case record reviews, whether motions for TPR are timely filed is evaluated using the Onsite Review Instrument requirements for CFSR Item 5 (Appropriate and timely permanency goal) to report on cases from all circuits in the State. In SFY 2018, reviews of Items 5d, 5e, 5f, and 5g show that of all the 66 cases reviewed, 9 children had been in foster care for at least 15 of the most recent 22 months. Of those 9 children, the agency filed or joined a motion for TPR in a timely manner in three cases (33% of the children). Of the remaining six children, a judicial exception to the requirement to file or join a motion for TPR existed regarding one child (or 17% of the children), resulting in 44% of the children reviewed meeting the ASFA requirements (4 of 9 children either had a filed TPR within the requisite period or there was an approved exception in his/her case). Regarding the one child where a judicial exception to the requirement to file a motion for TPR existed, those reasons were documented. There were 5 children that did not have TPR filed in a timely manner. One case was Not Applicable due to a missing case file.

CIP, in collaboration with CWSB and Family Court, have begun compiling data regarding time to adoptions and possible reasons for delays in finalizing adoptions. Upon completion, CIP will work on addressing identified barriers to finalizing adoptions. As a part of this statewide project, in addition to providing information regarding statutory permanency deadlines in the Benchbook, Family Court judges have been trained on permanency timelines. Family Court staff in all circuits have been trained on the importance of accurately and consistently coding permanency landmarks to assist in producing more concise data.

Although CPSS is currently unable to calculate whether motions for TPR are timely filed, the Judiciary tracks and shares its data with CWSB at least annually as part of CIP Advisory Committee meetings. 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.



Moving forward, 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 Deputy Attorney General (DAG)'s Office and the Judiciary.

To address cases in which permanency timelines are not met and a compelling reason was not documented, CWSB will be working with the DAGs to ensure motions are filed timely or that compelling reasons, when appropriate, are documented in the SFHRs. CWSB's next permanency planning training will include clarification on the circumstances under which motions for TPR should be filed, and the requirement to document compelling reasons, when applicable, in the SFHRs.

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

Pursuant to HRS §587A and Hawaii Family Court Rules, the child's current resource family must be served with written notice of the hearings no less than forty-eight hours before a scheduled hearing. It further states that the child's current resource family is entitled to participate in the hearings to provide information to the court, in person or writing, concerning the status of the child in their care.

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 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.

CWSB monitors whether required notices are given, as follows:

- a. CWSB's contracted provider 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. In SFY 2018, 361 of the 2,520 resource caregivers participated in the survey. Of the 254 resource caregivers that answered this question, 142 resource caregivers (or 56%) said they received notice via letter, 52 (or 20%) said they received notice at a previous court hearing. For results of this survey, see Data Booklet, Figure 46: Notice to Families for 6-month Review Hearing.
- b. Of the 66 foster care cases, there were a total of 252 court hearings. Of these court hearings, 85 (34%) written notices were provided to resource caregivers and 48 (19%) resource caregivers attended court hearings. One case was N/A due to a missing case file.

As of November 2016, the HCWCQI is checking case files for copies of the notices to resource caregivers and asking resource caregivers during case review interviews, if they recall receiving written notice of hearings; the results of these inquiries have been included in 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. In early 2017, CWSB began requiring caseworkers to submit resource caregiver notices to court, and judges were asked to make a finding in the court order regarding whether or not formal written notice of the hearing was properly provided to the resource caregiver. An ICF “Confirmation that the DHS Resource Caregiver and Foster Child were Provided Notice of the Family Court Hearing” was issued on April 25, 2017.

Additionally, beginning in SFY 2020, CWSB will incorporate data collection into regular CFSR case reviews on reasons why caseworkers are not providing written notifications of court hearing dates to resource caregivers. Using the data collected from the CFSR case reviews, CWSB will implement a strategy to improve providing written letter to resource caregivers.

CWSB will add this item into the Monthly Supervision Tool as a way for supervisors to monitor and support caseworkers with providing written notification letters to resource caregivers about upcoming court hearings. In the HANA curriculum, CWSB will also inform resource caregivers to ask their caseworker about upcoming court hearings and to provide them with written notification of the upcoming hearing.

Further, at each case review, HCWCQI will continue to do a supplemental review and will check whether written notices of court hearing(s) were provided to the resource caregiver and whether the resource caregiver attended the court hearing(s).

## **C. QUALITY ASSURANCE SYSTEM**

The CWSB quality assurance (QA) and continuous quality improvement (CQI) system remain the same as described in the 2019 APSR and the Statewide Self-Assessment (SwSA) for the 2017 CFSR. The QA and CQI system meets the five requirements in the following ways:

### **1. Operates in jurisdictions where services included in the CFSP are provided.**

#### **a. Overview of Foundational Administrative Structure**

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

## **b. Quality Assurance Process**

Adherence to the standards set by statute, rule, and procedure is monitored through the quality assurance processes. The QA process was fully described in the 2018 APSR and the SwSA for the 2017 CFSR and has not changed significantly. Please see those documents for further details.

The following is a short recapitulation of some of the processes:

- i. **Meetings**, in-person and by telephone, designed to review, discuss, track data/responses such as intake response time, and to share information about case, reviews, financial funding and expenditures, and aggregate data measures over time;

Although, the participants vary depending on the goals and functions of the meeting, members will include CWSB administration and staff, service providers, community stakeholders and youth/young adults;

- ii. **Reviews** include: periodic court reviews/hearings; case reviews modeled after the CFSR; select case reviews of specific cases with concerns; targeted reviews for specific issues; contract compliance reviews; client requested administrative reviews hearings on appealable issues;
- iii. **Data Sharing** including CPSS reports and Outcome Management Reports generated by each CWSB Section; and
- iv. **Continuous Quality Improvement Council**, including DHS and community stakeholders, meets quarterly to review CFSR-related data and case review findings.

## **c. CQI and QA Staff**

The staffing patterns have not changed from those described in the 2018 and 2019 APSR and the SwSA for the 2017 CFSR.

## **e. HCWCQI Additional Activities**

To strengthen Hawaii's QA/CQI efforts, the Project has also been involved in implementing and integrating new federal requirements, and monitoring the implementation of new CWSB initiatives.

## **2. Standards to Evaluate the Quality of Services**

This includes standards to ensure that children in foster care are provided quality services that protect their health and safety. CWSB has written procedures for all

program areas from intake through permanency, consistent with federal laws, and State laws and rules. Procedures are available at <https://shaka.dhshawaii.net>. Procedures for the case review, contract review, and targeted review processes were updated in 2018. Purchase of services contracts include requirements that all providers establish ongoing standardized QA procedures.

### **3. Identifies Strengths and Needs of the Service Delivery System**

CWSB identifies strengths and needs through conducting various types of reviews that promote consistency in the quality of practice and adherence to practice standards. Data is shared and discussed internally with staff at all levels and externally with child welfare partners and stakeholders to identify progress towards goals. Please refer to the 2017 SwSA and the 2018 APSR for further details. The types of reviews include:

- a. Administrative Review Processes** – a team review when unusual and challenging situations arise on active cases;
- b. Implementation Reviews** for new programs, services, and initiatives;
- c. Targeted Reviews** to gather data to address a specific need, issue, or problem;
- d. Contract Reviews** regarding purchased services; and
- e. Case Reviews**

Case reviews are modeled on the Federal CFSR process and have not changed from the descriptions provided in the 2017 SwSA and the 2018 APSR. Please refer to those documents for further details.

- i. Onsite case reviews** are conducted once every fiscal year in each of the seven Child Welfare Services sections across the state including a random sample of cases from CWSB and VCM.
- ii. Review Teams** are comprised of CWSB staff and Child Welfare community partners who 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.
- iii. Case Preparation and Selection** is conducted by the HCWCQI staff before the on-site review to ensure that information and caseworkers needed for the review are available during the review period.
- iv. Collecting Quality Data and Sharing/Documenting Findings**

In SFY 2016, Hawaii began using the Online Monitoring System (OMS). 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.

**f. Select Case Reviews**

Select case reviews, begun in SFY2019, are modeled after the Federal CFSR process. These reviews were added as a means of examining case practice when concerns are brought to the attention of the CWSB on specific active cases.

- i. **Select case reviews** are conducted on an as needed basis across the state.
- ii. **Reviewers** are members of the HCWCQI staff.
- iii. **Cases** are identified by CWSB when they receive concerns from family members or if concerning patterns of practice are discovered by administration.
- iv. **Collecting Quality Data and Sharing/Documenting Findings**

Data is captured through the Online Monitoring System (OMS). Information gathered is shared with the section that oversees the select case as well as CWSB.

**g. Ongoing Analysis of Process and Outcome Data**

There are numerous meetings and forums where data trends are discussed, 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 2017 SwSA.

**4. Provides Relevant Reports**

CWSB's openness with its data is evidenced by its posting several data-rich reports, including the APSR and CFSP on the DHS website. In addition to making data publicly accessible in this way, CWSB administrators disseminate data to stakeholders and community partners at committee and workgroup meetings, and conferences, such as the 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:

**a. Case Review Section Reports and Annual Reports**

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

The data collected during the on-site case reviews is incorporated into a written report of findings for each CWSB section that provides data specific to each section and aggregate statewide data. The report identifies strengths, areas needing improvement, and needs related to training, supervision, and policy reform. The report's charts showing ratings over a period of time for each section help create perspective and provide a visual presentation to identify trends and growth/decline for each performance item.

**b. CPSS Report of Investigations without Dispositions**

This tool helps supervisors work with their staff to meet deadlines and to identify cases with barriers that may need extra supervision, teamwork, or effort.

**c. 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 their cases.

**d. 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.

**e. CPSS Data Report on All Children in Foster Care**

This is a user-friendly monthly list of all children in foster care containing multiple data elements that supervisors and administrators can manipulate to review data to assist in managing practice within their units and sections.

**5. Evaluates Implemented Program Improvement Measures**

These processes continue as previously described in the 2017 SwSA and the 2018 ASPR. Please see those documents for further detail.

CWSB evaluates the success of its implemented program improvement measures through the CFSR, continual review of practice through the case reviews, select case reviews, review of administrative data, and contract and targeted review processes.

Regular workgroup meetings utilize data reports to assess performance and progress, and make modifications to initiatives according to the data.

Based on case review findings and other available information, section administrators, with technical assistance from the HCWCQI staff, develop action plans to address key areas needing improvement within 45 – 60 days after the section’s case review. Within 30 days of the last day of the case review, a results conference is held with all of the section’s staff, CWCQI review team, and branch administrators. The action plans and progress are overseen by the section administrators. In the first half of SFY 2016, progress on action plans did not have regular oversight by the CWSB branch administrators. To rectify this situation, since December 2016, case review findings and action plan development and progress are discussed at the monthly branch meetings, attended by branch and section administrators. This new system allows greater, systematic branch-level oversight of the section action plans, and creates a peer-learning environment among section administrators who share similar challenges.

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

Select case reviews give CWSB insight into specific cases which have been identified as having case practice concerns. The data from these specific case reviews are shared with CWSB staff and the sections to assist them in responding to concern with increased objectivity.

### **Feedback Results – Guiding Collaborative and Administrative Efforts**

CWSB administrators, who have the authority to make decisions about changes in policy and practice, regularly attend collaborative meetings where they can hear feedback directly from stakeholders, community partners, and other State agencies. CWSB ensures that the data and information gathered is provided to those with the ability to create true change, and that those people take appropriate action. CWSB understands that this is essential to quality assurance. CWSB is a dynamic, not a stagnant, system, where the only constant is change. The feedback and adjustment loop is perpetual.

## **D. STAFF AND PROVIDER TRAINING**

### **1. Item 26: Initial Staff Training**

In SFY 2018, 54 of the 79 (or 68%) new CWSB hires completed New Hire Training within six months of his/her hire date and nine of the 22 (or 41%) VCM completed New Hire Training within six months of his/her hire date.

In SFY 2019, 27 of the 36 (or 75%) new CWSB hires completed New Hire Training within six months of his/her hire date and 0 of the (or N/A) VCMs completed New Hire Training within six months of his/her hire date.

Staff Development will continue to work closely with HCWCQI and ACTION to improve the initial training to better serve CWSB and VCM staff.

In SFY 2018, the September 2017 and January 2018; and in SFY 2019, the January 2019 cohorts who completed New Hire Training participated in a moderated debriefing session to determine how well the initial training addressed basic skills and knowledge they needed to carry out their duties. April 1, 2019 was the last New Hire training cycle and the moderated debriefing was set for May 3, 2019.

## **2. Item 27: Ongoing Training**

In SFY 2018, 101 of the 318 (or 32%) CWSB staff with case management responsibility met the training requirement and 11 of the 12 (or 92%) VCM staff with case management responsibility met the training requirement.

In SFY 2019, 102 of the 384 (or 27%) CWSB staff with case management responsibility met the training requirement and 0 of the 34 (or 0%) VCM staff with case management responsibility met the training requirement. The VCM participation rate will increase during the current timeline.

Staff Development will continue to work and collaborate with our community partners to provide trainings to our CWSB staff and community partners. An inherent benefit of these trainings are the networking opportunities that enhance the exchange of information about resources situated where clients reside. As a result, families served can be informed about resources they can access in their community after CWSB services terminate.

The following are trainings staff have attended or in which they have been program participants during the last fiscal year.

1. Ohana Is Forever Conference (July 20, 2018)
2. Hawaii Zero to Three Conference: Early Experiences Really Matter (July 27, 2018)
3. It's No Joke: The Cultural Acceptability of Stalking and Challenging Sexual Harassment and Gender-Based Discrimination (July 30, 2018)
4. 30th Annual Crimes Against Children Conference (August 13, 2018)
5. Intimate Partner Violence (August 28, 2018)
6. Investigative Interviews in Child Abuse Cases (August 29, 2018)



7. Working with Youth and Young Adults who have Experienced Trauma (August 30, 2018)
8. Child Abuse Forensic Interviewer Training (September 17, 2018)
9. Bruise, Bones, and Brains: The Medical Evaluation of Physical Abuse of Children (September 17, 2018, September 19, 2018, September 24, 2018)
10. National Staff Development Training Association Conference (September 30, 2018)
11. 2018 Child Welfare Law Update (October 12, 2018)
12. Fatherhood Conference (October 12, 2018)
13. Missing and Exploited Children Seminar (October 15, 2018)
14. Sex Offenders: Responding to Crimes Against Children (November 28, 2018 and November 30, 2018)
15. Another Planned Permanent Living Arrangement (APPLA) Training (December 6, 10, 14, 21, 2018; January 7 and 9, 2019)
16. Strengthening Families: Family First Prevention Services Act (FFPSA) Overview (December 5, 2018)
17. Stop Checking the Box: Responding with Excellence to Cases of Juvenile Who Commit Sexual Assaults (January 8, 2019)
18. Best Practices in Child Abuse Investigations and Prosecutions (January 9, 2019)
19. Strangulation: The Last Warning Shot (January 25, 2019)
20. 3rd Training Conference on Building Competency in Serving LGBTQ+ Youth (April 26, 2019)

### **3. New and Ongoing Training for Supervisors and Section Administrators**

During SFY 2018, there were three MLT meetings, three Supervisor Quarterly Convenings, and four Strengths Based Supervision and Coaching trainings.

During SFY 2019, there was one MLT meeting, and one Supervisor Quarterly Convening, and three Strengths-Based Supervision and Coaching trainings. Before the end of the SFY, there will be three more MLT meetings, and three Supervisor Quarterly Convenings and Strengths Based Supervision and Coaching trainings. The following are descriptions of each of the current Strengths-Based Supervision Coaching training modules (topics subject to future revision).

#### **Module 1- Strengths-Based Supervision & Coaching**

- Explore Strengths-Based Supervision & Coaching
- Consider the Functions of Supervision
- Explore and Practice CLEAR coaching model

**Module 2-The Challenge of Change "Social worker to Supervisor"**

- Explore the parallel process in CWSB
- Consider the transition from worker to supervisor
- Practice CLEAR coaching model

**Module 3-Best Practices in Child Welfare**

- Explore the process of readiness to change
- Family Partnership and Engagement Practice Model
- Motivational Interviewing and Solution Focused Approach
- Consider the impact of stress & self-care
- Practice CLEAR coaching model

**Module 4- Courageous Conversations**

- Acknowledging roadblocks to communication
- Types of communication and conflict management styles
- Identify and practice using MI to help staff resolve ambivalence and build motivation to change
- Practice CLEAR coaching model

**Module 5 – Individual Supervision and Coaching**

- Exploring the use of regular/ongoing individual supervision and coaching
- Supervision and coaching in crisis and program emergencies
- Stress and time management
- Practice CLEAR coaching model

**Module 6- Diversity and Supervision**

- Diversity and Unconscious Bias
- Cultural humility
- Self-care
- Practice CLEAR coaching model

**Module 7- Ethics in CWS**

- Identify ethical concerns
- Recognize the essence of ethics
- Apply NASW ethical standards to CWSB concerns
- Explore stress and its impact on ethical actions
- Practice CLEAR coaching model

**Module 8- Using CQI Data and the PAS for Improvement**

- Explore motivations to use the CQI data to foster improvement

- Utilize group coaching for improvement
- Integrate coaching with the PAS process
- Identify personal and leadership responsibilities related to stress
- Practice CLEAR coaching model

#### **Module 9 – Transfer of Learning, Conclusion and Wrap-up**

- Recognize components of effective transfer of learning
- The use of SMART Objectives for goal setting
- Assess training gains
- Practice CLEAR coaching model

The coaching component for supervisors has been developed to reinforce learning with practice in real life situations so new supervisors, in combination with CWSB supervisory training covering administrative, educational, and supportive modules, can work alongside an experienced and skilled supervisor coach.

For new CWSB supervisors, following each training module there will be an individual in-person coaching session with at least one follow-up, to support the supervisor in applying the skills and knowledge taught in each session. The coaching will be specific to the goals or issues of each individual supervisor. This may include but is not limited to personnel support, policy, improving outcomes, and coaching staff.

#### **4. Item 28: Resource Caregiver and Adoptive Parent Training**

##### **a. Ongoing Training for Resource Caregivers**

Since January 1, 2013, DHS requires all licensed resource families to participate in a minimum of six training hours per family or 12 hours over a two-year licensing period. Ongoing training covers an array of topics and is primarily targeted at CWSB resource and permanency families, but CWSB staff, Judiciary, and other service providers, such as on-call shelters (licensed facility) staff, can also attend. The PIDF partners with local and statewide agencies, such as the Foster Care Training Committees (FCTCs) on Oahu, to provide the majority of the ongoing trainings for resource families.

There was a slight increase in the total number of unduplicated families receiving training in SFY 2017 from 371 families to 385 families in SFY 2018, an increase of 4%. Please see Data Booklet, Figure 49: Attendees for Ongoing Trainings.

Following are descriptions of ongoing training opportunities for resource caregivers:

##### **i. Hui Hoomalu Training Highlights**

In SFY 2018, Hui Hoomalu, in conjunction with FCTC and HAPA, implemented resource family trainings including the following:

- 1) “Understanding Challenging Behaviors at Home and in School”, provided a roadmap to calmer more consistent ways to understand and manage children’s challenging behaviors.
- 2) “Instilling Hope: Positive Parenting Strategies for Challenging Behaviors”, addressed the effects of prenatal exposure to alcohol and how detrimental it can be to a developing fetus’s brain, as well as the spectrum of challenging behaviors resulting from prenatal alcohol exposure.
- 3) “How to Choose Your Battles and Win Some Too!”, demonstrated how to enhance the parent-child relationship and improve compliant behaviors through positive interactions.
- 4) “On-line Guardian: Protecting Your Ohana from Internet Dangers”, taught families how to protect themselves, their children, and their devices and computer systems while accessing information online.

#### Quarterly Trainings

In SFY 2018, the first and second quarter trainings were provided in six locations statewide (East Oahu, West Oahu, East Hawaii, West Hawaii, Maui, and Kauai), with the third quarter training provided in eight locations, with the addition of Molokai and Lanai. 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, providing child care, meals, and other incentives.

The first quarter training was on “Supporting Youth in Developing Healthy Gender Identities and Sexual Orientations”. Families increased their understanding of: LGBTQ youth and dispelled misconceptions towards LGBTQ youth; how to create safe zones, or safe home environments for these youth; and ways to support LGBTQ youth in the community.

The second quarter training was titled “Protecting Your Child: Exploring the Connection between Foster Care and Human Trafficking”. During this training, caregivers: learned the definition of Commercial Sexual Exploitation of Children (CSEC) and how it looks locally; gained understanding on why children in foster care are vulnerable to sexual exploitation; and developed the ability to recognize signs of trafficked youth.

The third quarter training was on “H.O.P.E. Helping Our Providers Educate: Tips for effective communication with youth about sexual health”. Attendees learned about techniques and tools to use in talking with youth about sexuality; how to be a more approachable caregiver for a youth; how technology can be utilized when talking and engaging a youth about sexual health; and how to encourage discussions between caregivers and their youth about sex and vice versa.

The fourth quarter training was the Annual Foster Parent Conference.

#### Annual Conference for Resource Families

In collaboration with Family Programs Hawaii, CWSB presented the annual resource caregiver conference. It was held in seven locations statewide, on Kauai, West Hawaii, Oahu, Maui, Molokai, Lanai, and East Hawaii. To encourage participation, the conference is free and child care, meals and other incentives are available. Attendees can earn six training credit hours for this conference.

This conference presented “Trauma Changes the Brain: Making Sense of Challenging Behaviors” and “Trauma and Trafficking: How trauma increases a child’s vulnerability to being trafficked”. Through this conference, attendees:

1. Gained a general knowledge of brain development, its influence on behavior and how trauma can negatively impact the brain during this development;
2. Learned how caring adult can help the child succeed in spite of the trauma; and
3. Learned why peer relationships are critical and how to influence these relationships.

The conference was attended by 232 families, 359 individual resource caregivers, 90 services providers, and 168 children. For more detailed information, please see Data Booklet, Figure 50: Attendees at Resource Caregiver Conferences SFY 2014 – 2018. The number of families attending in 2018, compared to 2017, increased by 28 or 14%, is attributed to the additional locations where the conference was provided on Molokai and Lanai

#### Training at Support Groups

As of March 1<sup>st</sup>, 2019, Support Groups were offered in eight locations with bi-monthly groups on Maui, East Hawaii, and three locations on Oahu, as well as quarterly support groups on Kauai, West Hawaii, and online. Topics were focused on the needs and the resources of the specific community.

The May 2018 Maui Support Group discussed caring for children with developmental learning challenges and available resources in their community. In October 2018, Maui families were provided with the training “The Importance of Validation in Parenting” and information on GRANDCares Hawaii, a program which provides resources and assistance to grandparents who are raising grandchildren.

A training on Sexual Abuse and Sexual Development, worth 0.5 training hours, presented to the Waianae group in February and May 2018, and to the Central Oahu group in June 2018. Ka Pili Ohana, a pilot project where Family Programs Hawaii staff serve as a liaison and advocate for Native Hawaiian children in foster care to strengthen the relationships between the children, birth families, and resource caregivers, was presented the January Waianae 2019 Support Group. Resource families were trained on the importance of maintaining connection with birth families through increased visitation and how to support this connection.

During the October 2018 Kauai Support Group. Child and Family Service, discussed their new “Guiding Youth to Success Program” for current and former foster youth that features a curriculum aimed at helping youth achieve independence and success.

Families attending the June 2018 Online Support Group through Zoom Web-Conference participated in a training and Q & A session with Dr. Steven Choy, Ph.D., that included a discussion on supporting children and youth with developmental disabilities and learning problems.

## **ii. Online Trainings**

Family Programs Hawaii (FPH) coordinated online training through Foster Parent College for families who are not always able to attend “live” trainings. FPH continues to expand online training opportunities and the online video and book library.

In SFY 2018, 27 individuals, including 16 new individuals, used the Foster Parent College online trainings, completing a total of 128 training hours. The number of training hours increased by 69% from SFY 2017, and the number of participants increased by 80%. Please see Data Booklet, Figure 51: Foster parent College On-line Training SFYs 2014- 2018.

FPH also offers training opportunities through the Foster Care and Adoptive Community online training site ([www.fosterparents.com](http://www.fosterparents.com)) which provides families with information on a variety of topics. After reading the material,

resource caregivers take a test to obtain training credits. In SFY 2018, 8 families (or 9 individuals) utilized fosterparents.com.

### **iii. Lending Library**

FPH list of the DVDs in the lending library is shared with families at support groups and trainings and as part of a resource packet distributed 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.

In SFY 2018, 54 resource/permanency families watched 160 DVD's/videos and earned 342.5 training hours. This resulted in a 45% increase in training hours being accessed through DVDs/videos from the prior fiscal year.

Please see Data Booklet, Figure 52: Resource Caregiver Lending Library SFYs 2014-2018 for information on usage during the past five years.

Over the previous five years, the number of resource families accessing training has varied somewhat from year to year. From SFY14 to SFY15 there was an increase of attendees by 11%. SFY15 to SFY16 saw a decrease of 4.25% and SFY16 to SFY17 saw a decrease of 7.8%. SFY17 to SFY18 increased in attendees by 3.75%. Although the number of individual resource caregivers attending the annual conference have decreased, the number of families attending have remained steady.

During the past five years training opportunities have been enhanced by the addition of online access to recordings of past quarterly training events, and annual conferences, as well as, a quarterly online support group with guest speakers representing community organizations or experts in their field.

### **b. Resource Family Training Evaluations**

FPH surveys families after each training session and compiles the results identifying areas for improvement and future training needs. The results for all presentations were overwhelmingly "Excellent" to "Good". Detailed information on the evaluation for the Annual Conference and Quarterly Trainings can be found in the Data Booklet, Figure 54: Satisfaction Rating for The Quarterly Trainings & Annual Conference SFY 2014- 2018.

PIDF sends the annual Resource Family Survey to all licensed families statewide. The results of this survey are compiled and shared in a formal report to CWSB and with partner agencies, Catholic Charities Hawaii (CCH) and FPH. Part of the Annual Resource Family Survey asks questions pertaining to the H.A.N.A.I. pre-service training and ongoing training opportunities, such as:

- i. How helpful was the Pre-Service/Initial Training?
- ii. What was the most helpful thing that you learned/experienced in pre-service?
- iii. How many trainings have you attended within this past year? Please list the topic areas of the training events you have attended.
- iv. If you have participated in the online FosterParentCollege.com training, please provide feedback on your experience and any suggestions you might have to improve the trainings.
- v. If you haven't attended any trainings, why?
- vi. If you haven't attended any trainings what would encourage/motivate you to participate?
- vii. Suggested topics for ongoing Resource Family training.

Responses have been 95 – 98% very good to excellent for SFYs 2014 – 2018. Please see the Figure 53: Overall Satisfaction Rating for H.A.N.A.I. Training SFYs 2014 - 2018, for detailed information on this trend.

### **c. Ongoing Training for On-Call Shelters**

CWSB contracts with several providers statewide for on-call shelter services for teens. Including Maili Receiving Home, a community on-call shelter on the Leeward Coast of Oahu for younger children and their siblings, and Hale Opio Kauai, which serves all ages, but uses resource families as the on-call shelter provider.

Providers must have a written and CWSB approved staff training plan, detailing how each of their employees will complete 12 hours of training each year that promote an understanding of CWSB clients and good practices. CWSB invites on-call shelter staff to the numerous CWSB provided or sponsored trainings including, but not limited to Ohana is Forever, Understanding and Responding to Youth's challenging Behaviors, Creating Sexual Safety in Foster Care, Supporting Youth in Developing Healthy Gender Identities and Sexual Orientations, Protecting Your Child: Exploring the Connection Between Foster Care and Human Trafficking, and the Annual Child Welfare Law Update.

Additionally, CWSB provided on-site training in Hilo and Oahu on the Reasonable and Prudent Parent Standard, specifically addressing challenges of the on-call shelter staff. On-call shelter staff attended the 2019 12th Annual Conference for Resource Caregivers, "Fostering Resiliency: Taking the next steps in trauma-informed care". Historically, the annual conference for resource caregivers is provided on all islands except Molokai and Lanai. In SFY19, CWSB was able to expand this conference to the island of Lanai. A DVD of the training is available for on-call shelter staff that were unable to attend the conference.



#### **d. Adoption Training and Preparation**

Adoptive parents have access to the trainings offered to resource caregivers, and would 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 the preparation, WWK program provides a consistent and supportive navigator for all parties involved in the adoption process.

In SFY 2018, WWK served 28 children and youth. By the end of June 2018, the WWK program served four children in "active status", six children in "monitoring status" and three children in "inactive status".

Many and varied training opportunities are available to potential and licensed resource caregivers and adoptive families. Families have the ability to participate in in-person or on-line training, and borrow training media from the lending library. Through the DHS and Federal Initiatives, training topics on prudent parenting and normalcy, educational stability, self-care, and trauma informed care were highlighted throughout SFY 2018. Training evaluation and satisfaction surveys shows a very rate of satisfaction.

#### **5. Partners in Development Hui Hoomalu Staff Training**

Partners in Development Foundation - Hui Hoomalu staff attend all mandatory trainings as required by DHS and/or PIDF and also have access to external trainings or conferences related to their positions. Continuous development of skills and knowledge that will enhance staff's job performance is encouraged. 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 orientation provided by the Human Resource office that gives an overview of the PIDF, 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 60-day orientation period for all full time staff (unless otherwise noted). The following core items are covered:

- Confidentiality, Language Access and Civil Rights Compliance, Workplace Violence or Situational Awareness/Self Defense, Mandatory Reporting, Client Grievance Procedure, and Crisis Prevention Intervention
- Overview of DHS, child abuse and neglect, foster care, resource family recruitment, intake, initial contact, general licensing specific licensing process, child specific licensing, H.A.N.A.I., support services, collaboration and contract.
- As they pertain to specific staff positions:
  - supervision and mentoring on how to perform such activities as: a recruitment presentation, an intake, an initial visit, and a home study;
  - Shadowing of a recruitment presentation, several intakes, initial visit, home studies;
  - Specific training on processing licensing documentation, General Licensing Policies and Procedures manual, Home Study template and expectations;
  - Train the Trainers for H.A.N.A.I.; and
  - Utilization of the database.
- 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:* Staff are offered ongoing cultural trainings and learning opportunities with an emphasis on Hawaiian values and traditions. This can include an all-day annual cultural in-service for all staff, program specific training and individual consultation on specific case issues.

*Safety Training:* Staff are required to complete annual Safety Training in subjects such as Globally Harmonized Systems, Fire Safety, Bloodborne Pathogens, Driver Safety, Stretch and Flex Program, Manual Material Handling and Storage, Workplace Violence Prevention, Ladder and Stair Safety, Ergonomics, Emergency Preparedness, Electrical Safety. Staff view videos related to each topic and complete an assessment to assure understanding of the topic.

*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. Sessions cover the following topics:

- Basic Employment Laws;
- Basic Supervision and the New Supervisor;
- Correcting Poor Performance;
- Interviewing;
- Investigation and Documentation;

- Performance Appraisal, Parts I & II; and
- Sexual and Other Harassment Avoidance.

*Leadership Works Training:* This workshop 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:

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

PIDF supervisors attend this training as funding permits.

An offshoot of the Leadership Works Training is a condensed, half-day workshop offered to all staff to help increase their skills and knowledge in service delivery.

*Case Reviews:* Five PIDF staff participate 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 February 21, 2018 – February 20, 2019:**

- Ohana Is Forever: My Story, My Life;
- 17<sup>th</sup> Annual Citizen Review Panel Conference;
- 2018 Annual Child Welfare Law Update Conference;
- A Day in the Life of an Effective Supervisor;
- Civil Rights Awareness Training;
- Civil Rights Mandatory Training;
- Connecting in the Face of Trauma: Impact on Relationships;
- Continuous Quality Assurance Reviews Training;
- CWCA Data Exchange;
- FPH Training: Sex Education with Salvation Army;
- HR Procedures;
- Huakai: The Journey;
- New Supervisory Training – Review of PIDF policies and procedures for new supervisors;
- Opioids Awareness, Past, Present and Future;
- PIDF New Hire Orientation;

- Safety Trainings
  - Blood borne Pathogen;
  - Driver Safety;
  - Electrical Safety;
  - Emergency Preparedness;
  - Ergonomics;
  - Fire Safety;
  - Globally Harmonized System 1, 2 & 3;
  - Ladder & Stair Safety;
  - Manual Material Handling & Storage;
  - Stretch and Flex Program; and
  - Workplace Violence Prevention I & II;
- Supervisory Development Series;
- Trauma Changes the Brain: Making Sense of Challenging Behaviors;
- Why Are Our Youth Angry and How Can We Support Them;
- Workplace Safety and Sex Trafficking; and
- Workplace Violence and Sexual Harassments.

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

#### Documentation of Trainings

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

## **6. Catholic Charities Staff Training**

### **a. Training Structure**

Pre-service training includes the following topics:

- Administrative issues, documentation requirements, reporting requirements;
- CCH and Statewide Resource Families (SRF) policies and procedures;
- Cultural characteristics and orientation to the population served;
- De-escalation Training
- Ethics and Code of Conduct
- Language Access and Civil Rights Review;
- Laws and policies regarding confidentiality (HIPAA);
- Mandated reporting re: child abuse and neglect;
- Orientation to CCH, its mission, values, and goals;
- Risk management and health issues (i.e., Blood borne Pathogens, First Aid/CPR);
- Sexual Harassment
- Working with collaterals and families; and
- Workplace Safety, Emergencies and Natural Disasters.

#### **b. Ongoing and In-service Training**

The in-service trainings build on what staff have learned in pre-service training, and address other training needs as they arise.

Staff are encouraged to attend external trainings 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. Training costs and staff coverage are other barriers.

All training is documented in individual personnel training files as well as included in the quarterly report for DHS.

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 FY16-FY19:**

- Annual Child Welfare Law Review;
- Annual Hooikaika Partnership Conference;
- Building Competency in Serving Lesbian, Gay, Bisexual and Transgender Youth;
- Case Contacts and Documentation;
- Commercial Sexual Exploitation of Children;
- Connecting in the Face of Trauma: Understanding and Minimizing Trauma's Impact on Relationships;
- Cultural Competency;
- Docuware Training;

- Ethics and Code of Conduct;
- FPH Annual Conference;
- General Dynamics of Sexual Abuse;
- Genograms and Ecomap;
- H.A.N.A.I. Refresher;
- Harassment;
- Hawaii Administrative Rules;
- Hawaii Revised Statutes;
- Hawaii Conference on Language Access
- HIPPA and Confidentiality Annual Review;
- Human Sex Trafficking in Hawaii: Increasing Awareness of Human Trafficking on Hawaii Island;
- Increasing Community Impact for Children Exposed to Violence and Adverse Childhood Experiences;
- Interview and Selecting;
- Islands of Hope Training;
- LGBTQ Awareness;
- Mandated Reporting and Child Abuse and Neglect Annual Review;
- Mental Health First Aid;
- Ohana is Forever Conference;
- 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;
- Trauma Stewardship;
- Understanding and Recognizing Trafficking in Persons;
- Working Effectively with Court Ordered or Resistant Clients; and
- Zero to Three Conference.

## **7. Family Programs Hawaii 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.

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 agency's mission, goals and services, confidentiality, enhancement funds, finance training and expense reporting, human resources and

employee handbook, in depth cultural training, language access and civil rights review, mandatory reporting laws, and technology training.

In addition to general training, each employee receives 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 program specific procedures, documentation requirements, dynamics of working with a child and family exposed to child abuse and neglect, domestic violence, work with youth in out of home placements, first aid and CPR, crisis prevention intervention, safety procedures, clients' rights and responsibilities, client grievance procedure, and state language access compliance.

FPH strongly encourages staff training on a regular basis. Resource Family Support Services staff 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.

To increase their understanding of CWSB cases and enhance their skills and knowledge base, one FPH staff participates in CQI Case Reviews each fiscal year.

**Various staff attended the following trainings in SFY18 – 2/21/19:**

- A Day in the Life;
- A Hoolaulea of Knowledge;
- Child Maltreatment Clinical Seminar;
- Civil Rights Awareness Training;
- FCTC Training: Understanding Challenging Behaviors at Home and in School;
- First Aid and CPR;
- FPH Annual Conference: Trauma Changes the Brain: Making Sense of Challenging Behaviors;
- FPH Training: A Closer Look at Learning Disabilities;
- FPH Training: Connecting in the Face of Trauma: Understanding & Minimizing Trauma's Impact on Relationships;
- FPH Training: H.O.P.E. Helping Our Providers Educate – Tips for effective communication with youth about sexual health;
- FPH Training: Protecting Your Child: Exploring the connection between foster care and human trafficking;
- FPH Training: Supporting Youth in Developing Healthy Gender Identities and Sexual Orientations;
- FPH Training: Why Are Our Youth Angry and How Can We Support Them?;
- HAPA/FCTC Conference: How to Choose Your Battles and Win Some Too!;
- Knowing Who You Are: Helping Youth in Care Develop Racial and Ethnic Identity;
- Myths and Truths About the Adolescent Brain;

- Ohana is Forever XI “Hiki No”;
- Ohana is Forever XII “My Story, My Life”;
- On-Line Guardian: Protecting Your Ohana from Internet Dangers;
- SafeTALK: Tell, Ask, Listen, and KeepSafe;
- Technical Assistance: Intimate Partner Violence;
- The 2017 Annual Child Welfare Law Update;
- The 2018 Annual Child Welfare Law Update;
- Trauma Informed Care for Child Sex Trafficking Victims;
- Trauma Informed Care of Sexually Exploited Youth;
- Using Facebook Groups to Provide Family Support After Placement; and
- Youth Mental Health First Aid.

## **Summary**

Over the last 5 years, Hui Hoomalu staff training has focused on developing competent, effective workers in the areas of child welfare, supervision, cultural competence, needs of resource caregivers and foster youth, safety, recruitment, and LGBTQ issues and needs. As the DSH has focused on trauma-informed care, so has Hui Hoomalu staff, having attended the Annual Conference for Resource Caregivers and various community trainings on the topic to assist in providing children and families a seamless, consistent approach to training and support. Understanding the importance of Ohana Time and Prudent Parenting has also been a focus. In addition, two renowned national trainers and experts in their field were brought to Hawaii to provide training and consultation:

Denise Goodman came to Hawaii in 2015. She was the keynote speaker for the Annual Conference and provided training on targeted recruitment with Hui Hoomalu staff. She continued for another year providing consult/support through webinar/phone meetings and provided a plethora of recruitment resources/samples and strategies for recruiters to utilize.

Dr. Wayne Duehn came to Hawaii 2017. He provided training and consult for Hui Hoomalu staff, including DHS staff on issues related to Sexual Safety in resource homes. As a result of his training, we also implemented a Sexual Attitudes Survey, Genograms and Ecomaps to the family assessment process. He also provided continued consult/training through webinar/phone meetings on specific case studies.

## **E. SERVICE ARRAY AND RESOURCES**

### **1. Array of Services**

Hawaii CWSB service array was presented, discussed, and analyzed through the CFSR process. An extensive description and recent changes to Hawaii’s service array can be



found in Hawaii's FFY 2018 APSR and in Hawaii's CFSR Statewide Self-Assessment from February 2017.

Through the federal CFSR evaluation, the Children's Bureau (CB) assessed Hawaii to be in substantial conformity with the systemic factor of Service Array and Resource Development. This rating was based on a strength rating for CFSR Item 30 Individualizing Services. The CB noted that Hawaii can tailor services to the specific needs of families and children through Ohana Conferencing, contracted services, community partnerships, and flexible funding. The federal assessment confirmed that CWSB is providing culturally and linguistically appropriate services to the Hawaii's multicultural population statewide.

Despite the overall substantial conformity finding, CFSR Item 29 Array of Services was rated as an area in need of improvement. CB reported the following concerns:

1. Services are more accessible on Oahu than on neighbor islands;
2. Lack of housing, lack of transportation, and insufficient availability of therapy and psychological evaluations delay reunification; and
3. Wait lists for services delay achieving permanency.

Although some of the barriers noted, like affordable housing, are unlikely to be solved by CWSB efforts, as Hawaii developed its Program Improvement Plan, many of these issues will be addressed.

## **2. Assessment of the strengths and needs of children and families**

Program Development will create and disseminate practice guidelines explaining the THIC values specific to authentic parent and children engagement and continuity of relationship, with examples.

## **3. Addressing the needs of families and individual children to create a safe home environment**

Program Development will revise procedures to clearly define the requirements and exceptions for Ohana Conferencing in addressing: timeframes for when Ohana Conferences must occur: initial (within 30 days) and subsequent (every 4 months thereafter); case types for which Ohana Conferences are required, to include all foster care, court-involved Family Supervision, and Voluntary Family Supervision cases.

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

One of the key activities in the PIP 3 is that Staff Development will revise the safety and risk curriculum for new hire training and existing staff training and incorporate the

supervisor's role in the following areas: information gathering; safety threshold – safety vs. risk; safety decision making at critical junctures – removal, reunification and case closure; in-home safety planning and safety services; assessment – use of risk and safety tools, in-home safety analysis; conditions for return; and safety services matching.

## **5. Helping children in foster and adoptive placements achieve permanency**

Program Development will review and revise permanency planning and concurrent planning procedures, the Safe Family Home Report (SFHR) and Permanent Plan and will gain input from Family Court, specific to: process and timeline for identifying and achieving permanency goals; timelines for filing TPR, including compelling reasons; timeframe for concurrent planning discussions, documenting the concurrent plan, and efforts to achieve the concurrent plan; requirements of reasonable efforts, parent engagement, and readiness assessment, when moving from reunification; and appropriate use of APPLA and legal guardianship as permanency goals.

One of the key activities in the PIP 3 is that Program Development and Staff Development in collaboration with at least 3 high-performing supervisors will develop guidelines for mandatory monthly supervision specific to formal, monthly supervision; informal (as needed to answer staff questions, provide support, respond to crisis situations, shared decision making) supervision; and, coaching/shadowing/mentoring.

Program Development and Staff Development in collaboration with at least 3 high-performing supervisors will develop a formal monthly supervisor tool that guides supervisors through supervision and includes the following: quality initial and ongoing risk and safety assessments; engagement of both parents using methods including timely Ohana Conferences; timely and quality monthly visits with children and parents, specifically addressing the inclusion and authentic engagement of non-custodial and incarcerated parents; appropriate needs assessments and services planning linked to safety and risk and case plan goals; timely permanency and concurrent planning; and, efforts towards safe reunification and conditions for return.

Program Development will develop and disseminate, a family-friendly fact sheet explaining concurrent planning and the timelines to be shared with families by CWSB caseworkers.

## **6. Individualizing Services**

CWSB, Program Development, sections and HCWCQI staff will finalize the design of a case staffing process by which key permanency related decisions are reviewed and discussed, using the supervisory tool with caseworkers and supervisors, and a neutral Practice Coach with CWSB and CFSR expertise. This service will help the caseworker develop individualized services for the family.

## **7. CPSP plan for 5 years**

CWSB will continue to contract who service providers to provide specialized services to fit the needs of families and children involved in with child welfare services. CWSB will continue to partner with other state agencies (DOH, DOE) to maximize and support children and families more comprehensively.

## **F. AGENCY RESPONSIVENESS TO THE COMMUNITY**

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

Community partnership continues to be a focus and strength of CWSB, particularly since the first CFSR/PIP in 2003. CWSB engages in ongoing consultation with foster youth, parents, families, staff, service providers, resource caregivers, juvenile court, public and private child welfare agencies, and other community stakeholders. Ideas and concerns from these collaborative efforts are integrated into CWSB 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 are listed with the registry. CWSB consistently involves stakeholders, service providers, and the larger community in the planning, development, and implementation of all 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. Examples of groups with which CSWB collaborates include:

- a. Consumers (birth parents, relatives, youth and young adults, resource caregivers)
- b. Legal community (Family court judges, attorneys, CASA and GAL, Court Improvement Project, Office of the Attorney General)
- c. Child Welfare Advisory Committee
- d. Citizens Review Panel
- e. Cultural/ethnic groups and organizations (Hawaiian, Pacific Islander, Micronesian)
- f. Advocacy groups (Coalitions against domestic violence, human trafficking)
- g. Medical and insurance (MedQuest, Department of Health Divisions[Child and Mental Health Division, Developmental Disabilities, Adult Mental Health, Family Health, Children with Special Health Need, Alcohol and Drug Abuse], Castle Medical Center, Straub, HMSA, Kaiser Permanente)
- h. Service Providers.

### **Five Year Plan**

CWSB readily acknowledges the value and importance of the benefits derived from collaboration. CWSB will continue to communicate, coordinate and collaborate with partners and community stakeholders on existing ventures, areas identified in the CFSR and PIP3, as well new topics as they arise.

## **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 2018 APSR and 2018 CFSR Statewide Assessment.

## **G. FOSTER/RESOURCE AND ADOPTIVE FAMILY RECRUITMENT AND RETENTION**

### **1. Item 33: Standards Applied Equally**

#### **a. Overview**

Licensing rules apply uniformly to all approved and licensed resource family homes, and to child caring institutions receiving Title IV-B or IV-E funds. HAR §17-1625 Licensing of Foster Family Homes for Children, and HAR §17-1627 Licensing of Child Caring Institutions, 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 or safety issues, waivers of non-safety licensing standards for relative resource caregiver homes are authorized pursuant section 471(a)(10)(D) of the Act. Waivers based on space or bed requirements, such as the size of a resource caregiver's home, the number of bedrooms, and the number of beds, may be granted provided the waiver does not compromise the health and safety of the child. Although waivers may be requested for all homes, space and bed waivers have recently been authorized only for relative placements. A potential waiver for the bed requirement is often resolved during the home study process as the contracting agency and CWSB assist resource caregivers in obtaining additional beds, if cost is an issue.

After a home study is completed, if a waiver is needed, a request describing the circumstances and what is being done to resolve the situation, is sent to the CWSB licensing unit by the contracted provider that recruits, studies and provides support to DHS resource families. The licensing unit staff reviews the request and provides a recommendation on the waiver request to the CWSB section administrator who then approves or denies the request.

**b. Data**

From July 1, 2017 to June 30, 2018, there were 30 requests for waiver on space standards: five (5) in East Hawaii, two (2) in West Hawaii, and twenty three (23) on Oahu. All waivers were for relative placements.

**c. Future Plans**

In 2018, the President signed Public Law (P.L.) 115-123 into law which includes the Family First Prevention Services Act (FFPSA). Within FFPSA, the need for a “reputable model licensing standards with respect to the licensing of foster family homes” was identified, which led to the Final National Model Foster Family Home Licensing Standards, issued to states in February 2019.

An evaluation conducted by the Department, following the issuance of the licensing standards, determined the state to be in partial compliance with the Final Federal Standards. Work groups that include key community stakeholders are being formed to work on coming into compliance with the federal standards.

The five (5) areas in which Hawaii has determined that the State is not in compliance: 1) Home Study; 2) Foster Home Sleeping Arrangements; 3) Emergency Preparedness; 4) Transportation; and 5) Training will require revisions to the Hawaii Administrative Rules (HAR), and CWSB policies and procedures to bring Hawaii into compliance.

The final federal licensing standards require that resource caregiver applicants complete pre-licensing training on a number of newly identified topics. Hawaii has already taken steps to address the training standard through revisions to its Statewide Recruitment Contract, which encompasses the recruitment, training, home study, and support services for resource families. Hawaii currently uses H.A.N.A.I training. Following a new procurement, the new contract which takes effect July 1, 2019, will include provisions that H.A.N.A.I be modified within 18 months to include the topics identified in the final federal standards.

As part of assuring compliance with the final national model foster family home licensing standards, Hawaii is reviewing its procedures on waivers for non-safety licensing standards for relative foster family homes. Waiver procedures were most recently developed and shared with staff in 2002. Revised procedures and trainings are being developed to address current standards. One of the objectives of updating the waiver process is to ensure that waivers occur at the beginning of the licensing process, as soon as the case workers identifies the need for a child’s placement with relatives outside of their primary caregiver’s home. Assessing the need for non-safety issue waivers and requesting them before placement will help to ensure that unnecessary placement disruptions do not occur later. Hawaii has

developed a plan to formalize its waiver process by incorporating it into the licensing procedures. Revised procedures will include: citation of the authority that grants the waiver of non-safety licensing standards for relative foster family homes: an explanation of a non-safety vs safety standard; and the process to request a waiver. Once the procedures have been revised, they will be incorporated into CORE training for newly hired staff, and into on-going training to ensure that existing staff also receive training.

## **2. Item 34: Requirements for Criminal Background Checks**

### **a. Overview**

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

### **b. Activities**

In the past five (5) years, Hawaii has participated in a number of activities to ensure that the state complies with federal requirements for criminal background clearances as related to licensing or approving foster care and adoptive placements, and addresses the safety of foster care and adoptive placements for children.

Hawaii has revised its criminal background check procedures to standardize processes and documentation of expectations, and to ensure consistent statewide compliance and 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.

In 2016, a review of 2015 data was completed to review the process and timeliness of required clearances. There was a total of **42 licensing files reviewed** out of 45 licensing files randomly selected from calendar year 2015. Of the 42 total cases reviewed, 15 cases were General Licensed and 27 cases were Child Specific Licensed. The methodology used for the CFSR case reviews was used as a guide to determine the number of cases for this review. A range of cases were selected per section to provide representation from each geographical location for this review and efforts were made to select an equal number of General and Child Specific Licensed homes.

The final report was completed in January 2017 for a review of successes and challenges. Although the data shows that some clearances were not documented as

completed timely, the review of the process found the clearances were often completed but not documented.

#### Resource Caregiver Background Checks Review – January 2017

STATEWIDE/ COMBINED	CJIS Completed PRIOR to	CJIS Record Clear to Allow	CWS CA/N Completed PRIOR to	CWS CA/N Record Clear to Allow	Sex Offender Completed PRIOR to	Sex Offender Record Clear	FBI (State & Federal) Completed	Adam Walsh Completed
YES	32	38	34	40	22	31	40	39
NO	10	2	8	1	20	-	2	3
MISSING DOCS	-	2	-	1	-	11	-	-
TOTAL	42	42	42	42	42	42	42	42

As a result of the review of the report and practice, an ICF was issued for suspense on August 12, 2019 to revise the process of licensing child specific applicants and provide clarification on background clearances. The CWS Placement Worker will use the revised form DHS 1583 – “Child-Specific Resource Home Application” and complete background clearances (Hawaii child abuse and neglect registry, Hawaii criminal background, Hawaii state sex offender website and the national sex offender website) on all adult household members prior to placement of a child. All four clearance screens will now be printed for all adult household members to verify clearances were completed prior to placement of a child in the home.

In 2017, DHS through the UH Maui College HCWCQI Project, conducted a statewide targeted review to assess the implementation of procedures and functioning for this systemic factor. Findings revealed that staff would benefit from more detailed procedures that provide them with step by step instructions on when and how to complete these checks. Program Development Staff are currently working on revising the procedures to offer more guidance.

In January 2018, CWSB underwent an audit with the Federal Bureau of Investigations (FBI) to ensure compliance with the FBI Criminal Justice Information Services (CJIS) Division policies that govern the use of the FBI's CJIS Division systems. The FBI CJIS Division Audit Unit conducted a National Identity Services (NIS) Audit for the state, which focused on agency compliance with applicable laws, regulations, and policies associated with non-criminal justice use of criminal history record information. During this cycle, the Child Welfare Services, Foster Home License Unit was selected for review. Based on the review, Hawaii was not accurately reflecting the purpose and/or authority for which the criminal history record information is to be used. Hawaii collaborated with the Hawaii Criminal Justice Data Center to address this deficiency and is now citing the correct authority.

Hawaii previously contracted with a provider to conduct background clearances which included FBI Fingerprint Check and Hawaii State Fingerprint Check. Since July 2018, CWSB has been a user on the Hawaii Criminal Justice Data Center's contract. The change from ink-based to electronic fingerprint based checks has decreased the time it takes for the results to come back; results now come back in 2 days. This quick turnaround has helped to meet the timelines for licensing, as well as ensure the safety of Hawaii's foster children who are placed in out of home care.

Hawaii recognizes the importance of continuous and ongoing training of staff on Criminal history record checks and security awareness. In 2018, CWSB disseminated to staff the revised Hawaii Criminal Justice Data Center's revised Criminal History Record Checks for Non-Criminal Justice Purposes Policy and the CJIS Online Security Awareness Training.

#### **c. Future Plans**

Over the next five (5) years, Hawaii looks forward to participating in Rap Back, which is a subscription-based notification system that allows for continuous vetting of applicants of foster care and adoptive placements. It will ensure automatic arrest notifications regarding all applicants and eliminate the need for repeated fingerprint based criminal history checks.

In December 2016, Hawaii Criminal Justice Data Center (HCJDC) began retaining fingerprint records of applicants in anticipation of the nationwide rollout of Rap Back. Hawaii's Civil Rap Back service is close to completion and a go live date is targeted in June 2019. CWSB plans to enroll in Rap Back and has already begun preparing for its participation. A work group is being established to: 1) develop internal procedures on how subscriptions will be managed and maintained; and 2) discuss plans to handle fingerprints collected and stored prior to implementation of the Rap Back Services, and 3) discuss how Rap Back notifications sent via email will be received.



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

#### **a. Faith based efforts**

Faith-based recruitment continues to be a part of the overall resource caregiver recruitment and awareness plan. Partners In Development Foundation (PIDF) maintains key relationships with several faith-based organizations that assist in recruitment and support of resource families within their congregation and communities. Some of these partnerships were initiated by resource caregivers within their congregation stepping up to engage the church more deeply in supporting families touched by foster care.

#### **b. Native Hawaiian efforts**

Native Hawaiian children continue to be overrepresented in foster care in Hawaii. PIDF supports efforts to share this information with the Native Hawaiian community through the PIDF Cultural Consultant who assists in ways such as connecting recruiters to key individuals in the Native Hawaii community, consulting on issues regarding cultural appropriateness and sensitivity, and translating collateral information into the Hawaiian language.

Dr. Denise Goodman, recruitment consultant and trainer, provides consultation and access to resources and recruitment strategies with a focus on the Native Hawaiian population.

PIDF is involved with several community collaborative groups that are specifically focused on serving the Native Hawaiian population. On Oahu, PIDF is a member of the Waianae Coalition of service providers in the Waianae area, which has one of the highest populations of Native Hawaiians, and where a large number of the removals take place. Regular meetings are held where members share community news and events and identify ways to collaboratively enhance services in the area. PIDF also shares information on foster care sessions in the area and specific resource needs. On Kauai, PIDF staff is a member of Hawaiian Agencies and Organizations which meets monthly to share updates and services for the local Native Hawaiian community.

On East Hawaii, PIDF staff has worked with Kamehameha Schools overseeing students with their senior projects with various topics related to foster care, and conducted presentations at Kamehameha School Asset Management Program.

In West Hawaii, PIDF is involved with Ehu Nui Kameloni, a Hawaiian Immersion School. PIDF staff assisted with a student's senior project to create a foster care recruitment strategy for the Native Hawaiian community.

PIDF staff continue to have a presence at the Tutu and Me programs statewide, reaching out to Native Hawaiian families with recruitment presentations at all their sites. Liliuokalani Trust partners with PIDF to support recruitment efforts by hosting information sessions at their offices.

PIDF also maintains a presence at events with a focus on the Native Hawaiian population and culture on each island. Some examples include: Kamehameha Day Celebration and Parade, and Prince Kuhio Day Celebration on Kauai, Papakolea Health Fair, Onipaa, and Windward Hoolaulea, on Oahu, Kamehameha School Senior Expo in East Hawaii, Flower Festival in Maui, Hula/Tahitian Dance Competition, Hoolaulea at Hawaiian Homelands in West Hawaii, and the annual Hawaiian Civic Club convention.

**c. Utilization of resource caregivers, alumni foster youth, and birth families**

Recognizing that former foster youth and resource caregivers bring a wealth of experience as a recruiter, PIDF employs nine resource caregivers, and a former foster youth. In SFY 2018, most of recruitment activities conducted by PIDF included a former foster youth and/or resource caregiver to share perspectives and answer questions asked by potential caregivers. In some cases, licensed resource caregivers are connected with potential caregivers to help provide guidance and support.

PIDF staff continue to maintain contact with HI H.O.P.E.S. youth boards statewide. Board members speak at recruitment events sharing their experiences to inspire others to consider fostering.

**d. Word of mouth referrals**

Word of mouth referrals continue to be one of the highest sources of referrals and 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 2018, PIDF licensed 12 families referred through its Ohana Rewards program. Ohana Rewards recipients are recognized in the quarterly Resource Advisory Council newsletter and at the FPH Annual Conference

**e. Web based media**

During SFY 2018, web search was the most common method of referral with 53% of inquiries coming from web search. PIDF vigilantly maintains its Google ad to drive anyone who searches any variation of “foster care Hawaii” to the Hui Hoomalu homepage, “[http://www.pidf.org/programs/hui\\_hoomalu/about](http://www.pidf.org/programs/hui_hoomalu/about)” where they can access or request various information, and start the application process

PIDF's social media presence has grown significantly in SFY 2018, using accounts on Facebook (<https://www.facebook.com/HuiHoomalu>), Instagram (@pidfoundation) and Twitter, to provide information related to foster care and resource caregiving, answer questions and requests, and share information about recruitment amen social events.

**f. Recruitment of LGBT resource families**

PIDF continues to connect with open and affirming churches, host information booths at LGBTQ friendly events, and utilize open LGBTQ resource families to share their experiences at recruitment events to help identify potential resource caregivers for LGBTQ youth. On Oahu, PIDF has an information booth at the annual Pride Parade. Maui PIDF staff volunteer at an annual LGBTQ prom, sponsored by Children's Justice Center and Baldwin High School.

Based on CWSB best practices, CWSB employees, volunteers, and contractors, shall use respectful language and terminology that promotes healthy LGBTQ-identity and does not stereotype LGBTQ people. CWSB staff, volunteers, and contracted providers shall not refer to child/youth/young adult by using derogatory language in a manner that conveys negative bias or hatred of LGBTQ people. In particular, CWSB staff and its contractors shall not imply to or tell LGBTQ children/youth/young adults that they are abnormal, deviant, or sinful, or that they can or should change their sexual orientation or gender identity. Resource caregivers that are not able to commit to this request and/or who have been assessed as not willing to be supportive of LGBTQ will be denied a license.

In accordance with accepted health care practices, which recognize that attempting to change a person's sexual orientation or gender identity is harmful, CWSB and its contracted providers shall not employ or contract with mental health providers or other community organization who attempt to change a person's sexual orientation or gender identity.

**g. Child specific recruitment based on ethnicity**

In addition to Native Hawaiian recruitment, PIDF continues to maintain key contacts in the Micronesian community to assist in spreading the word about the need for resource homes. As a member of the Nations of Micronesia committee, PIDF staff shared demographics of Micronesian children in foster care which helped to connect key individuals who could assist in finding resource homes for specific children.

PIDF's sister program, We Are Oceania, serves the Micronesian community and continues facilitate PIDF's access to key figures within the community with whom PIDF can consult with on cultural issues and how to best approach the growing need for Micronesian resource caregivers.

#### **4. Item 36: State Use of Cross Jurisdictional Resources for Permanent Placement**

##### **a. Overview**

Hawaii has a statewide process for the use of cross-jurisdictional resources to facilitate permanent placements. Hawaii has been a party to the Interstate Compact on the Placement of Children (ICPC) since 1985. The ICPC is a statutory agreement between all 50 states, the District of Columbia and the US Virgin Islands. The agreement governs the placement of children from one state into another. It sets forth the requirements that must be met before a child can be placed out of state. The Compact ensures prospective placements are safe and suitable before approval, and it ensures that the individual or entity placing the child remains legally and financially responsible for the child following placement.

##### **b. Contract Changes**

In the past five (5) years, Hawaii has made significant changes to its ICPC process to improve its efficiency in processing requests and meeting permanency outcomes for children. The first significant change occurred in SFY 2017 when Hawaii procured ICPC services through a new contract that expanded the service array to include all activities involved with processing both incoming and outgoing ICPC requests. Historically, Hawaii's ICPC contract has been for only incoming requests, which tasked the provider with the responsibility of conducting home studies and providing supervision to those children placed in an approved placement. All outgoing requests, private adoption, and residential requests were assigned to a single Assistant Program Administrator (APA) within the CWSB-PD office to review and process. This separation of duties made outgoing ICPC services inefficient since it was just one of many subject areas, committees, and contracts assigned to the APA. There were extensive delays in the transmission of outgoing ICPC requests to the receiving state. This was because other assignments and projects that demanded attention were given priority and outgoing ICPC matters did not receive the immediate attention they warranted. This led to delays in placements and permanency and impacts to family connections. The change in service delivery was deemed necessary because Hawaii believed that a contracted provider, whose sole focus is ICPC, could better ensure that the timelines of the Compact and the Safe and Timely Interstate Placement of Children Act of 2006 are met. In May 2018, Catholic Charities Hawaii began providing all ICPC services to Hawaii. Oversight of ICPC continues to lie with the Deputy Compact Administrator, who is on the staff of the Child Welfare Services Branch Program Development Office. Due to the numerous day to day activities that encompass ICPC, daily communication occurs between the state and the provider to ensure services and goals are met. Communication focuses on ICPC requests, content of packets, home studies, placement decisions, challenges, and efforts to improve the overall ICPC process.

### **c. NEICE**

In February 2018, Hawaii took additional steps to further improve the efficiency of processing ICPC requests and permanency outcomes by joining NEICE (National Electronic Interstate Compact Enterprise), which is a national electronic system for quickly and securely exchanging the data and documents required by ICPC to place children across state lines. Hawaii first began utilizing NEICE through a two-week pilot project that was implemented on Hawaii Island beginning February 5, 2018. On February 26, 2018, Hawaii went live with NEICE statewide, and now requires all staff and contracted providers to electronically submit their ICPC requests through NEICE.

Some of the initial challenges staff faced when Hawaii transitioned to NEICE involved the lack of a uniform process to access NEICE. Hawaii worked to resolve this issue by collaborating with Staff Development, Systems Operations, and Information and Technology offices to come up with a clear process by which staff submit a request for NEICE access, participate in training, and are subsequently issued a NEICE username upon verification of training completion.

In the year since its implementation, staff continue to learn the NEICE system and to address technical issues that arise. Since the use of ICPC varies among staff and caseloads, continued, consistent use of NEICE will enable staff to become more proficient. Ongoing technical support has been made available to staff to support the use of NEICE. Numerous resources have been made readily accessible to staff through a shared drive, which contains the NEICE User Guide and YouTube video guides, which allows staff to access individual modules depending on their specific needs. When staff are unable to trouble shoot system challenges, further technical assistance is provided by the Deputy Compact Administrator.

Overall NEICE has been helpful in tracking ICPC requests and documents, ensuring consistency with other states, allowing for quick response to requests, and collecting data on the number of children placed out of state.

### **d. Other Efforts**

Hawaii and its ICPC provider are continually working together to provide guidance on ICPC to staff, clarify requirements and streamline the process. Since the new contract was executed in SFY2017, Hawaii and its provider have completed joint trainings at MLT and section meetings on ICPC. The provider has also developed guidance on the requirements of various ICPC regulations, which has been reviewed and approved by the state. This guidance provides staff with information on the required forms that must be included in a packet, tips on how to complete the forms and needed information, as well as general information on how ICPC requests are processed. This guidance is available to staff on a shared hard drive that can be

easily accessed and reviewed by staff at any time when they have an ICPC packet to submit.

More recently, a standardized cover letter has been created to include in all ICPC packets. The origin of the cover letter stemmed from lack of a uniform process for providing the basic information on ICPC requests and submissions of packets with outdated and inconsistent case information. Upon review, it was discovered that packets were being submitted with case information on fax transmittals or on letterhead, with little guidance on what information should be included in the letter. This lack of guidance led staff to provide varying levels of information and, more importantly, led to inefficient back and forth communication with providers to obtain missing information or clarification, which sometimes caused extensive delays in processing outgoing ICPC requests. The standardized cover letter identifies the basic demographic information staff must include on child(ren) to be placed, the type of placement, placement resources, and an explanation of the reason for placement. A draft cover letter has been circulated and feedback has been obtained from all sections. Hawaii is working on making the letter form-fillable and to implement use of the cover letter by the end of SFY2019.

**e. Data**

In the first six months of SFY19, Hawaii processed 50 requests for placements in other states. Hawaii has completed 17 home studies for incoming ICPC requests. 13 Hawaii children have been placed with resources in other states. Of the 50 outgoing ICPC requests, 58% of referrals were processed within three business days. Of the 17 home studies completed, only one was completed within the required 60 business days.

In SFY2018, Hawaii processed 73 requests for placements to other states; this number is inclusive of multiple requests for one child. Of the 73 home study requests, 63% of referrals were processed by the provider within three business days. Hawaii completed 52 home studies for incoming ICPC requests. Twenty-one Hawaii children were placed with resources in other states.

Historically, Hawaii has done well in addressing incoming ICPC requests and meeting the timelines to complete home studies within 60 days. Between SFY2015-SFY2017, 75%-94% of home studies were completed within 60 days or a preliminary report was provided to the sending state. For decades, meeting timelines for outgoing requests has been challenging due to the fact that outgoing ICPC services have been assigned to an APA with CWSB who has numerous other assignments in addition, to ICPC, to prioritize. In the past two years, significant efforts to improve the efficiency of ICPC services have been made; however, more improvement remains to be achieved. CWSB staff have had to become used to working with a provider for all ICPC matters and to utilize an electronic system for transmitting ICPC requests. In

addition, the volume of work involved in providing ICPC services along with the addition of services not initially identified in the ICPC contract have exceeded the capacity of the provider's staff to meet timelines and outcomes. To address this situation, Hawaii has worked with its provider to increase contract funding and staffing to support the workload. In addition to supporting the provider, Hawaii believes that the efforts it has made to train and support CWSB staff with their ICPC requests will aid them in becoming more knowledgeable and proficient in completing ICPC requests, minimize delays in creating cases in NEICE, and will ensure that complete ICPC requests are transmitted. Hawaii expects that in the upcoming year, outcomes will be reflective of the described improvements and increased staff knowledge of the new systems put in place.

**f. Future Plans**

In the past five years, Hawaii has worked hard to improve the efficiency of ICPC and has made significant gains in the timely placement of children across state lines and permanency outcomes. The state continues to see areas that can be improved upon and looks forward to interfacing with the development of the state's CWIS database to support the goals of ICPC. A future goal for Hawaii is to have all ICPC documents and forms electronically generated when an ICPC request is made and for the forms to auto-populate with data contained in CWIS.

Hawaii plans to incorporate ICPC guidance used by other states to assist staff in filling out the required ICPC forms. Hawaii intends to develop "cheat sheets" for all required ICPC documents that will be attached to each form to help remind staff about fields frequently left blank or incorrectly completed.

Hawaii will also be collaborating with its SDO to create an ICPC/NEICE module to add to its CORE training cycle so that new staff can receive an introduction to ICPC and how it coincides with meeting CWSB goals for safety, well-being, and permanency.

**g. Interisland Placements**

In SFY 2018, given Hawaii's unique demographics involving multiple islands, Hawaii has implemented procedures and processes for interisland placements and between sections on Hawaii Island. This process covers all jurisdictions in Hawaii. A formal request for a "courtesy assessment" (equivalent to a home study) or "courtesy supervision" is 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 of 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 FROM THE CBC**

#### **1. Native Hawaiian Disproportionality**

In 2015, Hawaii requested assistance from the Capacity Building Center for States to build its own capacity to improve the disproportionality quality assurance/ continuous quality improvement infrastructure. A group of select CWSB staff and community partners met with representatives from the Center and developed a detailed work plan in March 2016.

In 2016, CWSB revised its procedures and guidelines, regarding collection of race and ethnicity data to improve cultural engagement with families, along with the quality of the data.

In 2017, this group successfully implemented revised ethnicity coding in CPSS, to better capture Hawaii's ethnic diversity and individuals with multiple ethnicities.

From 2016 through the present, a committed group of data analysts have been meeting regularly to discuss and work through CWSB ethnicity data. This core group includes DHS research analysts, a CBC data maven, CQI staff, database experts, and a University of Hawaii professor who specializes in child welfare data. The data is later shared and discussed again with a larger group of CWSB staff, administrators, partners, and community stakeholders.

Based on a thorough analysis of CWSB's internal data, this group has demonstrated that there is no evidence of bias at the point where a CWSB intake worker makes the determination of whether or not to refer a call from the hotline on to CWSB for investigation. This conclusion is based on comparing cases with Native Hawaiian and Part Native Hawaiian children to cases with Asian children, and separately comparing cases with Native Hawaiian children to cases with Caucasian children.

There is also preliminary data to suggest that CWSB assessment workers are not biased when making disposition decisions about whether or not to confirm allegations of abuse and/or neglect. Hawaii's Disproportionality Workgroup will explore this data further in order to make a more definitive finding.

The group will move on to explore potential disparity at other key decision-making points, e.g., entering foster care and terminating parental rights.

## **2. PIP Development**

Over the past year, as Hawaii developed its PIP3, CBC staff has met with Hawaii staff and guided them in completing the proper root cause analysis that was needed.

## **3. Supervision Model and Tool**

Enhancing supervision is the cornerstone of Hawaii's PIP3. Since February 2019, the CBC and Hawaii CWSB have been working together on a few key supervision projects. The CBC will be assisting Hawaii in developing a supervisory practice model and a related tool to be used in monthly supervision meetings between supervisors and caseworkers.

While the standard is that a supervisor is to have a monthly supervision session with their staff, this practice is not consistent throughout the agency. Some supervisors will simply hold group supervision, while other supervisors will not. In addition, if a monthly supervision is taking place, there is no consistency on what is covered during these supervisions. Some supervisors use this time to review cases, while other supervisors use this time to problem solve and train their staff. Hawaii would like to develop their supervisory practice model to incorporate a standard frequency, type of supervision (i.e. individual and/or group), and what type of information is covered during supervision (i.e. case review, compliance checks, critical thinking, coaching, training, mentoring, etc.)

The Center will provide consultation to Hawaii to identify the core components (essential elements) of Hawaii's supervisory practice model. The Center will also provide consultation to support the description of staff behaviors that illustrate that the intervention is being practiced with fidelity. This may include developing and/or adapting practitioner profiles, guidelines, qualifications, and behaviors that are expected of supervisors as evidence that the intervention/solution is being implemented as intended. The Center will then assist the state to create a vetting process to obtain key stakeholder and leadership input, understanding, and commitment. The Center will then support the state to ensure that staff at all levels are knowledgeable of and have the new skills necessary to implement the supervisory practice model. This support will be a "training-for-trainers" that will be provided to support supervisors, managers, and leadership on coaching techniques and the Center will provide direct coaching to supervisors, managers, and leaders to assist in their development and integration of these techniques.

## **4. Data Use/CQI Infrastructure Support**

For the past three years, the Center has supported the use of data in discussions about the IV-E Waiver and has helped this team to become better consumers of data. Hawaii would like the entire CWSB to become a data informed child welfare system and integrate the use of CQI within their system. Hawaii would like to increase the culture

of data analysis, dissemination, and use of data to make adjustment of programs and procedures. This would include having all levels of the organization engage in CQI discussions.

The Center will provide consultation to Hawaii to help identify the core components (essential elements) of the state's CQI plan and to help increase the Hawaii's integration of data analysis, dissemination, and use of data to make adjustments of programs and procedures. The Center will also provide consultation to support supervisors, section administrators, and leadership in their ability to utilize data and engage in CQI discussions with their staff. The Center will also support Hawaii in looking at its current data reports and provide consultation on how to adapt those reports to help guide individual worker, unit, section, and support organizational practice changes. These reports will integrate data visualization techniques as a way to engage all levels of staff to discuss data. Coaching and consultation to supervisors, section administrators, and leadership will be provided to guide and support their use of data reports to make decisions and adjustments to programs and procedures. CBC experts will also train SSD's Staff Development staff and other key staff to be coaches and mentors, so that these efforts can be sustainable.

The concrete focus of this work in SFY 2019 and 2020 will be to support the data tracking and analysis that is necessary for the PIP3. As of June 2019, the CBC and Hawaii are in the process of laying out the foundation for these plans.

## **5. CCWIS Data Quality**

Hawaii is currently developing its CCWIS and as part of this, it must develop and maintain a comprehensive data quality plan. Hawaii is struggling with developing this comprehensive data quality plan and is seeking guidance on the areas needed to develop such a plan.

The CBC will leverage expertise in data quality as required by CCWIS with the goal to help the State comply with those federal requirements. To assist the State in this area, the Center will utilize the "Quality Data" portion of the CQI Self-Assessment tool to help the state in gathering data and exploring this problem in depth. This tool will help the State assess their comprehensive data collection, quality data infrastructure, comprehensive data extraction procedures, quality data analysis, and quality data dissemination. The Center will provide consultation to the State on the process to gather and analyze the data. The Center will then provide facilitation to help the State create a strategic plan for quality data.

In May 2019, a CBC data expert conducted 25 interviews with key SSD staff on the topic of data quality. The information that was gathered and analyzed is being used by Hawaii to update its Data Quality Plan.

## **B. TRAINING AND TECHNICAL ASSISTANCE TO CWSB STAFF**

Hawaii SSD continually provides support and professional development opportunities to its CWSB staff. To identify needs, SSD surveys staff at the end of meetings and trainings and at other times to gather input.

During SFY 2019, CWSB staff statewide attended a training on Trauma and Healing Informed Care. Hawaii's plans to create a trauma-informed system do not end with this training, and is continuing to implement ongoing learning opportunities, mentoring and coaching.

CWSB has recently been examining how time is spent during meetings, and has made decisions to ensure that meetings are used more effectively. Outcome actions and innovations include: combining workgroups with similar foci into one group and therefore one meeting; distributing meeting agendas in advance, allowing participants to arrive prepared; ensuring structured monthly supervision meetings between line supervisors and caseworkers.

## **C. STRATEGIC PLANNING COMMITTEE**

### **1. Overview**

Since 2007, CWSB has collaborated with Casey Family Programs (CFP), through the Strategic Planning Committee (SPC), to safely reduce the number of children in foster care. The objectives of the additional support include improved education, employment, and mental health outcomes. The SPC meets quarterly and has designed and supported the initiatives described below.

From 2015 through 2018, the SPC Initiatives have promoted family and community engagement and collaboration, prevention of removals, promoting reunification/permanency, and the development of good leadership. These initiatives include Community Gatherings (Aha), Islands of Hope, Wrap Around Model Services, Family Engagement/Support, Education Promotion/Stability, Title IV-E Waiver Demonstration Project, Trauma and Healing Informed Care, and Leadership Development. Wrap Around became one of the services in the Waiver Demonstration Project. Education Stability became an ongoing collaborative with the Department of Education and CWSB. Family Engagement/ Support is integrated into all services and into the PIP3. The following are the 2018 initiatives:

### **2. Trauma and Healing Informed Care**

CFP is working with CWSB on developing a Trauma Healing Informed Care Learning Collaborative. Since Fall 2017, CFP and CWSB have been collaborating to create an overall plan and learning collaborative/training curriculum. The Design Team consists of CWSB leadership and line staff, a birth parent, a young person formerly in foster care, a resource caregiver, and community providers.

This year, the Design Team has begun rolling out the Learning Collaborative on Trauma first to CWSB supervisors and then CWSB staff. Next year, the roll out will extend to coaching with supervisors. Although Hawaii has held several trainings on trauma informed care for CWSB staff, and some related shifts in CWSB practice have been observed, the Learning Collaborative will provide greater impetus for this movement. This effort is not for CWSB staff alone; the upcoming annual training for resource caregivers will include components on trauma, and the Independent Living Collaborator contractor will provide trainings on trauma informed care. The ongoing roll out will extend to our community partners—public and private. The broad goal is to create a healing community (of agencies, providers, leaders, and individuals) that is fully trauma-informed.

### **3. Community Gatherings (Aha)**

Since July 2010, the SPC has worked with local cultural communities on all islands to facilitate community gatherings, known as *aha*, to increase collaboration, partnership and shared knowledge. It is planned that these gatherings will continue in SFY 2019 with Casey support. By engaging and promoting connections between birth families, resource families, children & youth, and siblings, the aha initiative is also effective in promoting reunification and permanency for the children/youth.

#### **a. Oahu**

Oahu is focusing on piloting a parent liaison program in which parent liaisons from the community agency, Hawaii Families as Allies, work with CWSB and birth parents. The primary goals of this program are to support reunification, to help expedite permanency, and to reduce the number of children in care, especially Native Hawaiian children. When the children enter care, the parent liaisons support CWSB families through emotional coaching and assistance in accessing and participating in services.

Oahu morphed these efforts into a collaboration with Liliuokalani Trust, and other agencies, in 2019 with a pilot program providing navigator assistance to birth parents, including visitation and cultural guidance and support.

#### **b. Maui**

Maui CWSB continues to work with CFP on a systems analysis framework, called “Islands of Hope”, to support and enhance collaboration among community partners and service providers. During SFY 2017, Maui CWSB staff regularly met with providers and stakeholders to discuss key issues that affect children and families in the CWSB system. Analyzed data was shared and explored with the goal of decreasing duplication and increasing availability of effective and targeted interventions.

In 2018, a Coordinator was hired. In November 2018, Engagement Trainings were completed after monthly 3-hour webinars with Coaches. In 2019, Coaches will meet with trainers again to follow-up on engagement and training of community partners. In December 2018, the Kiosk at the Queen Kaahumanu Mall, staffed by volunteers, opened to provide information. The development of the one-stop-shop continues. IOH steering committee continues to meet on the IOH collaborative projects.

**c. East Hawaii**

For 2018, the plan included working with CFP and Maui CWSB to engage the East Hawaii community, service providers, and community partners to help establish an East Hawaii Islands of Hope project, similar to Maui CWSB's project. In May 2018, East Hawaii met with community partners to obtain their feedback on existing services, gaps in services, and supports needed. The next steps included discussions of the EH data, feedback from the community, and the possibility focus groups with CFP. Unfortunately, a transition in the CFP liaison caused a delay in planning for the next steps.

**d. West Hawaii**

In 2018, CWSB West Hawaii Section held the following events:

- i. In June 2018, CWSB staff collaborated with EPIC/HI HOPES (youth advocacy) and PIDF Hui Hoomalu to develop a convening, "Bridging the Gap" with young people in care and formerly in care and Resource Caregivers on Prudent Parenting and Normalcy and the Bill of Rights of Children in Foster Care.
- ii. In August 2018, CWSB staff collaborated with Walmart and other partners to present a "Back-to-School Backpack" event for children, young people and their families in various stages of involvement with CWSB, including at Intake, in Family Supervision, and In-Care Foster Custody.
- iii. In December 2018, CWSB collaborated with EPIC/HI HOPES, and other partners to present a Christmas event, "Family Holiday Spectacular Extravaganza" for children, their siblings, birth families, and resource caregivers. Participants included birth families with children in foster care, children living in their own homes under family supervision, CWSB staff and community partners. These Christmas events promote connections, sibling visits, reunification, partnerships between birth parents and resource caregivers, positive worker relationships, and best practices.

#### **e. Kauai**

In 2018, Kauai Section held the following events:

- i. In July 2018, CWSB Staff collaborated with PIDF/Hui Hoomalu and Kauai Hospice, at the Hospice's July 4<sup>th</sup> Concert in the Sky, to help with recruitment of resource caregivers.
- ii. In August 2018, CWSB Staff collaborated with PIDF/Hui Hoomalu and the County for their second RCG Recruitment event at the County Farm Fair.
- iii. In December 2018, CWSB held a training with motivational speaker, corporate trainer, author of "Pono: A Hawaiian-Style Approach to Balance and Well-Being" —Kaala Souza. He presented strategies on strengthening staff well-being and engagement skills when interacting with each other, clients, and the community. Mr. Souza also worked with CWSB Staff on Team building activities, included the values of Lokahi, Aloha, and Pono [Lokahi - unity, agreement, accord. Aloha - caring, compassion for others, love, affection. Pono - right, good, moral, fair, just.], development of leadership and management skills, communication, collaboration building and customer service.

For 2019, CWSB is working on the Pilot Program, named "Pilina Ohana". Pilina Ohana is a community engagement project designed to provide families with children in the foster care system with the opportunity to have weekly supervised and structured visits with their children at the Kauai Animal Education Center (KAEC). The KAEC staff will provide the opportunity for parents and their children to care for rescued animals and to plant and raise food for their animals in the KAEC gardens. The program hopes to help build and strengthen family bonds and connections, and promote reunification. This project was put on hold in 2018 due to the severe flooding that affected Kauai and KAEC. *Pilina* meaning association, relationship and connection is an important value in Hawaiian culture. Having a strong pilina within family, co-workers, and community supports the achievement of amazing collaborative results.

#### **4. Leadership Development and Transition Planning**

This initiative supported section and branch administrators in working on interpersonal leadership, team building, organizational health, supervision and coaching. The goal was to sustain and improve leadership team functioning as measured by initial and subsequent self-reports from team members about the Five Healthy Functions (e.g., trust, conflict, commitment, accountability and results-focused). As the leadership positions were filled and stabilized, the team seemed to grow and strengthen.

## 5. Waiver Sustainability and Spread

Casey and SPC supported the Waiver Demonstration Project, and planning, implementation and oversight of the waiver demonstration projects: Wrap, Crisis Response Team (CRT), Intensive Home-Based Services (IHBS), Safety, Permanency, and Well-Being Roundtables (SPAW). Please see the description of the Waiver Demonstration Activities in *Section II. CWSB Strategic Planning, E. Intervention & Strategies, 3. Child Welfare Title IV-E Demonstration Activities*.

## 6. Plan for the Next Five Years

The following SPC activities will continue or be initiated during the next five years:

- a. **Trauma and Healing Informed Care**: With a broad goal of creating a healing community, this initiative addresses the following CFSP goals/ areas of concern: Collaboration, Workforce, Prevention, and CQI. The next planned steps are to integrate Trauma and Healing Informed Care principles into Supervisory Development and Coaching, then to continue the roll out to our community partners.
- b. **Community Gatherings (Aha) & Islands of Hope**: The work with the local cultural-communities, families, and partners will continue to increase collaboration, partnership, cultural competence, engagement and shared knowledge and mission. This work addresses the following CFSP goals/ areas of concern: Collaboration, Workforce, Prevention, and CQI.
- c. **PIP3**: The SPC will support the PIP3 Goals, Interventions, and Key Activities for Safety, Well-being/Engagement, Permanency, Workforce, Supervision. This work addresses the following CFSP goals/ areas of concern: Collaboration, Workforce, Prevention, and CQI.
- d. **Leadership Development and Transition Planning**: While the work with Leadership Development and Coaching continues, a Staff Advisory Committee comprised of CWSB staff will be developed and implemented. This work addresses the following CFSP goals/ areas of concern: Collaboration, Workforce, Prevention, and CQI.
- e. **Sunset Waiver**: The work will help to identify how to transition and sustain some of the key Waiver Initiatives. This work addresses the following CFSP goals: Collaboration, Workforce, Prevention, and CQI.
- f. **Family First Prevention Services Act (FFPSA)**: This work is to identify the benefits, opportunities, requirements of FFPSA, and to develop and implement initiatives that help address the CFSP goals/ areas of concern of Collaboration, Workforce, Prevention, and CQI.



## **D. STRENGTHENING TITLE IV-E FOSTER CARE ELIGIBILITY DETERMINATION**

### **1. Overview**

CWSB collaborated with the Children's Bureau, Administration for Children and Families to conduct a technical assistance (TA) review to maintain accurate Title IV-E eligibility determinations while Hawaii is operating under a Waiver Demonstration authority. This TA review was timely in preparing for the anticipated ending of the Waiver on September 30, 2019. The purposes of this TA review were to:

- a. Assess the extent to which eligibility determinations were made consistent with federal requirements;
- b. Ensure strategies implemented during the PIP developed following the 2013 IV-E Review continue to be successful in addressing areas that were identified as needing improvement; and
- c. Provide feedback and technical assistance to address areas in the program needing improvement to support accurate eligibility determinations and financial claiming.

### **2. Findings.**

The review found that 22 of the 25 cases (88%) reviewed met all eligibility requirements. The review found the following positive practices and processes of the IV-E foster care eligibility program:

- a. Title IV-E PIP strategies were successful in ensuring that Title IV-E funds were not claimed for children placed in provisionally licensed foster family homes.
- b. Title IV-E PIP strategies were successful in ensuring that court orders were not used to document multiple hearings.

Children's Bureau recommended the following for improvement:

- a. Strengthening Hawaii's foster home licensing process to ensure that Title IV-E funds are claimed only for fully licensed placements;
- b. Clarifying and documenting Hawaii's process for claiming group home payments; and
- c. Implementing an internal quality assurance process for monitoring Title IV-E eligibility determinations.

### **3. Plans for Improvement**

The FFPEU unit has been conducting internal quarterly reviews of their eligibility files. The unit randomly selects and reviews cases to ensure proper eligibility determinations, documentation and title IV-E coding. Within the last year, FPPEU has reviewed 20 of

their eligibility files. In April 2019, FPPEU issued an ICF to remind CWSB staff of the required documents that need to be submitted for IV-E eligibility determination.

In addition to the FPPEU unit reviews, PD staff conducted random reviews of the adoption assistance payment files as part of a Corrective Action Plan for its annual State Single audit by a private accounting firm. CQI was later contracted to continue to conduct these reviews to meet the terms of the Corrective Action Plan. These reviews help support the review of the quarterly eligibility reviews as the documentation required in the adoption assistance payment files are also required documentation for the FPPEU unit eligibility files. Results of these reviews are sent to the section administrators for discussion for improvement with their staff.

## **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 implement Hawaii's CAPTA State Plan by supporting Family Strengthening Services which is part of Hawaii's Differential Response System (described above in *Section III. Programs Supporting Safety, C. Child Maltreatment Reports and Disposition Statewide*) and consistent with the goals and objectives of the CFSP. In addition, CAPTA funds will be used for further family strengthening services including the Neighborhood Place Services, Kauai Drop-In Center, and if funds remain, for Voluntary Case Management. Hawaii has not enacted or issued any new or amended State laws or regulations that could affect the State's eligibility for the CAPTA State Grant, including any laws or regulations relating to the prevention of child abuse and neglect.

The State CAPTA Liaison Officer remains the same. Her contact information is below:

Hawaii State CAPTA Liaison Officer  
Kayle Perez  
Social Services Division  
Department of Human Services  
1010 Richards Street, Suite 216  
Honolulu, HI 96813  
[kperez@dhs.hawaii.gov](mailto:kperez@dhs.hawaii.gov)

### **B. STATEWIDE CITIZEN REVIEW PANEL**

Hawaii's Citizen's Review Panel (CRP), or Na Kupa Alo Ana O Hawaii, is comprised of citizen volunteers with the mission to examine the policies, procedures, and practices of Hawaii's child welfare systems to evaluate agency practice and enhance the agency's capacity to help Hawaii's children and families engaged in child welfare services achieve positive outcomes. The CRP members represent various sections of the community and all the islands in Hawaii, with each member contributing a unique perspective. CRP members include a CEO of a social services agency, staff members of various social service agencies, representatives from DOH and DOE, a former foster youth, and a birth parent.

CWSB supports the CRP by funding its annual operating budget, which includes transportation for neighbor island members to attend CRP meetings every other month on Oahu, participation in the National CRP conference in Michigan in 2018, and a retreat where members received training on issues confronting local minority cultures, and on commercial sexual exploitation and trafficking of minors. CRP members will also use funds to participate in the NCRP conference in New Mexico in 2019.

During SFY 2018, the members identified two projects to assist in enhancing CWSB practices: increasing public awareness about the new mandated reporting law regarding victims of commercial sexual exploitation and sex trafficking of minors (CSEC); and drug exposed infants.

After the CRP CSEC sub-committee reviewed national materials and consulted with CWSB and the commercial sexual exploitation of children multi-disciplinary team, it developed calling cards, informational post cards, and tear off flyers for distribution, printing 9,000 pieces which were disseminated at various community locations, CWSB's community presentations and training events statewide. The committee also developed informational posters that were displayed on the buses.

The second project the CRP group worked on was educating the public about the harm of exposing newborns to drugs. Eager to incorporate the voices of youth in a project to make young adults aware of the dangers of exposing newborns to drugs, the CRP group worked with Akaku, Hoomana Hou Alternative School on Molokai and the Maui Police Department to produce two videos as a public service announcement on Vimeo.com and Instatgran.com (<https://vimeo.com/270207003>). One of the videos focuses on the importance of reporting parents who are impaired caregivers due to using alcohol or drugs in the infant's environment. The second video highlights the harm of exposing infants to illegal harmful substances. The videos are relevant to youth in Hawaii who may witness a parent, or be a parent, who has been under the influence of substances while caregiving, be exposing infants to alcohol or other harmful substances.

CWSB shared the CFSP vision and goals with the CRP, who appreciated the renewed focus of prevention. CSWB's continuing partnership and collaboration with CRP will include the discussion of promoting safety, permanency, and wellbeing as well as the CFSP goals. CRP will continue to evaluate and analyze strategies to support CWSB programs, including the PIP3. The CRP projects will focus on identifying and implementing projects that will assist CWSB's implementation of PIP3.

## **C. CHILD FATALITIES**

### **1. Fatalities in CWSB Cases**

Hawaii DHS reports CPSS data to NCANDS on child deaths, in cases that were active during the reporting period, where child abuse or neglect or threat of abuse or neglect has been confirmed.

In SFY 2018 there were zero (0) child fatalities in active CWSB cases. This is the first year in the past five years where there have been no child fatalities in active CWSB cases. Over the past five years, an average of about 2 children in active CWSB cases have died each year with SFY 2016 seeing the highest number of child fatalities – five (5). See the Data Booklet, Figure 61: Children Who Died in Active CWSB Cases – SFY 2015 – 2018.

In addition to the child death data reported to NCANDS, Hawaii tracks all child deaths that are reported to CWS, which can include deaths deemed accidental, and/or not confirmed for abuse or neglect or threat of abuse or neglect. This data is maintained for purposes of responding to media inquiries and to determine whether new policies and procedures are needed. In planning for the next five years, Hawaii has begun collaborating with the Data Analyst on its Continuous Quality Improvement (CQI) Project to improve its data collection by using the VANTAGE database to track all child deaths reported. This database will be able to create reports based on different queries including manner/cause of death, age of child, island, and sex.

Internally, DHS utilizes a Multi-Disciplinary Team (MDT), which is a case conference tool, designed to provide professional consultation and team decision making to staff on serious cases of child abuse and neglect, inclusive of child death cases. The MDT assists with diagnostic services for families and children and provides consultative services for the DHS regarding medical, mental health, psychological, and legal issues relating to intervention, planning and service provisions for families. A MDT is convened for every child death or serious injury to a child on an active CWSB case. The team is comprised of a clinical psychologist, medical doctor/pediatrician, registered nurse, and clinical social worker. For child death cases, a staff member with the Program Development Office attends the MDT to determine if any rules or CWSB policies or procedures require modification as a result of the deaths.

## **2. Child Fatalities Statewide**

The Department of Health (DOH) Child Death Review compiles statewide data on child deaths obtained from the State's Vital Statistics Department, Child Death Review Teams, law enforcement, and the State's Medical Examiners' Office. 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.

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 funds for DOH to conduct child death reviews and to implement a program for maternal death reviews. In fiscal year 2017-2018 the DOH, Family Services Division, Maternal and Child Health Branch (MCHB) received funding from the legislature for a permanent position to oversee the mortality reviews. The position is being established pending approval of a revised organizational plan for MCHB. During the interim period, DOH contracted a registered nurse to facilitate the Child Death Review team meetings and abstract cases. This has helped to maintain child death reviews on all islands. Due to limited staffing, Maui has not had a review since 2017. In recognition of the critical role these review

teams play in keeping children safe and healthy and preventing child deaths, DOH is planning to send staff to Maui to assist them in conducting reviews until Maui based staff can be secured.

On a quarterly basis, recommendations from the Child Death Reviews are presented to the Child Death Review Council, which is a multiagency group comprised of local government and private organizations, to identify system problems, and make recommendations necessary for policy, procedural, and legislative changes that will result in the prevention of future child deaths.

CWSB recognizes that follow up on recommendations is crucial to ensuring preventable deaths from occurring. Over the next five years, Hawaii plans to work on ensuring that the recommendations for system improvements made at the reviews are shared with leadership so that improvements can be made to our practice, as well as policies and procedures. The existing Management Leadership Training (MLT) meetings, which are held on a quarterly basis, is one venue where administration meets and CDR recommendations will be added to the agenda so that the information can be shared. CWSB also will begin inviting staff to child death reviews so that they can provide additional pertinent case information and offer their own recommendations on how to reduce preventable child deaths.

### **3. CAPTA Fatality and Near Fatality Disclosure Policy**

Currently, when CWSB receives a request for public release of information about a child fatality or near fatality, and CWSB has confirmed that the harm was due to abuse or neglect, Hawaii at a minimum will disclose:

- 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 are 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 its workforce, CWSB conducted a survey of all its staff members in April and May 2019. This section presents the results of this survey, along with caseload data pulled from CPSS. The CWSB workforce data tables and charts can be found in the Data Booklet, Figures 62 – 69.

### **2. Staff**

As of May 2019, CWSB had 394 funded positions, 328 employees, and 66 vacant positions. Based on these figures, CWSB is currently functioning with only 83% of the authorized staff. Refer to the Data Booklet, Figure 62: CWSB Staff Positions and Vacancies – 2013-2019, for point-in-time details on data for the past seven years.

### **3. Caseload**

Based on the May 2019 active case assignments in CPSS, the average caseload per assessment worker is approximately 44 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 21 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 63: Hawaii CWSB Average Caseload for details and a comparison of May 2012 through May 2019.

### **4. Positions**

The breakdown of staff positions for May 2019 is provided in the Data Booklet, Figure 59: Hawaii CWSB Staff Breakdown – May 2018; Figure 60: Percentage Breakdown of Current Staff Positions – May 2018; Figure 64: Statewide Distribution of CWSB staff – May 2019.

### **5. 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. The May 2019 CWSB-internal survey showed that CWSB employees were 80% female, 18% male, and 2% declining to state gender. The 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 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.

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.

## **6. Age**

Please refer to the Data Booklet, Figure 66: Age Distribution of CWSB Staff - May 2019, 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 2019, CWSB had no employees under age 20. The largest percentage of CWSB staff (31%) fell into the 50-59 age range, followed by the 40-49 age range (25%).

In looking at Figure 66: Age Distribution of CWSB Staff - May 2019, approximately 45% 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 2018.

## **7. 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 Bachelors 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 Masters 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 67: CWSB Staff Highest Level of Education - May 2019, for details on the highest levels of education of CWSB staff in May 2019.

## **8. Ethnicity**

Refer to the Data Booklet, Figure 68: CWSB Staff Ethnicities - Self-Reported, May 2019, 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 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 proportion of 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.

## **9. Length of Employment with CWSB**

Refer to the Data Booklet, Figure 69: Length of Employment with CWS, Self-Reported – May 2018, for a snapshot of the current staff longevity with CWSB. Although staff retention is a perpetual focus of CWSB, the Branch also celebrates that over half of the employees have been remained a part of the team for over five years, and a third of the staff have been working here for 16 years or more.

## **E. JUVENILE JUSTICE TRANSFERS**

Hawaii CWSB continues its collaboration with Office of Youth Services (OYS) and other community partners to ensure the well-being of youth in foster care who transferred into the juvenile justice system, and youth who are exiting facility placement. The discussions include better tracking of entrance and exit dates, comprehensive planning, coordination of services, and pooled funding of contracts. As Hawaii is ending its WRAP IV-E Waiver services in

September 2019, discussions have begun regarding the possibility of CWSB joining OYS with its WRAP services for youths in juvenile facility or at risk of being placed in juvenile facility.

In SFY 2018, six youth transferred from foster care placement to juvenile facility compared to SFY 2017 with 8 youth. Please see the Data Booklet, Figure 70: Foster Youth in Detention Centers SFYs 2014-2018, which shows relatively stable numbers of youth transferred to juvenile facility. Number of youth that were held at detention home for short periods had increased in SFY 2018, however, the number youth transferred to juvenile facility continued to be stable.

The decrease in number of cross-over youth is believed to be a direct result of better collaboration and services among CWSB, OYS and DOH CAMHD. Both OYS and DOH CAMHD had implemented their own Wrap programs to target youth at risk of facility placement and preparation for youth exiting the facility. CWSB, OYS, and CAMHD continue to 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.

#### CFSP 5 year plan

Looking forward for the next 5 years, Hawaii plans to further strengthen its collaboration with OYS, DOH CAMHD, and include DOE, Family Court and other community partners. Discussion will focus on increasing prevention services to prevent entry to juvenile facility, enhancing data collection, agreement on electronically exchange data, pooling of funding for contracted services, and the identification and development of community, and faith-based and cultural-based resources to support at risk youth in their own communities.

## **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. Domestic Violence Shelter and Support**

The DV Shelter and Support contracts provide 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 teens, 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**

Legal and advocacy services are 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 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. Domestic Violence Services for Families**

Services for families include 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 and 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.

Expected results of the DV programs are that survivors and their children will have safe shelter and supports to safely transition from the shelter back to their community. They will also have increased knowledge of community resources and ways to plan for their safety. Teens will learn about domestic violence, alternatives, and resources to address domestic violence relationships and ways to plan for their safety.

## **5. Collaboration**

CWSB continues to collaborate with multiple DV service providers, DV advocates, and DV organizations to identify DV service needs, community resources, and barriers, particularly for underserved communities. These organizations hold ongoing meetings

to improve communication, enhance service delivery, and inform future service procurements.

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. Staff also participated in ongoing DV trainings provided by other agencies for continuing training/education requirements throughout the year. CWSB worked in collaboration with DOH, Family Court, and the Attorney General's office to provide statewide DV training. The last statewide training was completed in June 2017 and the neighbor islands on March, April, and May 2018. The group is currently in its next series of DV training statewide for FY 2019.

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. Maui CQI conducted onsite reviews of all the shelter programs statewide in 2018. This resulted in discussions and feedback given at each shelter site during the review regarding the scope of services and improving practice.

CWSB also continues to work in collaboration with the Hawaii State Coalition Against Domestic Violence (HSCDV) on a continuing project to implement a needs assessment and facilitate statewide shelter committee meetings. The Coalition conducted and implemented a Needs Assessment in 2017. The Needs Assessment includes focus on the areas of training and technical assistance, service gaps and engagement of

underserved populations, multidisciplinary collaborations, funding and trauma-informed care policies and practices. The Coalition worked with the DV shelters to address the areas needing improvement based on the Needs Assessment in FY 2018. The Coalition is currently proposing another statewide Needs Assessment in 2019. They have begun distributing surveys and conducting focus groups with the different counties in the State.

In 2018, CWSB was again awarded the Family Violence Prevention and Services Act (FVPSA) Grant and continues to be the administrator of federal FVPSA funds which are used to serve DV victims and their families statewide. The HSCADV and HCWCQI continue to assist CWSB provide supportive DV services and monitor DV service providers.

## **6. Trends**

- a. Lack of support system for victims (family, church, neighbors, co-workers)
- b. Limited resources due to limited providers on the different counties
- c. System response: accountability/consequences (low bail, no TRO service, police investigation, incarceration, TRO violations, follow through on accountability)
- d. Minimized seriousness of the violence/potential for violence
- e. Over-reliance on batterers intervention
- f. Expectations of victims for stopping abuse, leaving, changing the situation to end the abuse
- g. Lack of transitional or regular housing for families exiting the shelters
- h. Families entering the shelter tend to have younger children.
- i. DV shelters provision of services vary by shelter/location

## **7. Five Year Plan**

The DHS will continue its ongoing efforts to combat domestic violence among our families. The DHS will continue its collaboration with the Hawaii State Coalition Against Domestic Violence on the ongoing needs assessments for the FVPSA-funded domestic violence shelter programs statewide. The needs assessment includes a focus on the areas of training and technical assistance, service gaps and engagement of underserved populations, multidisciplinary collaborations, funding and trauma-informed care policies and practices.

## **G. SUBSTANCE EXPOSED INFANTS AND CHILDREN**

CWSB continues to provide a plan of care for substance-exposed infants and children in foster care. There have been no changes to the plans of safe care and CWSB continues to employ assessment tools for the case planning and monitoring of these children while they are in foster care. There is concern that the actual number of children with FASD is underreported, due to lack of under diagnosis of FASD by the medical community.

Currently, in CPSS children who may have substance exposed can only be identified if a precipitating factor of drug abuse or alcohol abuse by parents is tagged when an intake report is entered into CPSS. In SFY2018, of the 1202 children confirmed as victims of harm, for 116 (9.7%) the precipitating factor was alcohol abuse by their parents, while a precipitating factor of drug abuse for SFY2018 was indicated for 564 (46.9%). The CPSS system is limited in its ability to track those children who may be substance-exposed, but it is planned that the new IT system of CCWIS will have enhanced ability to assist with identification and tracking to obtain data to help ensure the provision of appropriate services for substance-exposed children and the FASD population of children.

A voluntary community group called the Hawaii Fetal Alcohol Spectrum Disorders (FASD) Action Group (HIFASDAG) was formed in 2016 by a group of volunteer educators, clinicians, researchers, and FASD family members to address the need for FASD-informed services and interventions for individuals with FASD in Hawaii. HIFASDAG seeks to create a more stable and sustainable infrastructure. A steering committee comprised of members of HIFASDAG provides guidance and the nonprofit agency, FASD Communities, is the fiscal agent for HIFASDAG.

With the belief that every individual deserves a full and productive life, the goals of the Hawaii FASD Action Group include: serving as a catalyst to generate community awareness, educate the public, and mobilize community members and institutions to commit to addressing FASD; and training families, mental health and substance abuse providers, medical personnel, law enforcement officers, judiciary personnel, educators, and others to recognize, assess and effectively intervene with FASD-informed strategies.

HIFASDAG is currently the only organization that provides advocacy for FASD-informed services and education and training on FASD in Hawaii. They have partnered with the Coalition for a Drug-Free Hawaii and Department of Health to sponsor meetings and training and received support from Liliuokalani Trust to lend expertise in developing a survey on FASD awareness. They are actively bringing awareness and rallying support from the legislature and work with other groups such as the Keiki Caucus and Hawaii Children's Advocacy Network.

HIFASDAG is advocating for such services as developing screening programs at treatment centers for high-risk individuals with FASD and train on FASD-informed treatment approaches for individuals with an FASD. They also offer a monthly parent support group.

#### Next 5 years

CWSB will continue to train staff on topics related to substance-exposed infants, and work with community partners and stakeholders, including medical provides, to help ensure children accurate diagnose and appropriate treatment. DOH is currently providing support to Hawaii Fetal Alcohol Spectrum Disorders Action Group, and CWSB will work with the DOH to provide services to FASD children, through this group. CWSB will support efforts to revive DOH's previous plan of adding FASD to the curriculum for several sessions at the John A. Burns School of Medicine, to provide information and training opportunities that increase awareness of the

behaviors of FASD, and support accurate identification of FASD from other closely related behaviors such as autism.

## **H. 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.

CWSB identified the community need, reached out to the community to offer support and education, and remains engaged in many Human Trafficking efforts with the community. CWSB staff is working with our community partners in the medical field, and local hospitals to enhance awareness of signs of human trafficking, how to report, and available community resources.

Please see figures 73 through 77 for some details of the human trafficking reports and victims for the period June 2017 to February 17, 2019.

### **1. CWSB Human Trafficking Workgroup**

In May 2014, CWSB convened a work group of CWSB staff, service providers, and other government agencies to develop a protocol for CWSB and its community partners, to ensure that trafficked children were accurately identified and provided with appropriate services and protections. The goals of the workgroup were to:

- a. Provide CWSB staff and providers with training to understand human trafficking and its indicators, legal issues/implications, and appropriate responses;
- b. Develop a screening tool to help staff and providers identify children who are being trafficked;
- c. Develop policy and procedures to guide staff and providers in providing appropriate responses, services, and protections for trafficked children and youth;
- d. Identify and develop community resources for services and supports to address the needs of the children and youth; and
- e. Implement a tracking system to better assess service needs and outcomes.

In efforts to address the HT issues in the State, the HT workgroup continues to meet monthly, and the Hawaii Coalition Against Human Trafficking has reconvened quarterly meetings.

## **2. CWSB Human Trafficking Protocol and Procedures**

- a. Effective September 29, 2015, CWSB implemented procedures, as required in the Public Law 113-183, the Preventing Sex trafficking and Strengthening Families Act to:
  - i. Locate children missing from foster care;
  - ii. Determine factors that lead to the child's being absent from foster care and, to the extent possible, address those factors in subsequent placements;
  - iii. Determine the child's experiences while absent from care, including whether the child is a sex trafficking victim; and
  - iv. Report related information as required.
- b. The CWSB Human Trafficking Protocol was implemented by CWSB Band Voluntary Case management (VCM) staff. 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 use the protocol as a guideline and contact CWSB if assistance is needed in identifying or determining appropriate responses for children.
- c. CWSB staff shall, on a quarterly basis, reevaluate children six (6) years of age and older in foster care for human trafficking indicators, if the child was not previously identified as a victim of human trafficking.
- d. Specific CWSB staff have been designated by their Sections for unblocked access to internet sites and shall assist their section to locate and/or identify children suspected of involvement in human trafficking. In their absence, assistance may be requested from other sections.
- e. CWSB works with a designated statewide human trafficking service provider to provide 24/7 crisis intervention and consultation services, face to face human trafficking assessment, safety planning, general support and advocacy and service coordination.
- f. Screening: if human trafficking is reported or suspected, staff will complete the Rapid Screening Tool for Child Trafficking (RST) based on available information. If adequate information is not available, staff may also ask the child/youth to complete the CSEC Identification Survey.
- g. Response: If human trafficking is indicated, staff will:
  - i. Make a police report within 24 hours;
  - ii. Make a crisis referral call to the designated provider for consultation and service coordination;



- iii. Review the Hawaii Coalition Against Human Trafficking (HCAHT) Consent to Share Information form with the parents/legal guardian, and request signed consent, unless CWSB has permanent custody ; and
  - iv. Send a copy of the RST and signed HCAHT Consent to CWSB PD for tracking
- h. Tracking: CWSB PD will submit the HCAHT Suspected Victim Data Report for with coded identifier information to HCAHT, if appropriate. CWSB PD will maintain an internal log for CWSB tracking purposes until the data system has the capacity to track the cases.

### **3. CWSB Staff Human Trafficking Training**

Training on Human Trafficking is ongoing. In September 2015, CWSB staff statewide was trained on human trafficking of minors and CWSB' HT protocol. Training for the CWSB staff included the use of the HT Rapid Screening Tool, and the Commercial Sexual Exploitation of Children (CSEC) identification survey to use when a minor is identified or suspected of being a victim of human trafficking.

The current contracted service provider for HT offers trainings for resource caregivers at the quarterly and annual resource caregiver training, and for the community in various venues. CWSB staff also participated in ongoing HT trainings provided by other agencies throughout the year.

CWSB continues to provide trainings on HT for mandated reporters, statewide, on reporting, the HT hotline and HT checklist. The HT guide and checklist are available on the DHS website.

### **4. Collaboration**

HCAHT, Family Court of the First Circuit and other State agencies' ongoing efforts provide CWSB with opportunities to collaborate with many agencies to ensure that the CWSB protocol fits within the overall framework. A Memorandum of Agreement, with the Family Court of the First Circuit, is in effect to ensure that the protocol is implemented as designed. The DHS is working in collaboration with the other counties to assist in a collaborative response and providing services for these HT victims.

CWSB continues to collaborate with our community partners to review, evaluate, and modify the protocol, as needed. CWSB and community partners are in the process of planning statewide training on human trafficking and CWSB Human Trafficking and Missing Children Protocols.

CWSB continues to collaborate with the National Center for Missing and Exploited Children (NCMEC), the Department of the Attorney General's (DAG) Missing Child Center of Hawaii, and the Juvenile Justice Information System (JJIS) on establishing an

electronic feed of data from the state's JJIS database to NCMEC. A Memorandum of Understanding was signed between NCMEC, DAG's JJIS, and CWSB. The CWSB is also collaborating with the county police departments throughout the state to ensure that needed data are being properly reported and tracked electronically. This will also ensure that information on CWSB missing children is reported to NCMEC as required by Public Law 113-183.

## **5. Current Actions**

In response to the requirements of Public Law 114-22, the Justice for Victims of Trafficking Act of 2015, CWSB has:

- a. Successfully proposed amendments to Hawaii Revised Statutes (HRS) Chapter 587A to consider any child a victim of "child abuse and neglect" and "sexual abuse" who is identified as a victim of sex trafficking or severe forms of trafficking (as defined in sections 103(9)(A) and (10) of the TVPA). CWSB is currently working on amending its policy and procedures to implement these changes.
- b. Amended 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. Reports to CWSB will be assessed for appropriateness of services, either through a diversion program or with CWSB and sent to the HT service provider for assessment and services.

The Hawaii Coalition against Human Trafficking (HCAHT) and the Family Court of the First Circuit continue efforts to collaborate with various agencies to address human trafficking. 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 provide CWSB additional opportunities to collaborate with other agencies to ensure that CWSB protocol fits within the overall framework.

## **6. 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).**

DHS recognizes the need to closely track foster youth who enter and exit the juvenile justice system to make these transitions as non-traumatizing as possible. CWSB is currently collaborating with the Family Court, Prosecutors Office, Attorney General's Office, HPD, FBI, Home Land Security staff to plan, coordinate, and communicate effectively and regularly for the benefit of youth. The DHS is also working with the VERA group to help with the different state organizations regarding youth who enter and exit the juvenile justice system.

To comply with the 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) CWSB amended and implemented its policy and procedures to identify, assess and provide services for victims of sex trafficking. Calls being reported to the CWSB will be assessed for appropriateness of services, either through a diversion program or with CWSB and sent to the HT provider for assessment and services.

To comply with the provisions and procedures for training CWSB 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):

- a. The CWSB is integrating HT services into case practice, prudent parenting and normalcy policies and procedures. The Maui CQI team is currently conducting a monitoring review to ensure that the provider services are in line with the CWSB contract and to identify areas for improvement.
- b. CWSB continues to provide trainings to the community regarding HT mandated Reporter training, which includes how to utilize the HT Mandated reported checklist and to provide a written report format to support mandated reporting under Section 350-1.1, Hawaii Revised Statutes, which requires an oral report followed as soon as possible by a report in writing. The guide and forms are available on the DHS website.

Please refer to the Data Booklet, Figures 70 – 77, for details on the CWSB data on Human Trafficking reports for the period 06/09/17 TO 02/17/19.

## **7. Trends**

- a. Increase in traffickers using drugs to control and manipulate the youths.
- b. Rise in female traffickers (not just recruiters) but actual traffickers.

## **8. Five Year Plan**

DHS will continue to develop new and enhance existing partnerships and collaborations with international, federal, state, and local counterparts, the private sector, and nongovernmental organizations and advocates to increase our efforts to combat human trafficking.

DHS will continue to:

- work with its current task force to align efforts among all agencies involved to promote a coordinated response;
- develop and enhance culturally appropriate and trauma-informed services for victims of human trafficking;
- provide and promote outreach, training, and technical assistance on identifying and reporting minor victims of human trafficking;
- Enhance and expand the availability of services; and
- Focus on recruiting and developing appropriate homes for minor victims of human trafficking.

## **I. CONTINUOUS GROWTH**

### **1. AFCARS Improvement Plan (AIP)**

Hawaii continues to address data elements through its AFCARS improvement plan with modifications to its current legacy system known as child protective services system (CPSS). In July 2014, Hawaii opted to extend foster care to age 21 and developed an AFCARS Work plan for the 18+ former youth who was in foster care. CPSS modifications included program logic to include Extended Foster Care to age 21 population which allowed Hawaii to claim IV-E funds for services.

Hawaii has two main items to be completed in its AIP:

- a. Data Element #43 – Case Goal. In 2015 Hawaii did not include APPLA (Another permanent plan living arrangement) as one of its case goal. Statewide training was completed in January 2019. In April 2019, CPSS coding was modified with new codes identifying APPLA with relatives and APPLA with non-relatives.
- b. Data Quality - means the timeliness, accuracy and consistency of information entered in the system. Hawaii's comprehensive data quality plan includes plans to track and monitor AFCARS data, and more importantly for management and staff to use the AFCARS data to make decisions of on case directions, staffing, workload management and resource distribution. Currently, Hawaii has implemented a bi-monthly extraction of AFCARS data for data quality review and corrections. Units with seasoned social workers and support staff have almost perfect no error AFCARS errors, while new staff in some areas continue to struggle with timeliness of entering data, as well as accuracy of data. Support group meetings have occurred during the past year with support staff, both seasoned and new, meeting to further discuss AFCARS errors and how to correct data in system. As staff receives and embraces the use of data in their work, the interest in data seems to have increased as staff understands its relevancy to their work.

### **Next 5 years**

Hawaii will or should be able to have a new system (CCWIS) fully implemented, which will support AFCARS and other required reports. CCWIS with its business intelligence functions will support staff with immediate triggers and alerts when an AFCARS piece of data is skipped or incomplete. By the middle of SFY 2020, Hawaii should be able to complete and close its AIP.

## **2. Program Improvement Plan (PIP)**

- a. In February 2017, CWSB submitted its statewide assessment for round 3 of the CFSR, which included an analysis of information from staff and stakeholders and data from various sources.
- b. From the end of May to the beginning of June 2017, ACF representatives conducted on-site stakeholder interviews regarding CFSR systemic factors.
- c. From April to September 2017, CWSB participated in the case review portion of the CFSR.
- d. In December 2017 and January 2018, soon after the last CFSR case review, Hawaii conducted “talk story” sessions (like focus groups) with staff in each of its eight CWSB Sections, as well as with CWSB Program Development staff, Staff Development staff, and its CQI Council that is composed of various stakeholders across the State. The purpose of these sessions was to identify challenges and root causes of issues identified in the CFSR and to brainstorm ways to improve the system. Section-specific and Hawaii-wide data from the CFSR was shared at each session. Additionally, staff feedback was gathered from CQI case review results conferences and other key meetings that occurred around the same period. Information from these various meetings helped Hawaii to develop the goals, strategies, and activities in this PIP.
- e. In January 2018, in collaboration with ACF, CWSB held a CFSR results conference and statewide CFSR meeting to share results of the CFSR and to discuss and explore root causes and strategies for program improvement. The conference was attended by over 100 individuals from across Hawaii, including representatives from CWSB staff, other State agencies, the court, community partners, former foster youth, birth parents, resource caregivers, and service providers. In addition to staff and stakeholder input, CFSR data, national trends, Hawaii aggregate data from its CWSB database, Hawaii’s case review, and targeted QA review data guided development of this plan. Hawaii has also benefiting from collaboration with the Capacity Building Center for States and ACF partners in creating its new PIP3.
- f. In April 2019, Hawaii’s PIP3 was approved by ACF.
- g. Hawaii’s new PIP3 began on May 1, 2019, and will end on April 30, 2021.

h. Hawaii's PIP3 addresses four primary areas that were identified in the 2017 CFSR. These are:

- i. Strengthening Supervision and Workforce
- ii. Improving the Quality and Frequency of Safety and Risk Assessments
- iii. Achieving Timely Permanency
- iv. Engaging Parents and Youth in Case Planning

### **3. CAPTA PIP**

CAPTA Section 106(b)(2)(B)(xii) requires states to have provisions and procedures in place that facilitate the prompt expungement of any records that are accessible to the general public or are used for purposes of employment or other background checks in cases determined to be unsubstantiated (not confirmed) or false, except that nothing shall prevent State child protective services agencies from keeping information on unsubstantiated (not confirmed) reports in their casework files to assist in future risk and safety assessment.

In late 2018, Hawaii was found to be out of compliance with CAPTA Section 106(b)(2)(B)(xii) and was required to submit a program improvement plan aimed at bringing the State into compliance with the requirement. The program improvement plan addresses the following 2 issues:

1. Hawaii is out of compliance with Section 106(b)(2)(B)(xii), which requires the state to promptly expunge records that are used for purposes of employment or other background checks in cases determined to be unsubstantiated (not confirmed).
2. The "Notice of Disposition" letter that is provided to persons who are the subject of a child abuse/neglect allegation states that the person's not confirmed (unsubstantiated) case information is maintained in the Hawaii's central registry. This process has been identified as inconsistent with section 106(b)(2)(B)(xii) of CAPTA as the central registry shall only contain reports of confirmed child abuse/neglect to use for employment or other background checks.

Hawaii's PIP was approved by ACF on March 1, 2019. Since then Hawaii has been working on all relevant activities to come into compliance.

As Hawaii's CPSS Database contains both confirmed and not confirmed reports, access has been limited to only three (3) identified staff within CWSB who now have the responsibility have been to complete CA/N clearances for the state. Access has been removed all other entities. The ability to access information for background checks for employment or other purposes is limited to the identified CWSB staff.

CWSB has been collaborating with the DHS Office of Information Technology and Systems Operations Unit to develop a separate Central Registry that will only contain confirmed reports of child abuse/neglect. This separate registry will allow authorized entities access to records related to confirmed cases of child abuse/neglect when conducting authorized background checks for employment or other purposes with the consent of the subject individual(s). Prior to its roll out, two (2) different system database tests were conducted to ensure the accuracy of the data within the Central Registry. The results of these tests indicated that CWSB needs to conduct a data cleanse before access to the Central Registry can be granted to authorized entities. At this time, clearance requests continue to be completed by the CWSB team.

As part of the data cleanse, modifications have been made to the database to include perpetrator fields. The addition of these fields will assist staff in accurately and clearly recording for each report: the alleged type of harm and if it is confirmed or unconfirmed; and for each type of harm, the alleged perpetrator(s) and if the perpetrator(s) is confirmed or unconfirmed. Experienced staff have been identified to test these modifications to ensure that the modifications function as planned and generate the desired information, and to identify any need for additional modifications or enhancements. The projected date of completion is June 2019. Once the modifications have been finalized, an ICF will be distributed to staff followed by statewide training on the use of the new fields.

The Notice of CWSB Disposition Form has been revised. Hawaii mails this Notice to alleged perpetrators/parents to officially inform them whether they have been confirmed for the child abuse and/or neglect allegations against them. Two primary revisions to the Notice were made: 1) The distinction between Hawaii's Child Protective Services System (CPSS) Central Registry and the DHS CWSB Database has been made clearer; and 2) The requests for Administrative Hearings and Informal Meetings with DHS CWSB representatives have been restricted to only cases where allegations were confirmed.

Part IV – Licensing, Section 1 Licensing of Resource Family Homes for Children; Section 2 Licensing of Child Placing Organizations, and Section 3 Licensing of Child Caring Institutions of the Child Welfare Procedures Manual, has been updated to provide needed clarification.

A variety of mechanisms are being utilized to inform staff of the changes to practice. Separate ICFs have been issued on CAPTA requirements and the New Disposition Notice. An ICF on CAPTA has been drafted and is currently pending approval by CWSBA for distribution. An ICF on the New Disposition Notice was distributed to staff on March 6, 2019.03/06/19. In addition to communicating with staff through ICFs, CWSBA provided

training to its leadership team at the March 12, 2019 MLT and updated Section Administrators and Supervisors on the distinction between the Central Registry and CPSS database, and the revisions to the Notice of Disposition. Supervisors have utilized morning briefings to provide training to their staff, inclusive of social workers and assistants. SDO is providing training for new hires and incorporating the topic areas into the New Hire training curriculum. A recent group of new hires received training on April 5, 2019. SDO is also in the process of developing a computer-based refresher training module that will allow staff, who might have missed the initial training or need an update, to easily access the information at any time from their computer.



## **SECTION IX. YOUNG ADULTS AND CHAFEE**

The State of Hawaii exhausts Chafee funding for services to current and former foster youth under the age of 21, and the State finances services to eligible former foster youth through age 26. Thus, Hawaii will opt out of the expansion option to extend Chafee services to age 23.

### **A. INDEPENDENT LIVING COLLABORATION CONTRACTS**

Independent/Interdependent Living Services, Higher Education/Education and Training Vouchers, Extended Foster Care (Imua Kakou), and Extended Assistance

In an effort to provide a continuous and more comprehensive system of care for current and former youth, CWSB awarded integrated contracts to local providers on January 1, 2017, to combine the “IHI” programs, i.e. the Independent/Interdependent Living Services Programs, Higher Education Program and Education and Training Vouchers (ETV), and Imua Kakou and Extended Assistance Programs. The collaboration will help to ensure that young adults develop long-term connections to community and cultural supports and receive education on local resources.

The IL collaboration addresses CFSP goals in the areas of Collaboration, Workforce, Prevention, and CQI. The IL collaboration will continue to improve the services and outcomes of young people with the support the Independent Living Collaborator and ongoing CQI efforts.

CWSB contracts for the following Independent Living Services:

#### **1. Youth in Foster Care (ages 12-15)**

Current foster youth in this category receive services to support healthy development and to improve self-awareness and self-esteem, including making good decisions, coping with peer pressure, and engaging in case planning. Resource caregivers for this age group receive education to support foster youth in these areas. Services for this age group focus self-identity; emotional, psychological, and spiritual wellbeing; cultural identity and diversity issues; communication; relationships, social capital, and connections; setting goals; problem solving and decision making; self-advocacy; resources; and understanding CWSB and Family Court.

#### **2. Youth in Foster Care (ages 16 and older)**

Services for current foster youth in this category include the topics listed for younger youth and also address safety, permanency, and wellbeing. Youth in this age group receive services to encourage their engagement in developing a case plan, i.e. Youth Circles and Independent Living Services, which helps youth set goals for permanency, housing, education, employment, independence/independent living, social/cultural connections, health, and engagement. The case plan is also meant to serve as the 90-

day transition plan for youth who are likely to emancipate from foster care at 18 years old or older.

See the Data Booklet, Figure 78: IL Statewide Services Provided NYTD 2017B, for a recap of information reported to NYTD.

### **3. Former foster youth (age 18 up to age 27) who age out of foster care in Hawaii**

Former foster youth who emancipated from foster care at age 18 or older may receive services up to age 27 years. Priority is given to former youth in this category who are not currently receiving Imua Kakou or Higher Education Program services. Service providers support former youth by providing information and referrals; education; and outreach, including crisis intervention and independent living case management similar to, but not as comprehensive as, that provided for Imua Kakou participants. Service providers also plan group activities for former foster youth in this category, which may include Imua Kakou and Higher Education participants.

Support for Hawaii's former foster youth living outside of the State of Hawaii, or who were adopted or placed in legal guardianship by the DHS, may only receive information and referral services from Independent Living Services providers.

### **4. Imua Kakou (extended foster care) for young adults (ages 18 up to age 21)**

Young adults in Imua Kakou may receive services until their 21<sup>st</sup> birthday. Imua Kakou services include monthly financial support for themselves, and any of their children living in their care, at the current foster board rate; ongoing case planning and management to reach case plan goals and objectives; and transition planning. Imua Kakou provides greater access to housing, education, and health care services, employment and independent living skills training, including sexual health, parenting, and financial education; and connections with family and the community. Imua Kakou case plans address social capital, including family/life-long adult and cultural connections; health, including medical, dental, and mental health and any young adult's child's overall well-being; independent living skills; housing; education; employment; permanency goals; and youth engagement.

### **5. State-funded Higher Education Program for former foster youth (ages 18-26)**

The Higher Education Program is available to former foster youth who emancipated from foster care at age 18 or older and who were adopted or placed in legal guardianship at age 16 or older through the DHS. Higher Education services are provided to eligible former foster youth for a maximum of 60 months, up until their 27<sup>th</sup> birthday. Higher Education services include a higher education stipend and support services, including monthly case monitoring. To become eligible for Higher Education services, former foster youth must enroll in an accredited academic or vocational

institution of higher education. Former foster youth may not concurrently participate in the Higher Education, Imua Kakou, and Extended Permanency/Adoption Assistance Programs.

## **B. INDEPENDENT LIVING COLLABORATOR**

Since October 2015, the Independent Living Collaborator (ILC) has worked with CWSB, service providers, young people, community stakeholders, and other partners to provide an enhanced and seamless system of care.

CWSB continues to contract with the Independent Living Collaborator (ILC), who helps CWSB manage the Independent Living Collaboration contracts. The ILC assists IHI providers with improving case transitions and referrals, services and service delivery, data collection and tracking, and interagency collaboration. The Independent Living Collaborator (ILC) also encourages greater collaboration within provider agencies and with community organizations. The ILC facilitates information sharing between and also shares information with providers during trainings and meetings. Trainings and meetings facilitated by the ILC generally include CWSB program development administration and/or staff; CWSB social workers, assistants, and/or supervisors; DHS Federal Payment Programs Eligibility Unit staff; University of Hawaii (UH) at Maui College, Shaka support team; University of Hawaii (UH) School of Law research staff; and contracted service providers. The ILC is also a member of several event planning committees, such as for the Oahu Teen Days, Senior Graduation Celebration, and the Ohana is Forever Conference.

Since the start of the ILC contract, collaboration has improved between IHI providers and CWSB, and services are provided more consistently across the state. Recently, the ILC, Shaka support team, UH Law staff, and the ICPC contracted provider developed a tracking tool for Imua Kakou participants living outside Hawaii and extended foster care ICPC requests for courtesy supervision. The ILC, CWSB staff, Shaka support team, and UH Law staff often collaborate on similar tasks to improve services for current and former foster youth.

In SFY 2019, the ILC assisted with the CQI contract reviews of IHI contracts, convened Imua Kakou IHI contract teaming to explore RBA data, and helped DHS and UH Maui CQI develop action plans for each CWSB section. The ILC then hosted trauma-informed care trainings and follow-up coaching for IHI providers and CWSB, spanning at least a six-month period. The ILC will help to review coaching initiatives as well. IHI providers shared that they enjoyed the Imua Kakou convenings, especially the RBA Data Walk activity. Results from the SFY 2019 CQI Independent Living Collaboration Contract Reviews, completed by UH Maui College CQI, are forthcoming.

The ILC assists CWSB with collaboration; enhancing communications; workgroup development and facilitation; development of guidelines with best practice standards; providing and/or

collaborating on trainings and conferences; evaluation and monitoring; and youth/young adult engagement.

The ILC works closely with the HI H.O.P.E.S. Initiative to encourage youth/young adult involvement. The ILC strives to build strong relationships with other youth-focused entities. For example, the ILC assists CWSB, UH Law School, SHAKA, and HI H.O.P.E.S. Initiative in many areas, including:

1. case conferences;
2. collaborating with Jim Casey and Annie E. Casey to facilitate the Results Based Accountability project;
3. connecting young people, and individuals supporting the young people, with needed resources;
4. convenings and trainings for IHI contractors and CWSB;
5. developing practice and policy;
6. helping contracted providers to achieve more consistent and favorable data outcomes for Quarterly Activity Reports;
7. Imua Kakou applications and services reviews;
8. NYTD data collection; and
9. teaming with agencies and providers to plan events for current and former youth.

The ILC maintains a user-friendly smartphone app, called Foster Hope Hawaii, which list and organizes statewide IL resources. Additionally, the ILC assisted with revising the IL section of the DHS website to make it more accessible for foster youth and helps maintain the website page.

The ILC will address CFSP goals for Collaboration, Workforce, Prevention, and CQI. The ILC will continue to assist DHS to strengthen communication and support, clarification with IHI Providers and enhance the services and outcomes for the young people. The ILC will monitor case management effectiveness by following up on CQI contract reviews and action plans and continuing the RBA work with Imua Kakou teams, trauma-informed care training, and ongoing case and collaboration reviews.

### **C. HIGHER EDUCATION STIPEND AND EDUCATION AND TRAINING VOUCHERS**

The state-funded Higher Education Program has been a tremendous success and benefit for youth who exit foster care at age 18 or who were adopted or placed in legal guardianship through the DHS at any age. With this additional support, many young adults have completed two-year and four-year degree programs, and a few have even obtained advanced degrees. By the end of the 2017-2018 school year, 1,925 students had participated in the program. During the years 2007 - 2013, the participants roughly averaged 40% new students and 60% returning students. Since SFY 2014, the percentage of returning students has increased and there is a corresponding decrease in the percentage of new students. SFY 2018 data confirms the trend, showing participation rates of 29% new students and 71% returning students.

This trend was anticipated and seems to indicate the successful implementation of Imua Kakou, which allows eligible youth to access Imua Kakou services and benefits while attending an institute of higher education. Youth can then transition to the Hawaii Higher Education Program, after exiting Imua Kakou, to receive the higher education stipend while continuing higher education. Refer to the Data Booklet, Figure 81: Higher Education Stipends (Table) and Data Booklet, Figure 82: Higher Education Stipends (Chart), for detail and graphic representation. Hawaii is pleased to be able to support former foster youth students in achieving their educational goals. Hawaii's systems of financial assistance accommodates the fact that former foster youth often start on their higher education paths later than their peers, and they take longer to reach their goals.

The underutilization of the ETV awards in recent 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 an increase of utilization of ETV funds. Concerted efforts to increase awareness and understanding of the ETV program benefits and requirements began in 2016. CWSB and partners enhanced outreach efforts to staff, current and former youth, youth-serving organizations, and community partners to better identify and reach potential and past recipients. Adjustments were made to the CWSB database and reports, and trainings and outreach methods were expanded. The success of these efforts is demonstrated by an increase in the number of students receiving benefits from 24 in school year 2015-2016 to 36 in school year 2017-2018. There has also been a corresponding increase in the percentage of funds used, increasing from 50% of the FFY2014 ETV grant amount to 72% of the FFY 2016 grant amount and up to 100% of the FFY2017 grant amount. Refer to the Data Booklet, Figure 83: Education and Training Vouchers (Table) and Data Booklet, Figure 84: Education and Training Vouchers (Chart) for detail and graphic representation of data on the ETV program.

CWSB remains committed to increasing the utilization of ETV and higher education benefits. Beginning in Fall 2018, consistent with federal legislation, Hawaii extended ETV benefits to eligible former youth to age 26.

CFSB goals of Collaboration, Workforce, Prevention, and CQI are addressed through the efforts of CWSB staff who will continue to coordinate financial benefits and support for former foster youth and young adults in the Imua Kakou and Hawaii Higher Education Programs and for those receiving ETV.

#### **D. EXTENDED FOSTER CARE (AKA IMUA KAKOU) AND EXTENDED ASSISTANCE PROGRAMS**

The Imua Kakou and Extended Assistance Programs will complete year five on June 30, 2019. Work in this area addresses CFSP goals for Collaboration, Workforce, Prevention, and CQI. Collaborative efforts will continue with CWSB, EPIC Ohana, UH Law School, the Judiciary,

SHAKA, the Title IV-E claiming unit, IHI Providers, the youth, and others. Efforts include improving communication, program services, and service delivery, for example, ICPC services; and meeting federal, state, and CWSB requirements.

### **1. Extended Assistance Programs**

No changes were made to the Extended Assistance Programs, a “for payment only” program for former foster youth who were placed into legal guardianship or adoption, subject to an agreement between DHS and caretakers at age 16 or older. Please refer to the Data Booklet, Figure 85: Young Adults Receiving Imua Kakou or Extended Assistance, SFY 2018, and Figure 87: Percentage of Title IV-E Cases for Imua Kakou or Extended Assistance for SFY 2018.

### **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 the University of Hawaii Maui College. The basic processes remain the same with some revisions to data input, management, and reporting to allow for quicker access to data, identification of young adults potentially eligible for ETV and higher education stipend benefits, and situations in which a young adult may be having trouble in maintaining Imua Kakou eligibility. Less cases qualified for Title IV-E reimbursement in this reporting period, due largely because more young adults were gainfully employed at the time they signed the Voluntary Care Agreement.

### **3. Imua Kakou Applications**

During SFYs 2014 - 2018, SHAKA logged 746 applications in various stages of completion. Of these applications, 336 (or 45%) were determined eligible for Imua Kakou, 72 (or 10%) were determined to be ineligible, 208 (or 28%) were referred to other resources, 119 (or 16%) were new/incomplete or recently submitted and 11 were incomplete or withdrawn. Please see Figure 88: Imua Kakou Applications SFY 2015 – 2018. Applications were most often determined ineligible and referred because young adult applicants were age 21 or older at the time of application, would not receive at least one month of Imua Kakou benefits before turning age 21, or were adopted or placed under legal guardianship before age 16.

### **4. Participant Demographics and Other Tracker Data**

In February 2019, there were 189 Imua Kakou cases open in the SHAKA database. Based on the data, a ‘typical’ Imua Kakou participant is female (65%) of Hawaiian ancestry (55%) who emancipated from foster care while under CWSB placement responsibility (78%), resides with relatives (23%), maintains eligibility by participating in post-secondary or vocational education (28%), and understands and was involved in developing her case plan.

Trend information from surveys of 186 young adults exiting Imua Kakou from June 1, 2014 to June 30, 2018 indicates that the young adult is exiting at age 21 (77%), with a relationship with at least one adult that is trusting, supportive, and unconditional and who will always be there (96%), has a Social Security Card (91%), birth certificate (93%), and medical coverage (91% MedQuest, 15% other non-Medicaid coverage – with some overlapping/duplication of coverage).

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

All young adults who entered Imua Kakou with a signed Voluntary Care Agreement (VCA), participated in their initial Imua Kakou hearing, and participated in Imua Kakou for at least 60 days, participated in the development of their case plan.

Young adults often refer to the Imua Kakou case manager for help with identifying an activity in which to participate to qualify for the program and begins working on their case plan weeks before they sign the VCA. In some regions, case managers and young adults begin developing the case plan before the VCA is signed. In other areas, the case manager and young adult begin the case plan after the VCA is signed and after the court finds that extending voluntary foster care is in the young adult's best interest.

For young adults in Imua Kakou until age 21, the Imua Kakou case plans also qualify as the federally required 90-Day Transition Plans. All young adults with case plans have 90-Day Transition Plans that are updated within the 90 days before the young adult exits care. The court monitors the case planning process by requiring the submission of case plans for judicial reviews (interim/permanency hearings) and closing or termination Hearings. Monitoring of compliance with case plans and other requirements is further supported by case reviews of each CWSB section conducted by staff from the UH Law School, and quarterly teleconferences for CWSB and the statewide Imua Kakou teams.

## **E. OTHER INDEPENDENT/INTERDEPENDENT LIVING AREAS**

### **1. Chafee Funded Housing Support**

There are no changes in this area. As in prior years, IHI providers had not used Chafee funds specifically for housing support. Chafee funds are limited and are used to provide funding for IHI programs for overall IL support which includes housing support.

### **2. Coordination and Linkage with Other Federal and State Programs**

DHS participates in multiple collaborations with stakeholders, providers, and public agencies. DHS will continue to partner with and leverage the strength of the collaborations to meet the CFSP goals for Collaboration, Workforce, Prevention, and CQI.

There are no changes in this area. The Hawaii Youth Services Network (HYSN) is the local Transitional Living Program grantee. CWSB, as a member of the HYSN, receives updates and information from HYSN and provides the same to staff and other agencies. Hale Kipa, the IHI 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.

The IHI Providers, Youth Circles, HI H.O.P.E.S. Boards, and YES Hawaii partner with CWSB to work with and refer youth to community resources and public agencies (e.g., BESSD, Division of Vocational Rehabilitation, and City and County programs) regarding areas of health, education, housing, and employment.

### **3. Youth Homelessness**

One important component of IHI is its relationship with the City and County of Honolulu Public Housing Authority to make Family Unification Program vouchers available to former foster youth. In 2016, Housing and Urban Development increased the benefit period from 18 months to three years, which increased former foster youth interest in obtaining vouchers. There continues to be challenges to voucher utilization due to the short window of opportunity to apply for the Section 8 list. The list may remain closed for years, or may open for a few days a few times each year, leaving youth with less opportunity to obtain and then use their vouchers. In some cases, the city took vouchers back from former foster youth. This was extremely disappointing to youth and makes it a challenge to utilize available vouchers. Hale Kipa and a CWSB representative now assists the city with improving youth access to vouchers and other resources by way of a Coordinated Entry System for Youth 18-24, which identifies homeless youth, who spent time in the Child Welfare System.

CWSB supports 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. CWSB continues to assist Partners in Care, the Oahu Continuum of Care for homelessness, in a grant writing effort each year to obtain funding specifically for Oahu's homeless youth.

In October 2015, Hawaii's Governor declared a state of emergency to help free up funding in order to end homelessness. While the number of homeless has decreased statewide, in 2018, Hawaii continues to have the most homeless people per capita than any other state and many of those are the children and families who have touched the Child Welfare System. CWSB continues to provide education to the public, first responders, mandated reporters, and anyone else who asks about the differences between the issues of homelessness versus a child abuse or neglect situation and what constitutes an appropriate report to CWSB.



#### **4. Human Trafficking**

For information on human trafficking, please see *Section VIII. CAPTA, H. Human Trafficking*.

#### **5. Medical Coverage**

CWSB meets with MedQuest (MQD), EPIC Ohana, Inc., CWSB Federal Payment Programs Eligibility unit, and the online Kauhale On-Line Eligibility Assistance (KOLEA) team, as necessary, to ensure that former foster youth continue to have medical coverage after age 18 through age 26. The revision of the MQD 1106 form has been completed and was put on the online KOLEA system for access and submission to MQD. CWSB support staff were taught how to access and complete the online form for foster children's medical coverage. All parties involved have worked diligently to streamline the process and address problems that have emerged since the revision of the form. MQD is working with the federal Centers for Medicaid and other state counterparts to resolve former foster youth eligibility and maintenance of coverage issues. The group will continue to meet until issues are resolved.

#### **6. E Makua Ana (Becoming an Adult) Youth Circles**

The Youth Circle (YC) is a facilitated family group decision-making process that is available for youth 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 their supporters, which may include family, friends, community members, teachers, and service providers, who can assist the youth or young adult to develop and enact a transition plan. The circles are solution-focused and youth-driven. This service is provided by a local non-profit agency and is funded by CWSB. 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 dreams.

YCs are a major support for engaging youth in developing required case plans for youth in care aged 14 years and older. This is also the major venue for the development of the federally required 90-day transition plan for youth who are likely to exit care on or after their 18<sup>th</sup> birthday.

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 or report has been obtained, and YC facilitators will discuss the impact of an individual's credit history.

Participants in Imua Kakou receive one Imua Kakou Circle when entering the program and Youth Circles, as necessary. The purpose of the Imua Kakou Circle is to assist the young person in successfully entering Imua Kakou, understand the requirements, and develop a plan with their supporters. There were 97 Imua Kakou Circles held in SFY 2015, which was the first year they were offered. Less Imua Kakou Circles were held in following years, reflecting the higher amount of young people entering Imua Kakou at ages 18, 19, and 20, in the program's inaugural year. Refer to the Data Booklet, Figure 79: Number of Youth Participating in Youth Circles & Imua Kakou Circles SFY 2014 – SFY 2018, and Figure 80: Number of Youth Circles & Imua Kakou Circles Held SFY 2014 – SFY 2018.

Efforts in this area will address CFSP Goals for Collaboration, Workforce, Prevention, and CQI. CWSB continues to work towards improving referral and participation numbers. The youth share that Youth Circles are helpful to find their voice and direction in life.

## **7. CWSB Youth Advisory Board**

The Hawaii Helping Our People Envision Success (HI H.O.P.E.S.) board is active on Oahu, Maui, Kauai, and East and West Hawaii. HI H.O.P.E.S. represents the foster youth voice in areas of advocacy, policy, systems improvement, services, and legislative education. They are often present at annual conferences attended by CWSB, Judiciary, and other stakeholders. HI H.O.P.E.S. members help to increase public awareness about the foster youth population through its outreach to other sectors in the community, including education, employment, and housing. Under the supervision of the HI H.O.P.E.S. Initiative Statewide Coordinator, the board helped improve current and former foster youth access to health care and helped them maintain coverage through age 26 by working with MedQuest, DHS, and CWSB administration and staff to identify barriers and make improvements to the system. HI H.O.P.E.S. also advocates for youth engagement in case planning.

CWSB is committed to encouraging youth participation in the development and maintenance of CWSB services and programs for current and former foster youth. Since 2016, the HI H.O.P.E.S. board has focused on raising awareness of rights of the young people while in foster care by presenting at Teen Days, Ohana is Forever Conferences, the Annual Child Welfare Law Update, and other court and CWSB sponsored events, meetings, and trainings. In 2018, HI H.O.P.E.S. successfully advocated for the Rights of Children in Foster Care bill to be included in the Governor's 2018 legislative package. The rights were developed as a result of gathering feedback from over 100 youth and working closely with CWSB, Family Court, the Attorney General's office, UH Law School,

and other stakeholders. By the end of the 2018 legislative session, the Rights of Children in Foster Care was signed into law and amended the Guiding Principles, HRS 587A Child Protective Act.

CWSB, HI H.O.P.E.S., and community stakeholders continue to design a grievance process for youth rights. HI H.O.P.E.S. also works on board-specific efforts, such as Youth Leadership Institutes, Teen Days, and other events to encourage foster youth participation in their cases and court hearings and to develop self-advocacy skills.

Family Programs Hawaii also includes current and former foster youth in its youth outreach and support services, Youth Empowerment & Success (YES) Hawaii. YES Hawaii is a youth-driven program that works in partnership with Epic Ohana and DHS to provide peer support, outreach services, and engagement in meaningful group events and leadership activities to youth, ages 14 through age 26. YES Hawaii initiatives focus on increasing protective factors for current and former youth. YES Hawaii uses social media and conventional outreach methods to support and engage current and former foster youth.

The partnership with youth boards have been critical for hearing youth perspectives and obtaining youth input. This work will address CFSP goals for Collaboration, Workforce, Prevention, and CQI.

## **8. National Youth in Transition Database**

CWSB has been successful in improving data collection and has incorporated the NYTD survey into ShakaTown, the youth portal for SHAKA. The Independent Living Collaborator (ILC) and the Youth Circle programs continue to work with CWSB and SHAKA to locate and engage each 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, such as 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. In FFY2017, 63 of the 79 youth turning 17 years old (80%), completed surveys as part of Cohort-3. Reasons the other 16 youth (20%) did not complete the surveys include: declined to participate; on run-away status or unable to locate; and incapacitation. The youth who completed the Baseline Survey form the cohort for the Follow-Up Surveys at ages 19 which are currently in progress. In SFY2017, Independent Living Program services were provided to 977 youth. In FF2018 there were 46 youth aged 21 from Cohort-2 of which 37 completed the Follow-Up Survey. In FF2018, Independent Living Program services were provided to 982 youth.

IHI providers also partner with DHS in NYTD compliance by participating in collecting and sharing data on NYTD elements and by directly inputting data on individual services provided to the youth into SHAKA.

CWSB's partnership with the SHAKA technical and design team has been vital to CWSB's ability to comply with NYTD requirements. Information received from NYTD surveys and other related data is used to inform CWSB about foster youth and young adult circumstances in many areas, especially homelessness, parenthood and parenting, education, and ethnic disparities.

NYTD data is regularly shared and discussed in varied settings with several partners, including ILC, YC staff, HI H.O.P.E.S. board, HI H.O.P.E.S. Community Partnership Hui, YES Hawaii, IHI community providers, UH Law School, Family Court, CAMHD, CWSB staff, CWSB's Management Leadership Team (MLT), Citizen Review Panel (CRP), and CWSB Continuous Quality Improvement (CQI) Council.

Summary information is available on the SHAKA/ShakaTown websites, as well as on the DHS website.

The NYTD data is also explored and compared to data collected from other sources, such as the Jim Casey Youth Opportunities Initiative Opportunities Passport survey and Imua Kakou. This exploration is done in collaboration with the ILC provider, HI H.O.P.E.S., and UH Law School for Results Based Accountability (RBA).

NYTD data shows that approximately 24% of the young people have experienced homelessness and that 19% have fathered/mothered children spurred collaborative RBA work with community partners, Jim Casey, IHI Providers, and CWSB on participation in Imua Kakou homelessness, pregnancy prevention, and young parenting. The RBA project includes an emphasis on an increased use of data to guide the development and delivery of services from our IHI providers in the areas of seeking housing, developing supportive relationships, preventing pregnancy, and parent education.

The data has also been used by the HI H.O.P.E.S. Board and the Community Partner Hui to lead efforts on housing in the local communities. NYTD and related data also promoted statewide programs with HI Children's Trust Fund, on pregnancy prevention and young parenting.

This expansion supports CWSB's continuing efforts to increase transparency and collaboration through the sharing of information and engaging in related discussions. CWSB hopes that through this process, the programs designed to serve youth and young adults will continue to be revised and improved to support improved outcomes for Hawaii's youth and young adults.

It is CWSB's understanding that Hawaii is not scheduled for a NYTD review until SFY 2021. However, in anticipation for the NYTD review, CWSB has made its community partners and stakeholders, including HI H.O.P.E.S. board, ILC, Youth Circles, and SHAKA, aware of the upcoming NYTD review.

The work surrounding the NYTD project will address CFSP goals for Collaboration, Workforce, Prevention, and CQI. Despite the creative efforts of DHS, UH Maui, Epic Ohana- Youth Circles and HI H.O.P.E.S., the ILC, and IHI providers, it continues to be a challenge to locate and connect with our young people to participate in NYTD surveying.

## **9. Youth-In-Court Facilitation Program**

The Youth-In-Court Facilitator position is one of only two such positions in the nation. The position was created to help current and former foster youth self-advocate. The former foster youth working in this position mentors and assists current and former foster youth with navigating the Oahu Family Court process by providing court orientations, by sharing information about available resources and connecting youth to resources, when possible, and by informing current foster youth of their rights while in foster care. The Youth-In-Court Facilitator supports youth who attend Permanency Court and Imua Kakou hearings and may provide additional assistance as issues arise. During the 2018 calendar year, the facilitator met with 271 children and spoke with and provided orientations to 92 older youth about their rights while in foster care.

## **10. Planned Activities for FFY 2020**

CWSB has no plans to develop or implement new programs. CWSB will continue to build and improve in the following areas:

### **a. Youth Engagement and Empowerment**

The collaboration and partnership between CWSB staff, the HI H.O.P.E.S. Initiative, the HI H.O.P.E.S. youth board, and CWSB contracted providers allows for a powerful youth/young adult “voice” that guides policies, procedures, and program design and encourages youth/young adult leadership.

In SFY 2020, CWSB aims to see the successful implementation of initiatives to educate current foster youth about their rights while in foster care and to have current foster youth sign the Bill of Rights for Children in Foster Care form, to engage foster youth in case planning, to ensure that current and former foster youth have medical coverage until the age of 26, and to develop a Grievance/Pono Process for current foster youth.

### **b. Independent Living Collaborator Contract**

The Independent Living Collaborator (ILC) enhances collaboration, communication, connection, and coordination among CWSB, CWSB contracted providers, young people currently and formerly in foster care, resource caregivers, birth families and relatives, the judiciary, and other public and private entities and communities. During SFY 2020, the ILC contract will continue to be a key source of connecting, convening, and collaborating. Trauma-Informed Care Trainings/Coaching, RBA-Imua

Kakou Data Action Plans, and CQI IHI Contract Review Results will help CWSB improve program services for Hawaii youth and young adults, with ongoing quality assurance support from UH Law School and CWSB case workers working on Imua Kakou initiatives.

**c. Independent Living and Imua Kakou Services Combined**

The combination creates a seamless system of care and provision of services that benefits eligible young people currently and formerly in foster care. It also improves and enhances services and benefits for the Independent Living and Imua Kakou Programs. During SFY 2020, efforts will be directed at continuing to improve services, especially Independent Living Services for foster youth, data collection, collaborations within agency and with other partner agencies and community stakeholders. Results and recommendations from the CQI IHI Contract Reviews, RBA Imua Kakou Data Convenings, and Trauma-Informed Coaching is forthcoming and should provide helpful guidance.

**d. Information Technology**

CWSB will focus on strengthening the Shaka data tracking system, outcomes, and online applications. CWSB seeks to improve information sharing between CWSB, contracted providers, current and former foster youth, the ILC, and UH Law School. Currently, CWSB is exploring how to include providers into the new Hawaii information system database.

During SFY 2020, the ILC App (Foster Hope HI smartphone app) and the IL section on the DHS website will be maintained and enhanced.

**e. Collaborations & Building Ongoing Relationships**

Building relationships and improving collaboration is key to improving services and care for Hawaii's current and former foster youth, families, and the community. At the heart of those relationships are those we serve, our leadership staff and front-line workers, partners, other government agencies, and community providers. CWSB is fortunate to have national partners, such as the Annie E. Casey Foundation, Jim Casey Youth Opportunities Initiative, and Casey Family Programs to support its projects and local collaborative partners. EPIC Ohana, with the assistance of our national partners, engaged Liliuokalani Trust, Kamehameha Schools, and independent practitioners to enhance our cultural learning to better care for our young people and families. As a result of this relationship, Liliuokalani Trust was inspired to initiate other projects to care for our young people and families, such as the Liliuokalani iHuddle Conference for youth, ages 14 through 18, regardless of their foster care status.

## **SECTION X. RECENT HAWAII LEGISLATION**

CWSB related outcomes from the Hawaii's 2019 legislative session, as of June 21, 2019, are below.

### **A. VISITATION CENTERS AT CORRECTIONAL FACILITATION CENTERS**

In the interests of children of incarcerated parents, a resolution was adopted where the Department of Human Services will partner with the Department of Public Safety, and community stakeholders to establish visitation centers at all State correctional facilities and jails.

### **B. SEXUAL VIOLENCE PREVENTION EDUCATION**

A resolution passed which encourages the Department of Education to meet with other agencies and stakeholders to implement sexual violence education in the public schools.

### **C. YOUTH SUICIDE PREVENTION**

Awaiting Governor's signature is a bill which appropriates funds for prevention and education initiatives regarding youth suicide.

### **D. MINOR SEX ABUSE BY CLERGY**

A resolution was adopted urging the Department of the Attorney General to conduct a statewide investigation of the sexual abuse of minors by clergy of the Roman Catholic Church.

### **E. SUSTAINING THE TITLE IV-E WAIVER**

The Hawaii State Legislature approved 75% of SSD's proposed budget to continue successful Title IV-E Waiver interventions.

### **F. OHANA NUI**

Signed into law on June 12, 2019, Act 082 requires the Department of Human Services to use an integrated and multigenerational approach to delivering human services to reduce the incidence of intergenerational poverty and dependence on public benefits.

### **G. ASSESSING CHILDREN IN PUBLIC SCHOOLS**

Awaiting Governor's signature is a bill which requires the Department of Education to establish a task force to create a system for evaluating and assessing all children who are exhibiting emergent or persistent behaviors, academic challenges, or chronic absenteeism and are in need of appropriate supports and interventions.

## **H. FUNDING FOR HOMELESSNESS SERVICES**

The Governor signed this bill into law on June 12, 2019. Act 062 appropriates funds for core homelessness services, including the outreach program, rapid re-housing program, housing first program, family assessment centers, stored property and debris removal services, and the state rent supplemental program.

## **I. PARENT'S DISABILITY NOT SOLE FACTOR TO DETERMINE FITNESS**

This bill is currently awaiting Governor's signature. It prohibits the disability of a parent or caregiver from being the sole factor in determining fitness as a foster parent, adoptive parent, guardian, parent seeking custody or visitation, or provider of a safe family home.

## **J. CHILD CARE REGULATIONS**

Signed into law on June 12, 2019, Act 083 requires criminal history record checks of adult relatives who provide care for a child whose family receives State child care subsidy, clarifies the role and response of the child care licensing program when it receives a report of death or injury of a child in a child care setting, addresses the release of information pending an investigation, increases penalties and clarifies that the Department of Human Services may take administrative and judicial action to enforce child care licensing requirements.

## **K. DISCLOSING CHILD CARE FACILITY ABUSE**

Signed into law on June 12, 2019, Act 085 authorizes the Department of Human Services to disclose, upon consent, confirmed reports of child abuse or neglect to the parent of a child enrolled in a child care facility.



## **SECTION XI. PAYMENT LIMITATIONS – TITLE IV-B**

### **A. PAYMENT LIMITATIONS – TITLE IV-B, SUBPART I**

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, 2019, the State had not expended Title IV-B, Subpart 1 funds for child care, foster care maintenance, or adoption assistance payments in FFY 2019.
4. The State of Hawaii has not in the past used and has no plans in the future to use non-Federal funds expended for foster care maintenance as part of the State match for Title IV-B Subpart 1 funds. However, should this become an option, the Department will consult with its federal partners on any appropriate changes.
5. As of June 30, 2019, 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 2019.
6. Please refer to the Data Booklet, Figure 89: Title IV-B, Subpart I Child Care, Foster Care and Adoption Assistance Comparison FFY 2005 and FFYs 2017 – 2020, for the comparison between the Title IV-B, Subpart I funding and expenditures for FFY 2005, , FFY 2017, FFY 2018, FFY 2019 and the planned expenditures for FFY 2020 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 2020**

As a result of the revised statutory definitions of family support and family reunification, Hawaii does not plan to make changes in its use of Title IV-B, Subpart 2 funds, nor does Hawaii plan to change its service array. The percentage of funds for each services

category approximates at least 20% of the total grant. The funds allocated to each service category include only funds for service delivery. No funds are being requested or allocated for planning or services coordination. Please refer to the Data Booklet, Figure 90: Title IV-B-2 Service Categories and FFY 2019 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2020.

### **3. FFY 2017**

The FFY 2017 State and local share expenditure amount for the purposes of Title IV-B, Subpart 2 was \$1,069,356. 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 2019**

Refer to the Data Booklet, Figure 90: Title IVB-2 Service Categories and FFY 2020 Funding for information on Hawaii's use of Title IV-B, Subpart 2 for FFY 2020. Hawaii's plans for Title IV-B, Subpart 2 expenditures for FFY 2019 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 2017-2019 School Years, please see Attachment D: Annual Reporting of Education and Training Vouchers Awarded.

## **D. CFS-101**

Please see Attachment B for CFS-101 Part I, CFS-101 Part II, and CFS-101 Part III.

## **ATTACHMENTS**

**A. DATA BOOKLET**

**B. CFS-101 PART I, II, AND III**

**C. CITIZEN REVIEW PANEL REPORT AND RESPONSE LETTER**

**D. ANNUAL REPORTING OF EDUCATION AND TRAINING VOUCHERS AWARDED**

**E. CAPTA PROGRAM IMPROVEMENT PLAN**

**F. TITLE IV-E WAIVER DEMONSTRATION SEMI-ANNUAL PROGRESS REPORT  
JANUARY 1, 2018 TO JUNE 30, 2018 AND SEMI-ANNUAL EVALUATION REPORT  
JANUARY 1, 2018 TO JUNE 30, 2018**

**G. TITLE IV-E WAIVER DEMONSTRATION SEMI-ANNUAL PROGRESS REPORT JULY  
1, 2018 TO DECEMBER 31, 2018 AND SEMI-ANNUAL EVALUATION REPORT JULY  
1, 2018 TO DECEMBER 31, 2018**